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RESEARCH PAPER

Peace of mind

Integrating mental health and psychosocial support in reconciliation and violence prevention programmes in Rwanda and Tajikistan

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About International Alert

International Alert works with people directly affected by conflict to build lasting peace. We focus on solving the root causes of conflict with people from across divides. From the grassroots to policy level, we bring people together to build sustainable peace.

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Peace of mind

Integrating mental health and psychosocial support in reconciliation and violence prevention programmes in Rwanda and Tajikistan

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“You cannot have peace of mind when you know that no one in your village is willing to come to your home and comfort you when you have problems.”

– Woman key informant from project partner in Rwanda

“I always had conflict with my neighbours but, since the project, I have changed how I approach the problem. I don’t quarrel and look for a peaceful solution. My neighbours have seen this and also changed their behaviour; we are now very civil when we discuss any problems.”

– Older Tajik woman participant

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Abbreviations

FGD	Focus group discussion
IGA	Income-generating activity
KII	Key informant interview
MHPSS	Mental health and psychosocial support
PTSD	Post-traumatic stress disorder
SGBV	Sexual and gender-based violence
VAWG	Violence against women and girls

Executive summary

Over recent years, discussions around fully integrating mental health and psychosocial support (MHPSS) into peacebuilding practice have become increasingly common. However, significant challenges remain. These include how such approaches are framed and embedded in local contextual realities and a lack of joined up support. There is also the issue of a lack of investment – especially in the face of competing funding priorities – and, where MHPSS services are weak or absent, the risk of over-reliance on external support.

Based on International Alert's projects in Rwanda and Tajikistan, this paper shares evidence on the links between MHPSS, peacebuilding, violence prevention (including sexual and gender-based violence (SGBV)) and healing of psychological distress. Through exploring these case studies, we see that the most effective peacebuilding approaches are the ones that take community needs and the context as the starting point, and provide holistic responses to the complex interplay of psychosocial, social and socio-economic drivers of violence and conflict, while supporting individual and community wellbeing, societal cohesion, reconciliation and resilience.

Addressing mental health and wellbeing alone is not enough to produce sustainable peacebuilding outcomes. And given the critical role MHPSS plays in peacebuilding, such interventions are limited if they do not consider the mental health and wellbeing of the individuals and communities concerned. Approaches need to be multifaceted and provide tangible social and economic incentives for individuals and communities at large. This includes addressing the structural drivers of conflict and violence that lead to inequality, challenge healthy societal bonds and chronically undermine individual and community wellbeing.

The ability to address, and seek redress for, violence, share experiences in safe environments without stigma, overcome gendered barriers to participation, and contribute to family income, savings and community development, as well as a sense of economic security and independence, all have the potential to transform individual mental health and wellbeing and bring tangible peace dividends to communities.

While the methods and objectives for an integrated MHPSS and peacebuilding approach should be based on a holistic understanding of the specific needs of the contexts and communities engaged, we have identified seven common elements for effective programmes.

Key elements of an integrated approach

1. Access to context-specific, culturally sensitive MHPSS and related services.
2. Increased access to inclusive economic opportunities and economic security through savings.
3. Safe spaces for dialogue, including across social groups and generations.
4. Community sensitisation on mental health.
5. Redress for past violence, such as legal assistance for survivors of violence.
6. Peaceful resolution of disputes and non-violent communication.
7. Address negative gender norms that increase psychological distress and create barriers to wellbeing.

Underpinning and cross cutting these pillars is the need to build local institutional capacities for integrated MHPSS and peacebuilding services through the promotion of local ownership and partnerships.

Findings

Rwanda

- Integrating MHPSS into peacebuilding led to:
 - ◆ enhanced trust, social support and solidarity;
 - ◆ increased quality and frequency of interactions across social divides;
 - ◆ increased openness of dialogue between adults and youth on historical wounds, thus building intergenerational linkages – yet challenges to sustained youth participation in some areas remain;
 - ◆ improved social capital, self-confidence, sense of self-efficacy and agency to contribute to positive change after participation in joint initiatives;
 - ◆ an enhanced sense of shared identity among community members to support healing and reconciliation; and
 - ◆ improved attitudes towards peaceful conflict resolution.
- Fair and inclusive access to justice and redress for past violence is necessary to restore relationships after the genocide.
- Gendered expectations around work and the need to provide income for families present real-life challenges to consistent, longer-term participation in healing spaces.

Tajikistan

- Improved mental health outcomes for women participants are closely interrelated with improved quality of life and economic security at the family and community levels.
- A sense of socio-economic insecurity related to gendered stressors is a driver of poor mental health and wellbeing for women and men.
- Increased economic agency leads to improved wellbeing and social cohesion outcomes for women, especially for women with disabilities – and benefits families and communities overall.
- Increased ability of women to express themselves reduces psychological and emotional distress, and is linked to greater agency and autonomy.
- A decrease in emotional and physical violence against women and girls (VAWG) contributes to improved wellbeing and relationships.
- Non-violent communication and dispute resolution play a significant role in preventing domestic violence, although broader social, cultural and systemic challenges remain.
- Participating in income-generating and saving activities has a positive impact on personal wellbeing and on perceptions of women's roles in the community.
- Increased mobility and a sense of physical freedom outside the home contributes to improved mental health, especially for women living with disabilities.
- Providing free legal services had a positive impact on wellbeing.
- Working on VAWG prevention and improving the wellbeing of the family unit impacts inclusion and social cohesion at the local level.

Lessons

- Context-specific, socially and culturally sensitive support, grounded in people's lived experiences and understanding of trauma, distress, healing and wellbeing are important for effective peacebuilding programmes integrated with MHPSS.
- Socio-economic development plays a central role in improving individual and community wellbeing, reconciliation and social cohesion outcomes.
- Stigma and shame create barriers to active engagement in MHPSS programmes.
- Understanding gendered experiences of violence, support services and gendered social norms around mental health and wellbeing is at the heart of providing effective peacebuilding programmes integrated with MHPSS.
- Safe spaces for dialogue, healing and reconciliation – to support positive interactions among community members, including those across social divides and that foster multigenerational dialogue – are essential.
- Individual transformation of and benefits for direct project participants must be leveraged into wider community-level wellbeing and social cohesion outcomes.

Recommendations

- Ensure that approaches are grounded in the local context and in communities' diverse experiences of violence and conflict, and understanding of mental health, wellbeing, reconciliation and social cohesion.
- Design holistic approaches that integrate MHPSS, conflict and violence prevention, and provide tangible positive socio-economic benefits for individuals and the wider community.
- Programmes should create safe, inclusive spaces for dialogue across social groups, including intergenerational dialogue.
- Local and national authorities and service providers need to invest in MHPSS services and development based on community needs to embed and sustain positive outcomes.
- Strengthen local capacities for non-violent communication and peaceful management of conflicts to enhance social cohesion and peacebuilding outcomes.
- Address negative gender norms that increase psychological distress and compound stigma associated with mental health that create barriers to access assistance.
- Support partnerships between peacebuilding, development, MHPSS and justice services.



Members of a group therapy session in Kigali, as part of the USAID Dufatanye Urumuri project in Rwanda.
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1. Introduction

The central role that individual and community mental health and wellbeing plays in supporting people-centred, sustainable and inclusive peacebuilding, reconciliation and recovery is increasingly gaining recognition among practitioners and policy-makers at the local, national and international levels.¹ Reflecting this, in June 2023 the United Nations General Assembly adopted a resolution on the protection of mental health and psychosocial support (MHPSS)² – including in conflict and post-conflict settings – signifying a milestone in recognising its importance. The resolution encourages access to: “age- and gender-sensitive, and disability inclusive, safe and supportive services that address psychological trauma, including that caused by disasters and armed conflicts”.³ However, challenges with the implementation and integration of MHPSS persist.⁴ Additionally, at the global policy level, the diverse and nuanced experiences of individuals and communities dealing with violence and conflict can risk becoming lost within the broader discourse.

By exploring two case study examples of International Alert’s programming in Rwanda and Tajikistan, Alert has sought to understand the integration of MHPSS into peacebuilding efforts to contribute to sustainable peacebuilding outcomes.⁵ Specifically, we share experiences from: 1) the Duhuze and USAID Dufatanye Urumuri projects in Rwanda, which aimed at addressing mental distress, fostering community cohesion and encouraging ownership of reconciliation processes through intercommunity and intergenerational therapeutic dialogue, community savings and joint initiatives; and 2) Tajikistan’s Living with Dignity project, which aimed at reducing violence against women and girls (VAWG) through a combination of sensitisation on gender norms, VAWG prevention, MHPSS and income-generating activities (IGAs).

Alert is an organisation of peacebuilding practitioners working directly with communities that have experienced and continue to live with violence, conflict and traumatic experiences, and that are grappling with the challenges of building a better, more peaceful present and future together. Through our work we partner with MHPSS professionals, integrating learning from their expertise with the knowledge and experiences of the communities and partners (community-based organisations, local authorities and national institutions) we work with. The lessons and recommendations shared in this paper are built on evidence and learnings from programming, as well as the growing global evidence base on integrated MHPSS and peacebuilding approaches.

1.1 Conflict, mental health and peacebuilding

The linkages between conflict, mental health and peacebuilding are increasingly evidenced.⁶ The growing body of academic and practitioner literature highlights this interrelationship. For example, UNDP's guidance note 'Integrating mental health and psychosocial support into peacebuilding' states that: "MHPSS is not only essential for treating and supporting individuals and families who have experienced violence and disruptive events; it is also an ongoing requirement to help people and communities cope effectively with the vast psychosocial challenges occurring directly and structurally along the conflict continuum."⁷ The effect of violent conflict on people's mental health can be catastrophic. A 2019 study by the World Health Organization (WHO) revealed that one in five people in post-conflict settings had depression, anxiety disorder, post-traumatic stress disorder (PTSD), bipolar disorder or schizophrenia, compared to one in ten in the general population.⁸ Adverse environments, including in violence and conflict-affected settings, can lead to negative psychosocial impacts, erode social cohesion, and contribute to conflict and violence.⁹ Structural drivers of conflict, including gender inequality, socio-economic exclusion, discrimination and lack of access to services, have been shown to increase the risk of mental disorders, such as depression, anxiety and PTSD.¹⁰

Conflict and violence negatively impact capacities for peace by putting pressure on people's mental health and social relationships through experiences such as loss of life, physical insecurity, displacement, family separation, disrupted social networks, loss of livelihoods, strained resources and low trust.¹¹ Poor mental health impacts individuals' and communities' abilities to address past psychological, psychosocial and societal wounds; relate to each other; solve problems peacefully and rebuild social ties. As peacebuilding and wellbeing outcomes are deeply interrelated,¹² MHPSS is increasingly seen as a critical component of peacebuilding. Mental wellbeing is an essential part of poverty reduction, peacebuilding, violence reduction and prevention, and reconstruction.¹³ This focus on integrated MHPSS and peacebuilding approaches is based on an impetus to improve the sustainability of peacebuilding and wellbeing outcomes, as treating them in silos not only limits impact but can also do harm.¹⁴ Without careful planning and adequate support, MHPSS interventions – especially those centred around trauma – can risk unintentionally retraumatizing individuals by triggering distressing memories. They can also do this by not employing specialised therapeutic approaches or having the proper support infrastructure and referral mechanisms in place.¹⁵ As such "frameworks that offer a maximum degree of safety, predictability and trust" is critical.¹⁶

In contexts where MHPSS services, investment and infrastructure are limited, there is a risk that MHPSS interventions can contribute to dependency on external aid for support, rather than promoting sustainable community resilience and adaptive strategies. This risk is amplified when such programmes are not integrated into national structures. Uncoordinated, standalone MHPSS programmes can increase the risk of social stigma. They may either duplicate each other or leave gaps, and do not help to create sustainable mental health systems.¹⁷

In practice, the ways in which mental health, wellbeing and peacebuilding are interlinked are deeply dependent on the context and nuanced by the diverse understandings and experiences of violence and mental health. Additionally, programmes often operate in contexts where opening discussion on mental health, violence and conflict can be sensitive, especially in fragile and conflict-affected settings.

1.2 Understanding the role of gender in MHPSS and peacebuilding

Women, girls, men, boys and gender minorities are affected differently by, and have diverse experiences of, roles in and responses to, violent conflict and peacebuilding processes.¹⁸ Additionally, gender can influence how people experience mental health issues, psychological distress and trauma, and their ability to process these,¹⁹ and can also inform attitudes and ability to seeking support. In particular, gendered social norms around mental health, wellbeing, healing and recovery can create barriers in accessing MHPSS services and engaging in peacebuilding programmes.²⁰ This could include expectations around men not acknowledging emotional and psychological pain, and pressures related to their role as protectors of families, which may limit them from seeking help. Additionally, men and boys may be expected to provide for families and, due to responsibilities of work, are unable to attend support sessions regularly. In Rwanda, for example, this impacted the level of sustained attendance between women and men in Alert’s programming. Women and girls face different risks of violence, for example increased risks of sexual and gender-based violence (SGBV), including rape and domestic violence.²¹ Gendered social norms also impact women’s ability to access MHPSS services and engage in peacebuilding programmes. In the Tajikistan project, women initially had to overcome the stigma related to discussing mental health and family problems, as well as social norms related to women’s economic activity.

2. Background to MHPSS and social cohesion contexts in Rwanda and Tajikistan

2.1 Rwanda

In 1994, Rwanda experienced a brutal 100-day genocide against the Tutsi, as a consequence of long-term colonial-motivated ethnic divisions between Rwanda’s former ethnic groups, i.e. Tutsi, Hutu and Twa.²² From 7 April to 4 July the violence spread from Rwanda’s capital Kigali throughout the country, leaving over one million dead and an estimated two million people displaced.²³ The genocide had significant negative impacts on mental health, particularly affecting genocide survivors, former perpetrators, their descendants and individuals from mixed marriages.

The 2018 Rwanda Mental Health Survey reveals a concerning prevalence of mental health disorders in the country, particularly among the genocide survivors.²⁴ While the prevalence of PTSD was at 3.6% and 12% for severe depression among the general population, the survey shows that rates of these among genocide survivors were much higher (27.9% for PTSD and 35% for severe depression).²⁵ Genocide survivors also face unique mental health vulnerabilities, including for their descendants, some of whom were born from rape.²⁶ As one Duhuze participant noted: “transgenerational trauma exists among young people born from rape; this makes them emotionally numb because they know nothing about their fathers”.

Additionally, the above survey found that while 61.7% of the general population are aware of where they could seek mental health services, only 5.3% had used them.²⁷ This suggests that despite a need for MHPSS, there is reticence surrounding seeking one-on-one counselling services. According to International Alert’s research findings and project evaluations there is an appetite for community-based approaches. The majority of the interview respondents feel that community-based psychosocial approaches have the potential to increase people’s exposure to each other and address distress caused by traumatic events committed during the genocide – a process that holds the capacity to challenge stereotypes and biases that can contribute to supporting reconciliation and social ties.

2.2 Tajikistan

Following its independence in 1991, Tajikistan committed to gender equality through becoming signatory to various international agreements.²⁸ However, the 1992–1997 civil war gave rise to a neo-patriarchal backlash that has significantly impacted gender equality progress.²⁹

The civil war – which caused the deaths of 1% of the population, with 25,000 women widowed and almost 1 million people displaced – widened the gender gap in all aspects.³⁰ Thousands of men were murdered or ‘disappeared’ and women and girls were targeted for forced marriages and human trafficking.³¹ There is evidence that rape and sexual violence occurred, however, the number of survivors is unknown and the subject remains taboo.³²

Although government figures indicate that about 31% of married women aged 15–49 have experienced different forms of spousal violence and emotional abuse during their lifetime,³³ Alert’s research suggests it exceeds 60%,³⁴ reaching to more than 90%³⁵ for women living with disabilities or parenting children with disabilities. Abuse is not only perpetrated by husbands: young daughters-in-law, particularly, are at risk from other household members,³⁶ especially mothers-in-law.³⁷ Most cases of domestic violence, intimate partner violence and VAWG go unreported.

The women participants of the Living with Dignity project reported that VAWG caused deep-seated psychological distress, particularly for women with disabilities. Women interviewed stated that their experience of stress was primarily linked to emotional, psychological and physical abuse, as well as pressures associated with economic insecurity. These factors negatively impact self-confidence and self-esteem, leading to depression and a sense of hopelessness and isolation. Before the project, many of the young women felt deprived of their rights, agency and voice, as well as outlets where they could discuss their feelings and situation.³⁸

3. Integrating MHPSS in reconciliation and violence prevention programmes in Rwanda and Tajikistan

For the purposes of this paper, in 2023 International Alert conducted research to evaluate the linkages between MHPSS, peacebuilding, violence prevention, including SGBV, and healing of psychological distress based on evidence from its programmes in Rwanda and Tajikistan.

Given the diverse nature of the contexts and the different approaches of the two projects in Rwanda and Tajikistan, the paper recognises both the specificities of each context and of the projects' approaches. Its primary objective is to identify key aspects of such programming in contributing to improved outcomes in relation to MHPSS, reconciliation, post-conflict recovery, peacebuilding and social cohesion, to offer potential lessons for similar work.

3.1 Building resilience and social cohesion through integrated MHPSS and reconciliation programmes in Rwanda

In Rwanda, the Duhuze and USAID Dufatanye Urumuri projects sought to contribute to the consolidation of a peaceful Rwandan society by supporting the healing of psychological distress and wounds, fostering social cohesion, and encouraging ownership of reconciliation, unity and resilience processes. This included group therapy, dialogue and joint community initiatives (including IGAs, cultural and social activities) with survivors, perpetrators, ex-combatants and young people from various groups affected by the genocide committed against the Tutsi (see boxes 1 and 2 for more details).

Box 1: USAID Dufatanye Urumuri (Light)

The USAID Dufatanye Urumuri project aimed at enhancing reconciliation through the healing of historical wounds and facilitation of open and inclusive dialogue on current sensitive issues. The project involved villages, schools, universities and civil society forums in 30 districts, as well as national-level efforts. The project, launched in April 2021 and expected to run until December 2025, aims to support 399,450 direct participants through psychosocial support, inclusive dialogue and advocacy for policy influencing. The project works with government structures to provide a framework conducive to enhancing social cohesion and trust-building among communities and local civil society organisations.

Box 2: Duhuze

The Duhuze project aimed at contributing to the consolidation of a peaceful and inclusive Rwandan society through enhanced citizens' participation and ownership of reconciliation processes, as well as responsive policies and programmes. The project was implemented in seven districts including Gasabo in Kigali city, Musanze in the Northern province, Ngororero and Rubavu in the Western province, and Huye, Gisagara and Nyamagabe in the Southern province. The project enhanced psychosocial wellbeing for people (including youth) affected by transgenerational wounds, improved trust among diverse groups through inclusive dialogues and joint economic initiatives, and enhanced capacities of authorities, civil society organisations and the private sector to effectively implement the reconciliation policy and build peace.

The project established 472 therapeutic groups and 1,291 community dialogue groups (Duhuze forums) in 752 villages and 21 schools. Additionally, the project created and supported 585 joint economic initiatives and 239 village, savings and loans association (VSLA) models across the 7 targeted districts in 116 and 63 targets, respectively. The project was carried out in partnership with two local non-governmental organisations (ARCT Ruhuka and AJPRODHO Jijukirwa), and in collaboration with the National Unity and Reconciliation Commission (NURC), now part of the Ministry of National Unity and Civic Engagement.³⁹

In early 2023, Alert conducted a study involving 404 project participants, including different social groups (see Figure 2), community facilitators and key informants (local leaders, MHPSS and peacebuilding experts from different partner organisations). The aim was to evaluate the role of MHPSS activities in peacebuilding initiatives in Rwanda, and to understand the integration of MHPSS in peacebuilding efforts and how it contributes to successful, resilient and sustainable peacebuilding outcomes. This mixed-methods research involved a document review, 404 individual questionnaires, 8 KIIs and 80 FGDs. It was carried out in ten districts across four provinces (Northern, Southern, Eastern and Western provinces) and the city of Kigali.

Figure 1: Profile of research participants in Rwanda, by sex and age

	Age							Total
	18–20	21–25	26–30	31–35	36–50	51–60	Above 60	
Women	6	14	19	25	101	62	38	265
	2.3%	5.3%	7.2%	9.4%	38.1%	23.4%	14.3%	100.0%
Men	3	9	8	11	42	35	31	139
	2.2%	6.5%	5.8%	7.9%	30.2%	25.2%	22.3%	100.0%
Total	9	23	27	36	143	97	69	404
	2.2%	5.7%	6.7%	8.9%	35.4%	24.0%	17.1%	100.0%

Figure 2: Profile of research participants in Rwanda, by social group

Social group	Women	Men	Total
Adult survivors of genocide against the Tutsi	137	32	169
	33.9%	7.9%	41.8%
Former combatants	2	8	10
	0.5%	2.0%	2.5%
Under 30 years old, born from intermarriage case	2	0	2
	0.5%	0.0%	0.5%
Women/Men whose husbands/wives are imprisoned due to genocide against the Tutsi	8	0	8
	2.0%	0.0%	2.0%
Adult ex-prisoners due to genocide against the Tutsi	7	34	41
	1.7%	8.4%	10.1%
Under 30 years old, born from survivors	6	5	11
	1.5%	1.2%	2.7%
Under 30 years old, born from perpetrators	31	17	48
	7.7%	4.2%	11.9%
Relatives of ex-prisoners due to genocide against the Tutsi	19	8	27
	4.7%	1.9%	6.6%
New case returnees	20	13	33
	5.0%	3.2%	8.2%
Old case returnees	4	4	8
	1.0%	1.0%	2.0%
Historically marginalised people	1	0	1
	0.2%	0.0%	0.2%
Don't know my origin	2	0	2
	0.5%	0.0%	0.5%
Other (specify)	26	18	44
	6.4%	4.5%	10.9%
Total	265	139	404
	65.6%	34.3%	100%

3.1.1 Rwanda research findings

Enhanced trust, social support and solidarity. The findings reveal a significant level of mutual trust and societal tolerance between different groups (including different ethnicities, ages, men, women and genocide survivors, ex-combatants, etc.)⁴⁰ that participated in the project, as compared to the baseline. For example, the percentage of people comfortable with the idea of marriage between people from different groups increased from 43.4% to 59.4% between the baseline assessment (December 2021–February 2022) and this study (March–June 2023).⁴¹ Additionally, participants reported an increased openness to leaving their children with people from another group (55.9% of participants compared to 42.8% at baseline); although women seem to be less at ease compared to men (with a 2-percentage point increase among women compared to an

11-percentage point increase among men). Women reported feeling more comfortable than men participating in mixed community savings groups⁴² (83.0% of women compared to 78.7% of men). Participants also shared examples of engaging with people from different social groups, including positive interactions through savings and credit communities (*ibimina*) and collective farming. Participants referred to initiating spontaneous collective activities in support of vulnerable community members, including sowing, weeding and harvesting, which further strengthen a sense of cohesion.

Increased quality and frequency of interactions across social divides. Data shows that through the healing and reconciliation group dialogues, and the psychosocial therapy sessions, participants actively collaborated with individuals from different social categories. Most participants (86.6% of women and 91.6% of men) reported positive interactions with different groups. By exploring and sharing feelings and experiences, therapy group participants were able to build bonds that went beyond the sessions. Group members began to support and rely on one another. One woman group participant remembered:

“When our friend got sick, we went to visit her and helped her by working on her farm. The men ploughed the land and the women planted seeds. After we finished working, the woman in our group cooked a tasty traditional meal with cassava and beans. We all had a great time eating together and celebrating our hard work.”

– Woman FGD participant, Ruhango

The positive benefits related to (re)building social ties and relationships also went beyond direct participants of the sessions to include family members. One spouse of a former Armed Forces of Rwanda (FAR)⁴³ soldier attributed his children being able to continue their education without fear of being harassed to his participation in the groups:

“Joining healing and reconciliation groups has proven to be beneficial for individuals. For instance, I was able to share my story with the members of the group, narrating the challenges my children faced, including threats and being forced to distance themselves and drop out of school. However, with the intervention ... the formation of the group, I found healing and became comfortable approaching different people, which was something I could not do before. As a result, my children returned to school, and my eldest child is now about to complete advanced secondary education.”

– Woman spouse of ex-FAR soldier, Rubavu

Increased openness of dialogue between adults and youth on historical wounds, thus building intergenerational linkages – yet challenges to sustained youth participation in some areas remain. The data presents a high level of dialogue and active participation between adults and youth (women and men) concerning historical wounds, with 91.3% of women and 94.2% of men project participants engaging in these discussions. Such intergenerational dialogue allowed for stereotypes and misperceptions related to mental health to be challenged and for perspectives on recovery, healing and reconciliation to be exchanged between young people, parents and older generations:

“Through open and constructive discussions, we actively involve our parents in exploring the history of the genocide against the Tutsi and the Abacengezi/insurgency war.”

– Young woman FGD participant, Rubavu

However, it is important to note that openness and engagement in such dialogue varied depending on location and the different contextual challenges associated with urban environments as opposed to interventions in rural communities. Additionally, concerns about reprisals or thoughts shared in groups being used against them among youth from the same villages in urban areas were raised, as one interviewee’s reflection illustrates:



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// I experienced trauma when I was serving my jail term. I had nightmares in which I saw the faces of the people that I killed ... I was also afraid of meeting genocide survivors against whom I committed crimes...

The Urumuri project enabled me to open up and overcome my fear. That was a very important support from the project.

I used to be held back by fear. But now I live in harmony with genocide survivors hurt by my actions. We live together peacefully. We met at our local meeting hall and had an open conversation on the wrongs that we did to them. //

– Bernard, project participant

"In some urban settings, youth groups faced challenges in being open with each other ... The dialogue failed to progress as they lacked content for discussion and even struggled to choose a group name. The challenges came mostly from the fact that those in the cities need to work every day [limiting time for regular participation]. Another challenge was the fact that they all were from the same village. There were fears that one's words could be used against them, especially in work settings. There is hope for success if a new group is formed consisting of young people from non-neighbouring households and especially if we can address the issue related to their lack of availability to participate in therapy groups."

– Local peacebuilding practitioner

Participation in joint initiatives builds social capital, self-confidence, sense of self-efficacy and agency to contribute to positive change. The joint initiatives supported by the projects included: participating in collective farming activities for vulnerable community members; engaging in IGAs, such as cooperatives and savings and credit associations; and community commemoration during the mourning period remembering the genocide against the Tutsi. The research found that these initiatives have provided social support, increased social capital and ties through the daily exposure to others, and contributed to creating a sense of having a common future that all the group members must strive to protect.

More than 90% of participants (91.5% of women and 90.2% of men) reported and displayed high self-efficacy⁴⁴ as a result of taking part in the projects. Participants described growing confidence and belief in their capacity to contribute to positive change, and promote healing and reconciliation within their own families and communities. Many participants described experiencing personal transformation, for example:

“When I was reflecting on my past experiences, I believed that the only solution was to drink a lot of beer ... to help me sleep. However, after joining this therapy group and attending sessions, I underwent a transformation and began to sleep normally.”

– Man FGD participant, Kirehe

Another participant attributed their ability to forge better relationships with their children to the project:

“Before joining this group, I felt like I was carrying a heavy burden in my heart, but after joining the group I built a good relationship with my children.”

– Woman FGD participant, Nyarugenge

A significant proportion of participants (72.8% of women and 80.6% of men) had taken the initiative to address family conflicts in the previous 12 months, whereas 80.4% of women and 79.9% of men had initiated efforts to address community conflicts in the same time period. These initiatives not only offer emotional support but also contribute to economic empowerment, a critical factor to supporting durable healing and reconciliation:

“We show our support and care for our friends as we remember and pay tribute to the victims of the 1994 genocide against Tutsi. We also visit and help ex-genocide perpetrators who are in prison and offer assistance to those who are vulnerable, whether they need physical or financial support. We believe that visiting the imprisoned ex-genocide perpetrators is a powerful action that can bring about positive changes and inspire transformation in people’s hearts.”

– Man FGD participant, Gisagara

Enhanced sense of shared identity among community members to support healing and reconciliation.

Almost all (99.2%) research respondents demonstrate a significantly high sense of shared Rwandan identity (98.4% and 99.9% for women and men, respectively), indicating a strong collective feeling of belonging. This unified sense of identity can act as a significant factor in the context of healing and reconciliation processes, fostering a collective commitment to building towards a common future. It also provides a solid foundation for promoting further healing, forgiveness and positive relationships within the community. The below quote sums up this combined sense of trust, shared identity and healing:

“The therapy groups have made a lot of progress over time. Before, I felt very lonely and overwhelmed ... It felt like my emotions were trapped or stuck inside me. Now, these therapy groups have become important. They provide a safe and supportive place where people who have been deeply hurt can find healing. I have also seen how these groups have helped people who used to have negative feelings towards their neighbours ... Now, it’s clear to me that it’s really important for us to embrace our shared identity as Rwandans in order to have long-lasting peace.”

– FGD participant, Ruhango

Improved attitudes towards peaceful conflict resolution. The data reveals high levels of support for non-violent action in response to verbal and physical violence (95.7% of women and 96.5% of men). Additionally, most participants have positive attitudes towards non-violent responses related to property (such as illegal land seizures), with 88.6% responding that they would report cases to local leaders, committees and courts. Overall, there was a decrease in support for the use of arms from 29.6% to 25.2% (a reduction of 4.4 percentage points) from baseline to this assessment, indicating some progress towards cultivating a non-violent mindset. However, this finding still indicates that approximately a quarter of survey respondents consider that it is justifiable to use weapons in certain cases. The data underscores the need for ongoing efforts to promote peaceful conflict resolution and attitudes towards armed violence and to address potential triggers for violence, in order to foster lasting peace.



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“I was watching when my children were taken away by killers during the genocide...”

At the start of the Urumuri project, we felt that their teachings on unity and reconciliation were unachievable ... As the days went on, we finally embraced their messages.

On our way to the hall and back home and during the meeting, we had interactions with one another day after day. It came to a point where they supported me during the wedding of my daughter.”

– Mediatrice, project participant

Fair and inclusive access to justice and redress for past violence is necessary to restore relationships after the genocide. The majority of respondents saw apology, restorative justice, and justice and legal processes⁴⁵ (97.8%, 93.8% and 90.8%, respectively) as key facets of reconciliation. A key challenge to reconciliation identified by participants relates to the refusal of some former perpetrators to apologise and seek forgiveness, and incomplete justice for survivors. This fuels profound suffering and distress, as one interviewee shared:

“Genocide survivors are deeply wounded; those who witnessed the killings are still hurt; those who lost their loved ones and those whose execution judgments were not carried out. Nonetheless, they need the perpetrators to apologise rather than just paying damages, especially if some are not even able to pay due to the fact that they are poor. The attitude of not being willing to apologise hurts the victims the most. If someone contracted HIV through rape, they have intense wounds.”

– Woman MHPSS and peacebuilding practitioner

Additionally, perceptions related to unfair imprisonment and access to justice (understood as referring to a situation where the legal system fails to uphold the principles of fairness, equity and impartiality) was cited as a barrier to reconciliation, with associated negative consequences for mental health and wellbeing. More women than men (18.3% compared to 12.6%) expressed concerns related to a lack of access to justice. This difference can be partly attributed to the fact that women account for a significant number of genocide survivors and those seeking justice for the gendered violence, including sexual violence and rape, which was systematic during the genocide. Many rape survivors face barriers to formal justice and support (including the inability to formally identify perpetrators, institutional challenges and social stigma).⁴⁶

Gendered expectations around work and the need to provide income for families present real-life challenges to consistent, longer-term participation in healing spaces. The research reveals significant variations in the duration of individuals' participation in healing spaces, with women showing higher levels of engagement compared to men. A majority of women participated for longer periods, with 62.2% engaging

for 4–6 months and 69.6% for 7–9 months. Conversely, a larger percentage of men had shorter participation durations, with 37.8% participating for 4–6 months and 30.4% for 7–9 months. One potential explanation for this is that men are more likely to work far away from home compared to women. Importantly, more than one-third (36.9%) of the participants identified poverty and unemployment as key challenges hindering community-based peacebuilding initiatives:

“The majority of young people in this group are unemployed and, unfortunately, there are limited job opportunities in this area. If I get a job outside of my home, I will have to leave the healing group, regardless of the position I hold in it. Staying in the healing group while facing poverty-related challenges might lead to additional emotional wounds, so finding employment elsewhere becomes a priority for me.”

– Man FGD participant, Rubavu

3.2 Living with dignity: integrated MHPSS, economic empowerment and sensitisation to prevent violence within families in Tajikistan

Alert’s Living with Dignity project in Tajikistan aimed to reduce VAWG through a combination of sensitisation on gender norms, non-violent communication, VAWG prevention, MHPSS and IGAs. The project worked with women survivors of VAWG and families, as the latter has the potential to address the negative social norms, values, attitudes and behaviours that perpetuate violence and undermine gender equality and cohesion within the family unit and beyond (see Box 3 for more details).

In 2023, Alert conducted a study to assess the factors influencing mental health outcomes for survivors of VAWG and the linkages between positive mental health outcomes and broader societal benefits. The research involved a series of in-depth interviews and FGDs with 223 project participants and wider community members (including representatives of authorities and civil society partners) in eight villages in Jomi and Vakhsh districts, in the Khatlon oblast (see Figure 3 below). This qualitative study builds on quantitative data collected during the evaluation of the second phase of the project, part of which is integrated into this paper.⁴⁷

Figure 3: Profile of research participants in Tajikistan, by location, age and type of data collection

		Number of individual respondents					
		Younger women (20–35)	Older women (36+)	Men (20–50)	Younger women (20–35)	Older women (36+)	Men (20–50)
Location		Jomi			Vakhsh		
Type of data collection	In-depth interviews	15	1	1	9	1	1
	FGDs	24	27	32	39	41	32
Total		39	28	33	48	42	33

Box 3: Living with Dignity

The Living with Dignity project aimed to prevent violence at the family level, using a combined sensitisation, MHPSS and economic empowerment approach that looked to transform harmful behaviours towards women/daughters-in-law in 120 families. The intervention worked with all different family members on exploring harmful societal and patriarchal norms that restrict the rights, mobility, and physical and mental wellbeing of women, seeking to shift attitudes to allow women to realise their economic rights and decision-making potential. This was followed by economic-empowerment workshops to establish family IGAs in which younger women in the family take a prominent role. This provided the women with opportunities to increase family food and economic security, contribute to financial decision-making and be more mobile outside the family home. Over the life of the project, beneficiary families and community members were offered 880 legal services and 772 psychosocial services, with 33 advocacy services related to VAWG prevention aimed at local government offices (total 1,685).

The project's methodology is a two-pronged SGBV-prevention approach targeting:

- behavioural change (promoting non-violent family relationships through discussion and reflection; reduction of violence through improvement of communication, listening and reflection skills; building knowledge on the needs of individual family members related to gender, relationship, family violence and health);
- livelihood strengthening (building understanding of women's contribution to household economies; strengthening financial management in households through better budgeting, spending and saving; improving household economies by assisting families to develop IGAs).

3.2.1 Tajikistan research findings

Improved mental health outcomes for women participants are closely interrelated with improved quality of life and economic security at the family and community levels.

Data from programme implementation during 2018–2021 reflects that there had been a downward shift of 24% in women feeling fearful on a weekly basis. Participants attributed this to the ability to express oneself, increased economic independence and security, perceptions of greater respect from family members and the wider community, feeling less stress, increased mobility, and less violence and quarrelling, which all contributed to improved mental health.⁴⁸ Although women remarked that the project had transformative results at an individual level, the daily stressors had not necessarily dissipated completely. Most participants reported fewer experiences of physical and emotional violence, yet violence did remain and there are still improvements to be made in ensuring non-violent communication and resolution of disputes within families. There had been significant improvements in economic and food security due to involvement in IGAs, with an 18% drop in the number of women seeking loans. Women felt they had improved business skills, as the below quote illustrates:

“My wife and the other women involved in the project have become much more self-confident. They know their rights better, they generate income for the family, they are more economically independent.”

– Older man participant

However, the wider context of economic insecurity due to rising prices, unemployment and access to investment remained a persistent worry despite improvements at the family level. For example, the majority of women (62%) said that they had been unable to save due to higher prices. Many women felt that they had increased mobility, however, controlling behaviours remain among husbands and mothers-in-law. Therefore,

while specific changes might have had stronger impacts on improving mental health, incessant familial and societal pressures prevent greater wider improvement.

A sense of socio-economic insecurity related to gendered stressors is a driver of poor mental health and wellbeing for women and men.

Families reported that their poor economic situation had left them feeling hopeless, thus deeply affecting their mental health. Although participants recognise that there are some services available, such as physical healthcare, they highlighted the challenge that families lacked resources to be able to take full advantage of them, either due to the cost of travelling to the centres and/or the high costs related to treatment (medicines, etc.) despite the right to free diagnosis. Some districts have shelters for survivors of domestic violence, but these are funded through independent external sources and there are concerns over sustainability. Most women and men respondents said that limited family resources were the key driver of domestic insecurity and violence. For men, an inability to provide for the family is perceived as an affront to expectations related to masculinity. Men reported struggling with non-violent communication and with processing or talking openly about their experiences of unemployment or inability to provide for their families. Often the blame for the use of violence is placed on women themselves (for transgressing gender norms, questioning or perceived to be failing to fulfil domestic duties).

“I am not working now, I will go home, my wife demands money from me, but my pockets are empty and from here we have a quarrel, sometimes she does not understand me. This is very frustrating. Violence happens when there is no mutual understanding, no respect in the family, bad habits, due to lack of jobs, lack of financial resources. Violence is not always justified, but if a woman does not obey a man ... then he will beat her. Sometimes [this kind of] problem cannot be solved without violence.”

– Young man participant

However, men involved in the project understand they require more support to talk through these issues, whereas men who had not been involved in the project are more dismissive of seeking out help. Although there remains a lack of qualified specialists at the local level and limited financial capacity to pay for psychosocial services, this greater readiness to seek out help among men participants is a positive development.

Increased economic agency leads to improved wellbeing and social cohesion outcomes for women, especially for women with disabilities – and benefits families and communities overall.

Women participants overwhelmingly spoke about the positive impact of having increased economic security and profit from their IGAs on their psychological and emotional wellbeing. Overall, there was an increase of 32% in the number of families having enough food/money for family needs, and women’s earnings increased twofold. At the end of the project, 8% of women reported going to bed hungry at least once per week compared to 42% at the beginning of the project. Participants view greater financial resources at the family level as the primary reason for improvements in their mental health:

“When I [as a daughter-in-law] got my sewing machine, I made clothes, and I made money. My father-in-law could see that I was doing something for the family. That I could do this [and the change in my husband’s relatives’ perceptions] made me happy. I was quite nervous whether everything would work out and I was stressed wondering whether the positives could last, but things still seem to be better [with my in-laws].”

– Young woman participant

Positive outcomes related to greater respect were seen as a significant positive change in women’s daily lives. Women reporting feeling that they had been listened to on family economic matters increased by 38 percentage points (59% at endline and 21% at baseline). Half of the women participants felt more supported by their families (up from 9% at baseline), and for women living with disabilities this was even higher at 90%. This respect has also contributed to them feeling more like a valued member of the family:



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// During the group sessions we attended, we talked openly about mental health and wellbeing. My neighbours and I always shared our problems with the specialists and they helped us a lot...

As a result of the project we can mention developing community and respectful communication, there is less violence and less controlling behaviours and now we can see a significant change in our society. //

– Dilafroz, project participant

“My father-in-law refused to eat at the same table [as me]. Since participating in the Living with Dignity project, his behaviour towards everyone [including me] has changed. Everyone sees that the project helped him.”

– Younger woman participant

Women living with disabilities felt that their ability to work, have an income and ‘prove their worth’ had completely changed them and made them feel happy. They no longer felt like a burden on their families and felt they had a clear role in their communities. One woman participant reflected on how contributing economically to family life was critical in combatting the stigma associated with the disability and claiming an active role in society:

“I have been unable to walk properly since I was 17 despite lots of medical procedures. I was ashamed of my illness and confined myself to my house, as I could not stand the stares, the pity. I even felt suicidal when I was told the problem was incurable. Living with Dignity changed my life – I did not want to participate at first due to my shame, but after taking part in the project my outlook changed. I began to speak to different people in the village and with each session I felt part of the community. I now feel like I am part of the community again, I cannot wait for the meetings and other social events, and I’ve really enjoyed the work!”

– Younger woman living with a disability

Changes were also observed by local government officials in terms of the expectations placed on women. For example, one official reported that younger women from families involved in the project experienced less pressure, for example to bring drinking water from far away, showing greater respect for their wellbeing.

Increased ability of women to express themselves reduces psychological and emotional distress, and is linked to greater agency and autonomy. A large proportion (79%) of women felt comfortable expressing their

opinion on family budgeting and spending (an increase of 22 percentage points from baseline). Significantly more women participants felt they had an increased voice in family decision-making (38-percentage point increase) and significantly fewer believed that men (husbands) should be the sole decision-maker in family financial matters (from 92% of participants to 50%). Women were able to open up and talk about more difficult problems, such as the violence they experienced:

“I have seen a complete change in many of the women in how they are able to speak. For example, at the start of the project, one lady was completely withdrawn. She never gave her opinion, she sat in silence. As the sessions continued and we covered different topics, she began to change. Bit by bit, she opened up, and after a little while even revealed the strong violence she was experiencing at the hands of her husband and his relatives. Since that moment she continues to speak and, in this group setting, she is almost unrecognisable from the beginning of the project. She has said that she is feeling better and that things have improved in her family; her changes in behaviour strongly suggest that she feels much better.”

– Representative of project partner

Decrease in emotional and physical VAWG contributes to improved wellbeing and relationships. The data reveals a significant downward shift in physical violence committed against women by husbands and other family members. Just under one-third (33%) of respondents reported either experiencing, witnessing, committing or hearing about acts of VAWG in a 20-month period (down from 66%). Additionally, there was a significant decrease in acceptance of VAWG in any instance, from 77% of participants who agreed with it to 10% (43% felt that a non-violent verbal reprimand for perceived ‘bad behaviour’ was acceptable but that physical violence was unacceptable). The number of participants who believe that violence should not be endured increased by 38 percentage points (from 55% of participants who agreed with this at baseline to 93% at endline), and that husbands and mothers-in-law must not always be obeyed. The research shows that although the decrease in physical violence has pronounced impacts on wellbeing, it was the reduction in emotional violence that respondents most keenly felt. Participants attribute this to how they experienced emotional violence as more pervasive and sustained over time, significantly eroding wellbeing and having a cumulative effect, with little opportunity for relief.

A woman respondent stated the change in her husband’s behaviour in terms of emotional and physical violence had improved their mental health:

“Before the project, my husband constantly called me bad names and beat me often. He wouldn’t let me leave the house, even if I was going to visit my parents. His brother beat me too, but he would not defend me against the rest of his family, he accused me of trying to spoil his relationship with his relatives. After we attended the sessions, his attitude towards me changed [he does not resort to violence as much], and so treats me a little softer.”

– Younger woman participant

Men participants noted that women felt more confident to challenge abusive behaviour:

“My wife has a lot more respect now in the family; her sewing business has brought in a lot of profit. My mother feels that she should control the money my wife makes, but I don’t allow it. It is my wife’s money that buys the food so she should be able to say how it should be spent, not my mother.”

– Younger man participant

Non-violent communication and dispute resolution play a significant role in preventing domestic violence, although broader social, cultural and systemic challenges remain. The non-violent communication taught



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// Before this project, I was jobless with lots of family problems ... There are a lot of changes in my life since the Living with Dignity project.

The project has trained me as a dressmaker and given me a sewing machine ... Now I feel independent. I am a breadwinner in my family.

This project has also improved the quality of my life, mental health and wellbeing. //

– Firuza, project participant

in the gender-sensitisation sessions and made available to whole family units, including women and men of all ages, is seen as something that has helped promote calmer resolution of domestic disputes. The ability to deal with issues in a non-violent way helped women and men feel calmer and more in control, improving relationships and reducing tensions:

“Before the project, I had a poor relationship with my brother-in-law’s wife [husband’s brother]. Now we live in the same household all together and there is harmony between us, which is much better for us all.”

– Younger woman participant

Reduction of physical, sexual and emotional violence in the home has created an improved environment for women, and they feel considerably better in themselves. However, it has not been eradicated and remains a source of stress and fear for many.

Participating in income-generating and saving activities has a positive impact on personal wellbeing and on perceptions of women’s roles in the community. The funding circles the project established created opportunities for positive socialisation beyond the home and can positively improve relationships beyond the project. On an interpersonal level, groups established for IGAs provided not just a means of sharing funds but also a safe space:

“I was previously not allowed to leave the house – I rejoice that I am able to meet with my fellow women monthly, we communicate well and share views. I can now leave the house as needed for my work. I could not do this before, it is wonderful.”

– Woman participant

Moreover, change went beyond simply providing opportunities for women to leave the house for work – the project also increased visibility of women in public spheres and community forums, impacting how their role

in the community and society in general was perceived (including by other family and community members). Many women spoke of profound changes they had witnessed after their relatives had participated in the project. This included less controlling behaviour from husbands and the ability of women to access opportunities without opposition from family members:

“My son was against his wife getting [higher] education. [After the sessions he changed his mind] and now my daughter-in-law is going to university. She is studying to become a teacher.”

– Older woman participant

Increased mobility and a sense of physical freedom outside the home contributes to improved mental health, especially for women living with disabilities. The participants stated that there had been improvements in mobility in public spaces and access to communications for women. However, controlling behaviours of husbands and mothers-in-law still persist, although are reduced, as the below quote elucidates:

“Before, my husband bought me [clothes and shoes] and did not ask if I liked them or not. Now, after the project, he takes me to the market with him and gives me the opportunity to buy the things I like.”

– Young woman participant

Even minor changes in mobility have had a profound effect on women’s mental wellbeing. This was particularly meaningful for women living with disabilities or parenting children with disabilities:

“Due to my disability I stayed at home [and my family did not encourage me to go out]. I was embarrassed. I spoke to the facilitators who invited me to take part in the project, and after coming to the first session, I did not miss another one – I would wait impatiently for Tuesdays and Thursdays when the facilitators would come. I feel like I have opened up, I go out more often, not just for the funding circle meetings. These women have become my close friends.”

– Younger woman living with a disability

Positive impact of provision of free legal services. More than 800 sessions with social services or legal professions were provided to support women and families with questions related to their rights, and provide social assistance for women with disabilities. However, there was a reticence during interviews to declare having used such services. Although women and men acknowledge that it is important to be able to understand the divorce process and what it means for access to children, division of property, and land rights and ownership, there is stigma attached to seeking out this advice. Women participants who did report accessing such services described how doing so could improve their wellbeing, including through being supported to claim, defend and protect their rights:

“We [all] need the services of a lawyer. Many don’t admit it [as they do not want to be seen as failing to keep their family together], but I was able to learn a lot about land and property and how they are divided, what rights I have or do not have as a wife, how I can be helped ... If we get legal and psychosocial services [together] it will really benefit [local women].”

– Younger woman participant

Working on VAWG prevention and improving the wellbeing of the family unit impacts inclusion and social cohesion at the local level. Family units inform and influence social norms, values, attitudes and behaviours. Although violence is commonplace and accepted within the family, there can be an increased risk of different family members resorting to violence in other interactions, including outside the home. Therefore, reducing violence at the family level and improving non-violent communication in the home can have wider implications for social cohesion. Anecdotal evidence from participants and local community leaders in areas where the

project has been operating suggests a perceived improvement in more respectful, inclusive and non-violent behaviours at the community level. Women and families from outside the project are now approaching project participants for advice on how to resolve family issues, and there have been positive changes in attitudes towards women in supporting their mobility outside the home or pursuing higher/new education opportunities, challenging traditional patriarchal norms and controlling behaviours. This transformative effect in gendered power dynamics and social norms is reinforced by extended families and communities seeing the improved financial situations of families in which women are playing a significant economic role.



Munira received a dairy cow to help her contribute to her family's income, as part of the Living with Dignity project in Tajikistan. © Aziz Sattori/International Alert

4. The seven elements of an integrated MHPSS and peacebuilding approach

Findings from both contexts underline the importance of an integrated MHPSS and peacebuilding approach, based on a holistic understanding of the specific needs of the contexts and communities engaged in the programme. Although the methods and objectives are diverse, and their application would be context specific, seven elements for effective programmes can be identified, as Figure 4 illustrates below.

Figure 4: Facets of effective peacebuilding programmes that integrate MHPSS





4. Community sensitisation on mental health

Conducting outreach and sensitisation on mental health to combat stigma and stereotypes which can create barriers for seeking help.



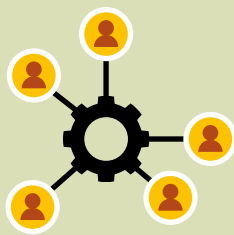
5. Redress for past violence, such as legal assistance for survivors of violence

Integration of context-appropriate access to justice (formal and restorative), legal assistance and remedy. This could involve partnerships with justice organisations, referral services, etc. This support needs to be provided sensitively, given some perceptions of seeking legal help.



6. Peaceful resolution of disputes and non-violent communication

Provide capacity development on skills for mediation, non-violent communication and conflict management to help establish a locally grown network of champions to signpost and support the provision of informal services.



7. Address negative gender norms that increase psychological distress

Approaches tailored to the diverse needs of different women and men based on their experiences and perceptions of mental health and wellbeing, violence and access to support services.

Local ownership and partnerships that support locally grown approaches and strengthen institutional capacities for MHPSS and peacebuilding services.

5. Lessons learned

The importance of context-specific, socially and culturally sensitive support, grounded in people's lived experiences and understanding of trauma, distress, healing and wellbeing. This includes ensuring that support is framed within how people experience and see results of MHPSS and peacebuilding work. Concrete improvements will vary among individuals based on their own priorities for their mental health and wellbeing, and that of their families and communities, as well as their age, gender, ethnicity, socio-economic status and experience of violence, etc. For example, participants in Rwanda saw collective activities (savings groups, sowing, harvesting, weddings, social occasions, etc.) as contributing to community wellbeing and indicators of improved relationships. In Tajikistan, women participants felt more respected inside and outside the home – demonstrated through sitting at the table with the family for meals and in terms of their ability to contribute to the economic security of their family and the community at large.

Socio-economic development plays a central role in improving individual and community wellbeing, reconciliation and social cohesion outcomes. Findings from both programmes clearly demonstrate the importance of income generation and livelihoods to people's sense of wellbeing and for community cohesion. Almost all respondents (99.5%) in Rwanda understood reconciliation as partnership and collaboration in IGAs. In Tajikistan, increased income and financial security enhanced the mental health and wellbeing of individuals and families, and transformed how women saw themselves and the behaviours and attitudes of others towards them. In both contexts, participants saw increased economic security both as a foundation for improved wellbeing and peacebuilding outcomes, and as an indicator of improved mental health, wellbeing and community cohesion. Economic activities that bring together previously divided groups around a shared goal have the potential to support improved perceptions and relationships between groups, facilitating conflict transformation and reconciliation processes.

Stigma and shame create barriers to active engagement in MHPSS programmes. This relates to experiences of, and roles in, violence, as well as negative social stereotyping around mental health. For example, in Rwanda research found that shame, especially among former genocide perpetrators, emerged as one of the most important sources of stress and emotional pain. In Tajikistan, participants had to overcome social barriers related to discussing mental health issues and women participants faced stigma related to their experiences of violence. Thus, combating this stigma and providing education on mental health and wellbeing is essential for improving the likelihood of the success of such programmes.

Understanding gendered experiences of violence, support services and gendered social norms around mental health and wellbeing is at the heart of providing effective peacebuilding programmes integrated with MHPSS. We see from both contexts that women and men of different age groups have different experiences of, attitudes towards and risks related to mental health and violence. Approaches have to be tailored to these diverse needs and experiences and address the different barriers women and men face. This includes adapting the strategies, content, communications and outreach of interventions to help reduce gendered barriers to participation and ensure a sensitive approach that encourages inclusion and considers diverse needs.

Safe spaces for dialogue, healing and reconciliation – to support positive interactions among community members, including those across social divides and that foster multigenerational dialogue – are essential. Spaces for dialogue, exchange and sharing experiences formed a key part of both approaches. In Rwanda, this involved therapy and dialogue groups and in Tajikistan, spaces for facilitated sensitisation sessions on VAWG.

Both programmes provided spaces for intergroup and intergenerational dialogue. In Tajikistan, groups were initially separated by age and gender, but eventually engaged together. In Rwanda, there was a specific focus on engaging young people, parents and older generations together, including to address transgenerational trauma and historical wounds. These spaces allowed participants to express themselves, including on sensitive issues without the fear of stigmatisation, and fostered trust.

Individual transformation of and benefits for direct project participants must be leveraged into wider community-level wellbeing and social cohesion outcomes. Both programmes saw positive results among direct project participants and there is evidence of better community dynamics. In Tajikistan, this includes higher rates of non-violent communication and growing willingness for others in the community to ask for help. In Rwanda, it encompasses improved community relationships through joint activities. However, given the significant contextual and systemic challenges, not all positive changes could be leveraged at a wider community level. It is important also to acknowledge the risk of putting the onus on the individual in terms of mental health and wellbeing, given the importance of social, institutional and systemic factors that influence wellbeing. The role of local and national authorities and service providers in encouraging investment in MHPSS services (based on community needs and priorities), supporting systems and structures enable inclusive access to such services. Supporting community development is likewise essential in embedding and sustaining positive outcomes.

6. Conclusion

The most effective peacebuilding approaches are the ones that take community needs and the context as the starting point, and provide holistic responses to the complex interplay of psychosocial, social and socio-economic drivers of violence and conflict, while supporting individual and community wellbeing, societal cohesion, reconciliation and resilience.

Addressing mental health and wellbeing alone is not enough to produce sustainable peacebuilding outcomes. And given the critical role MHPSS plays in peacebuilding, such interventions are limited if they do not consider the mental health and wellbeing of the individuals and communities concerned. Approaches need to be multifaceted and provide tangible social and economic benefits for individuals and communities at large. This includes addressing the structural drivers of conflict and violence that lead to inequality, challenge healthy societal bonds and chronically undermine individual and community wellbeing.

In contexts where unemployment and poverty are seen as eroding individual and community wellbeing and act as significant drivers of tensions, improved socio-economic outcomes can help to reinforce social cohesion and peacebuilding outcomes. The ability to address, and seek redress for, violence, share experiences in safe environments without stigma, overcome gendered barriers to participation, and contribute to family income, savings and community development, as well as a sense of economic security and independence, all have the potential to transform individual mental health and wellbeing and bring tangible peace dividends to communities.

7. Recommendations

Based on the evidence and experience from International Alert's programmes in Rwanda and Tajikistan, this paper advances the following seven recommendations for organisations working to improve MHPSS and peacebuilding outcomes in fragile and conflict-affected contexts, and for local and national authorities and service providers:

- 1. Ensure that approaches are grounded in the local context and in communities' diverse experiences of violence and conflict, and understanding of mental health, wellbeing, reconciliation and social cohesion.** A success factor for both programmes was the way in which approaches were developed based on communities' needs and priorities and integrated a contextualised understanding of MHPSS and peacebuilding. Project participants should have a leading role in prioritising the nature of interventions within a broader integrated MHPSS and peacebuilding approach, including defining parameters for success based on local priorities. Employing participatory research and monitoring and evaluation approaches, such as Everyday Peace Indicators,⁴⁹ and placing an emphasis on local knowledge, skills and capacities can be ways to support these.
- 2. Design holistic approaches that integrate MHPSS, conflict and violence prevention, and provide tangible positive socio-economic benefits for individuals and the wider community.** For integrated MHPSS and peacebuilding projects to be effective, they need to address a wide range of social, economic, psychological and other needs. Clear across the findings in both contexts was the need for MHPSS and peacebuilding work to contribute to tangible development dividends, as well as respond to individual and group wellbeing and community cohesion. Economic independence, security and solidarity are fundamental to transforming restrictive social norms, improving MHPSS outcomes and helping to concretise social cohesion, peacebuilding and reconciliation outcomes.
- 3. Programmes should create safe, inclusive spaces for dialogue across social groups, including intergenerational dialogue.** Healing and reconciliation from past trauma and violence require an approach that addresses past wounds, manages the challenges of today and encourages hope in the future. Intergenerational safe spaces are essential to overcome challenges and create an inclusive and accepting environment for discussions on historical wounds and sensitive topics, including related to memories or experiences of genocide, VAWG and sexual violence.
- 4. Local and national authorities and service providers need to invest in MHPSS services and development based on community needs to embed and sustain positive outcomes. Improved community cohesion must be in place to support individuals living within it.** Community dynamics, accessible and inclusive MHPSS infrastructure and services, socio-economic security and gendered social norms all influence an individual's ability to improve their mental health and sense of wellbeing, and live as part of a community.
- 5. Strengthen local capacities for non-violent communication and peaceful management of conflicts to enhance social cohesion and peacebuilding outcomes. Improving wellbeing alone does not necessarily change attitudes.** To enhance social cohesion, reconciliation and peacebuilding outcomes, MHPSS needs to be accompanied by sensitisation and skills building on peaceful dispute resolution, conflict management, mediation and non-violence. In Rwanda, attitudes towards use of arms indicate a further need to strengthen outreach and sensitisation related to non-violent conflict management. In Tajikistan, the need for additional support for men on non-violent communication was identified. Additionally, there is a role for project participants to lead this sensitisation and support, with further capacity development.

- 6. Address negative gender norms that increase psychological distress and compound stigma associated with mental health that create barriers to access assistance.** In both contexts, participants of different ages disclosed varying experiences of, attitudes towards and risks concerning mental health and violence. Approaches must be adapted to these diverse needs of different women and men based on their experience and perceptions of mental health, wellbeing, violence and access to support services. Critically, this also applies to sensitisation around gendered stereotypes, vulnerabilities, perceptions and experiences of MHPSS.
- 7. Support partnerships between peacebuilding, development, MHPSS and justice services. Advancing holistic approaches needs joined-up working between different sectors – leveraging their expertise, sharing lessons and reducing the risk of duplication and gaps in support, including in addressing limited state resourcing and capacity.** Local and national partnerships to support integration can help to reduce the risk of dependency on external aid and help ensure locally grown responses aimed at enhancing wellbeing and social cohesion. In particular, the integration of contextually appropriate access to justice (formal and restorative), legal assistance and remedy is needed to seek redress for past violence and support healing. This could involve partnerships with justice organisations, referrals, etc. Such support would need to be provided sensitively given perceptions around seeking legal help.

Endnotes

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- 40 See Figure 2 for the breakdown of social groups involved in the projects.
- 41 Intercommunity marriage and participation in wedding ceremonies with people of different social groups is seen as another indicator of growing mutual ties.
- 42 A community-based lending model where a group agrees to save a certain amount periodically and deposit these savings into a group fund.
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