

Survivors Fund

The project differed from the others in that it evolved over four phases, each phase building on the success and lessons of the previous phase, as follows:

Phase one:
COVID-19 Emergency Response Project

Phase two:
Counselling Extension Response Project (April 2021 to October 2022)

Phase three:
Counselling Enhanced Reach Project (December 2022 to October 2024)

Phase four:
Training and sensitisation of Community Health Officers and Community

Providing mental health support to survivors of the Rwanda genocide

April 2020 to December 2025

The domains of well-being addressed by the project: Health, Family Relationships and Livelihoods

SDG alignment: 3.4 and 3.5

Rationale for the project

Each year, from 7 April to 16 July, Rwanda commemorates the genocide against the Tutsi with a series of local and national events in which communities come together, visit memorial sites and hold their own commemoration events.

None of this was possible in 2020 because of the lockdown and other restrictions introduced by the Rwanda government in response to COVID-19.

The original intention of the project was to enable the Survivors Fund to address the mental health and economic challenges that faced genocide survivors as a result of this.

In particular, Survivors Fund were concerned about the following issues:

- isolation and loneliness resulting from the lockdown
- lack of income due to not being able to work
- incidents of trauma and flashbacks to the genocide resulting from the public announcements that the police and army were regularly making for everyone to stay indoors, the setting up of roadblocks and the sights of planes repatriating foreign nationals, all of which had been prominent features of the genocide

Project activities

- Raising awareness of the availability of mental health support using radio adverts and social media channels and focusing on Kigali, the Eastern Province and the Southern Province as the areas in which the greatest number of survivors lived.
- The delivery of a short series of radio broadcasts with information and advice on how to effectively manage mental health at times of stress.
- The delivery of mental health support and emergency assistance to genocide survivors through toll-free, telephone-based counselling services: three new toll-free lines were set up, operated by professional counsellors, who were supported by 48 fully trained volunteer peer support counsellors.

Over the course of the subsequent phases, the project evolved as follows:

- It continued to focus on providing access to phone-based counselling and supplementary support to vulnerable survivors of the genocide and related vulnerable persons across Rwanda, through local survivors' organisations in partnership with Survivors Fund, including AVEGA (National Association of Widows of the Genocide), GAERG (National Survivor's Association of Graduate Students), AERG (National Student's Association of Genocide Survivors) and IBUKA (National Association of Survivor's Organisations).
- As the project evolved, it became possible to extend its reach to children born after the genocide and other members of survivor households with mental health issues affecting their well-being.
- The other evolution in the focus of the project was in response to the decision of the national government to end mental health support services dedicated to genocide survivors and to transition such support into the mainstream health system. The concern was that mainstream health professionals lacked the necessary expertise and experience to support survivors effectively and that survivors would find the switch into the mainstream system challenging.
- Training was provided nationally to equip Community Health Officers and Community Health Workers from the mainstream health system with the expertise required to help survivors transition into the new form of provision.

Impact of the project

The project delivered direct support to 56,387 people. This was made up of:

- people receiving counselling support over the helpline
- others receiving direct counselling support
- others who received direct hardship assistance (in particular during the COVID-19 lockdowns)
- peer support counsellors and Community Health Officers who received training
- Community Health Workers who received support from Community Health Officers

Monitoring and evaluation were conducted at the conclusion of each phase of the project. This highlighted the following benefits, as reported by the participants themselves:

- The helplines had a positive impact by providing easily accessible and convenient support.
- There was an improvement in the well-being of the participants, not only as a result of better mental health, but also in fostering a more positive outlook for the future.
- A reduction in the incidence of trauma otherwise experienced by survivors during the annual genocide commemoration period, as a result of always having access to counselling support.
- The guidance on where and to whom vulnerable persons could be referred to receive support for the most severe and acute mental health episodes was highly valued.
- A reduction in stigma relating to poor mental health as people realised that they were not alone in being affected by it and more people were made aware of it and improved their understanding of it.

In addition, the partner organisations reported benefits from their involvement, over and above those experienced by the participants:

- The partner organisations collaborated closely to explore ways of continuing to provide remote counselling after the project end, including through engagement with other key stakeholders, including the Rwanda National Police, Ministry of Health and Rwanda Biomedical Centre.

Their own professional counsellors benefitted from being able to access the training delivered by the project.

Personal testimonies

View these videos about the project – Supporting the health and welfare of genocide survivors

Watch

M.P. is a 46-year-old married woman. She lives in the Kiramuruzi sector in the Gatsibo district, Eastern Province, Rwanda. She has six children, the eldest of which was born as a result of rape during the 1994 Genocide against the Tutsi. She has suffered from back problems for a long time, resulting from being raped by many people while she was young. M.P. revealed:

“I was in conflict with my husband due to the fact of having a child as a result of rape. Once we were married, he started traumatising me. I attempted many times to kill myself but thank God it did not happen. I then heard people talking on the radio about a helpline to call when you are living with trauma. I called the helpline and explained my problems to the counsellor. A counsellor helped me a lot over a number of sessions. As it was the first time for me speaking about these issues, it was not easy for me to speak about it. However, she kept building my trust in her and, over time, I managed to open up to her.

Later she visited me at home with my family to discuss the main concern about my mental health. Personally, I did not know anything related to mental health and I had never heard of it during the 30 years following the genocide. Though I lost my parents and relatives, I hadn’t received any support related to mental health.

As I speak now, the conflict has ended with my husband due to the visit of the counsellor. I cannot understand how it endured for so long, but I am now a very happy woman. I used to feel useless, having back pain and stomach aches but now I am a new creation. If I have any problems at home, I call the same helpline and get support from the counsellor. I believe this service will continue because it helps many survivors who are still struggling with mental health problems.

Today we are a very happy family, and with all my children and husband, we are now looking forward to a bright future together.”

“It was made a lot easier as there was no requirement to travel to meet the counsellor, nor did I have to buy airtime. I took my cell phone and made the call when it was convenient for me and received an exceptional service from the counsellor.”

D said: “I was very young at the time of the genocide and I was always thinking about why I do not have my father. I did not have any hope for life because I did not have anyone to make happy or be proud of me when I succeed in life. When I was in school, I had no purpose. When this project came, I shared my life story. The counsellors helped me, calling me many times and providing guidance. That process of calling me slowly opened me up until I revealed all of my thoughts. Now I feel a lot better.”

E said: “The counselling has removed the darkness that was present in my head. When I called the helpline, a lady picked up. She took time to listen to my life story and she promised to pick up my calls any time of the day. I used to have trauma, but face-to-face counselling was only provided in times of crisis. There were no follow-up checks after getting well. With this project, it was different. I prefer the phone counselling to face-to-face counselling.”

A caregiver said: “After the genocide, I remained with my two daughters. I loved them so much, but I used to tell them not to marry or come into contact with someone who was not a genocide survivor. Finally, my daughter came into contact with those people. I immediately chased her from my home and she went to live with him. We did not greet each other for six years. I didn’t even greet her children. When this project arrived, other young survivors went to see her and she started joining their meetings. After only two months, she came to visit me. Both of us thought we were right, but after talking to a counsellor through the helpline, I realised that I had trauma. Now, I am living well with my daughter and her children. I see her husband as my son and his family has become mine, too.”

A project worker said: “Most trauma cases are hidden by survivors who feel stigmatised. If they are known as people who have trauma, they will be treated in a different way by the community. This was also my situation for a long time. The helpline was a great answer and helped us to discover so many new trauma cases because it was delivered confidentially between the counsellor and the participant.”

A counsellor on the programme said: “I have been a counsellor for a long time, but with the helpline I heard many cases that I had not heard before. I think this was because of the cost-free line that was accessible for participants. I can give an example involving a woman. She kept a big secret from the genocide because she was advised by her mother not to tell anyone. Each time she wanted to tell, she remembered that she had promised her mother she would not. Then she revealed the secret to me. In her follow up, she told me that she felt at peace because she had told the truth.”

Sustainability

- The focus in the final phase of the project, on equipping Community Health Officers and Community Health Workers from the mainstream health system across Rwanda to support genocide survivors as they accessed mental health support from the mainstream health system for the first time, had the potential to make a significant and long-lasting contribution towards sustainable mental health support.
- AVEGA was able to set up its own Agahozo Call Centre to support genocide widows in need. In due course, the national government stepped in to provide national funding for an official Agahozo Call Centre to provide sustained counselling support to genocide widows in need.