IN ASSOCATION WITH

THE INTERNATIONAL CENTER FOR ATTITUDINAL HEALING

MENTAL HEALTH CARE FOR YOUTH IN POST-CONFLICT RWANDA:

CURRENT POLICY AND RECOMMENDATIONS

Ashoka's **Changemakers**

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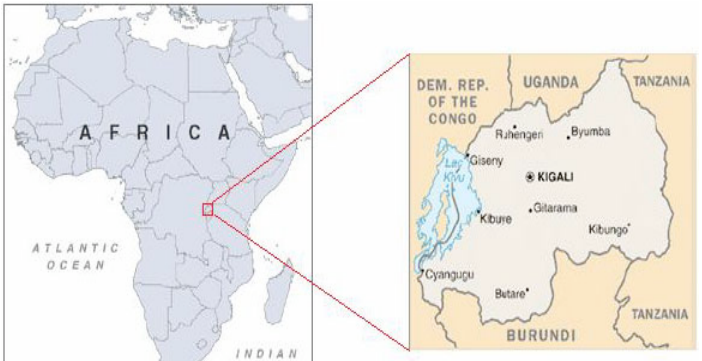

(Image source: Catholic Relief Services)

CULTURAL AND HISTORICAL CONTEXT

1994 Rwanda Genocide and a society of collective traumas

The assassination of President Juvénal Habyarimana on April 6, 1994, broke a tentative peace agreement signed the year before between the Tutsi rebel forces and Hutu-led government. The event triggered unprecedented mass slaughter of minority Tutsi and moderate Hutu peoples by a militia of 30,000+ Hutu civilians. From April to July 1994, the world witnessed genocide in Rwanda that lasted three months and claimed the lives of up to 800,000 people—10 percent of the country's population at the time.

After three months of genocide, the capital of Kigali, fell to Tutsi-led rebel forces in July 1994, and Hutu refugees fled to Zaire. In 1996, however, many of the refugees who had survived disease, displacement, and government hostility in refugee camps, were forced or opted to repatriate to Rwanda.[i] The mixture of Tutsi genocide survivors and Hutu perpetrators became an insoluble social problem. So unstable and aggrieved was the total population that "…by the late 1990s post-genocide Rwanda had evolved into a society of collective traumas."[ii]

Already rife with political conflict and poverty, Rwanda's 1994 ethnic conflict characterized and defined the socioeconomic and public health issues that remain today. More than a decade and a half after the genocide, Rwanda still has not been able to transition into a stable nation-state.

> "In spite of the relatively high level of international aid per capita following the genocide, the numbers of returnees and shifting population movements, as well as repeated Hutu-based insurgencies in Rwanda's northwest region, considerably slowed the country's ability to move from emergency to development."[iii]

In addition to a stunted socioeconomic growth, Rwanda's population has neither made progress on the psychological front. In 1994, 24.8 percent of genocide survivors in Rwanda exhibited classic symptoms of posttraumatic stress disorder; eight years later, a long-term study showed that this rate had not declined,[iv] indicating the lasting effect of trauma due to war and displacement.

TRAUMA AND SOCIAL ISSUES

Children and youth continue to live most vulnerably in a threatening environment amidst a variety of traumatic reminders, and with limited family and community resources. In Rwanda, 45 percent of the population is under the age of 15.[v] According to Perry, Pollard, et al. (1995), young people require the most attention in the wake of such circumstances as war, and called it the "ultimate irony that at a time when the human is most vulnerable to the effects of trauma—during infancy and childhood—adults generally presume the most resilience."[vi] Resources must be devoted to children and youth in Rwanda in reconciling with the atrocities witnessed and trauma endured by child survivors in the following categories.

Violent crime

In a survey done thirteen months after the genocide took place, of 3,000 Rwandan children aged 8 to 14, more than two-thirds of the group had witnessed someone being injured or killed during the genocide. 78 percent experienced death in their immediate family. Eighty percent were forced to hide to protect themselves during the war, more than half for 4–8 weeks, and one-quarter of them had to hide alone. Sixteen percent of these children reported that they had to hide under dead bodies in order to survive.[vii] The children developed varied coping mechanisms, such as avoidance and denial, most stating that they would rather not recall or think about what they had seen.

These children experienced symptoms including depression, withdrawal, and nightmares, while others felt shame and guilt for surviving, particularly those who had outlived their parents and siblings.

> "Some children who lived through the Rwanda genocide blame themselves for it, while some blame themselves for surviving, or feel it would have been better to have been killed with their families. A sense of helplessness and hopelessness lives with many of them."[viii]

Trust issues abound for Rwandan children who have experienced the kind of trauma wrought by the genocide. Self-esteem and their faith in the community and other known support structures crumbled as in the case of Rwanda:

> "Children who have been continually exposed to violence often express a significant change in their beliefs and attitudes, including a fundamental loss of trust in others (especially if they have been attacked or abused by people previously considered neighbors or friends, as happened, for example, in former Yugoslavia and Rwanda)."[ix]

Rape victims/gender-based violence

The Ministry of Family and Women's Affairs estimates that between April 6, 1994 and April 10, 1995 more than 15,700 women and girls between the ages of 13 and 65 were raped.[x] This sexual crime was a significant part of the violence ravaged upon rural communities during the genocide. The need for mental health and psychosocial resources to address this group of women is substantial.

CURRENT STATE OF MENTAL HEALTH CARE

Domestic policy /government

In response to the genocide, UNICEF, in collaboration with the Rwanda Ministry of Rehabilitation and several other NGOs developed and began the Trauma Recovery Program in October 1994 to train childcare professionals (e.g. teachers, social workers, health providers, orphanage/"center" staff) who worked directly with the estimated 20,000 children who had lost family members or been orphaned by the genocide. The program provided training in child development, trauma and grief theory, and listening skills; for the children, the program worked to identify symptoms of trauma through simple modes of artistic expression and other traditional Rwandan activities.

The Trauma Recovery Program also aided in the establishment of the National Trauma Recovery Center in Kigali. Direct services were put into place for those acutely traumatized by the genocide. The center's main functions included: outpatient treatment, training of trainers (TOT), trauma education, advocacy by traditional media such as radio, and research.[1]

At present, there is a serious shortage of public financing for the health sector. A national health accounts study in 1998 showed that 50 percent of health sector costs in Rwanda are provided through donor support, with only 9 percent coming from the government. According to the WHO's Mental Health Atlas (2005), only 1 percent of this health budget is spent on mental health. Thus, the primary sources of mental health financing in descending order are private insurances, social insurance, out of pocket expenditure by the patient, and tax based.[2]

Foreign aid

USAID assistance has averaged $43 million per year, with a greater proportion of funds now committed to development activities rather than relief measures.[xi] Among these measures includes what USAID calls, " Health Services and HIV/AIDS Interventions: Increased Use of Sustainable Health Services in Target Areas." These include gender-based initiatives and disease control, but no mention is made of mental health allocations.

Research shows that while international aid and development dollars have been funneled liberally to Rwanda since the genocide, much of this funding is dedicated to emergency assistance, the HIV/AIDS crisis, and community and agricultural development projects.

NGOs and other funding streams

In 2000, Catholic Relief Services implemented a three-pronged Development Assistance Program totaling $33.7 million dollars, towards "safety net" services for orphans, street children and the disabled, HIV/AIDS advocacy, and a food-for-work program.

For NGOs, please see appendix.

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[1] NB: It is not clear from lack of Internet presence and from talking with experts in Rwanda if either of these programs is still in operation. Additionally, this training was given only to caregivers working at orphanages or UNICEF-sponsored "centers" for unaccompanied children. Very few children in other schools or communities received the benefits of this program.

[2] NB: There is no public record of how these funds are allocated.

RECOMMENDATIONS

1) **The overwhelming need for mental health care suggests an opportunity for CAH to provide direct psychosocial services that align with practices that are culturally accepted and can be distributed through existing networks/systems of care**. Combining psychosocial services with the process of normalization and community improvement will increase buy-in from civilians, remove stigma, lower costs, and increase sustainability.

Aid organizations must treat victims as members of a community rather than isolate them as medical "cases," and to acknowledge that victims of trauma already have their own support networks.

> "Although at-risk people need support, they often have capacities and social networks that enable them to contribute to their families and to be active in social, religious and political life…A common error in work on mental health and psychosocial well-being is to ignore these resources and to focus solely on the deficits – the weaknesses, suffering and pathology – of the affected group."[xii]

CAH and its partner networks can succeed only with the collaborative efforts of local government, local leaders, childcare specialists and other NGOs to provide culturally and socially acceptable psychosocial care, as well as to avoid redundancy of services that have emerged locally.

(2) **Successful market entry in this region hinges on a deep understanding of the complexity of historical and cultural context. Other organizations have failed here because of a lack of sensitivity to this issue.**

Hiring of local staff is highly recommended.[xiii] This has proved challenging, however. According to the WHO, the Rwandan government has indeed established community care facilities for patients with mental health disorders, but "motivating staff to work in the community and reinforcing pro-community behavior continues to be somewhat difficult."[xiv] The process of identifying local staff would be aided by an effort to understand Rwandan culture.

A lack of understanding of the most basic concepts, such as the distinction between Hutu and Tutsi clans in the aftermath of ethnic conflict, can prove extremely crippling for international aid efforts.

> "More than one Western aid organization in the Rwanda emergency employed local staff to assist and protect children without being aware they were Hutu extremists. Yet to Rwandan children in their care, this was obvious."[xv]

The ignorance of this distinction can seriously harm the credibility and integrity of foreign aid organizations, and for this reason, it is important to tap into local educational resources before implementing care.

Additionally, anecdotal evidence suggests that a conflict exists between Western-based remedies for treating mental health problems (e.g. institutionalizing patients, psychiatry, etc.) and "traditional healing" (or community-based care). Because clinical and institutional treatments are stigmatized across cultural divide, CAH's peer-to-peer and outreach methodology would fit well with locally developed ideas of community-based care. In Rwanda, civilians who witnessed atrocities and live with the shame of survival often approach traditional healers to cleanse them of their tainted pasts. It is important to understand these kinds of rituals—and look to trusted community healers—in the development of appropriate psychosocial care.

(3) **CAH should consider partnership with organizations that already offer long-term "continuum" services to the Rwandan youth who have been severely traumatized by the events of the genocide and the aftermath.**

Aid programs that come and go quickly can be harmful in cases of mental health care. In Rwanda, child survivors were asked to recount their experience of the genocide by journalists and psychologists, but then lacked the comprehensive long-term care required to reconcile with these difficult memories.

> "The humiliation that children experience following their distressing experiences may well in the end be more damaging as far as suffering and long-term consequences are concerned. A number of Western psychologists, researchers and journalists interviewed Rwandan children, survivors of genocide, who had undergone harrowing experiences. They were made to recount their distressing memories and even provoked into deep distress — then left alone to deal with it."[xvi]

Even when medical resources are devoted to acute mental health care, there is a global absence of rehabilitative or follow-up services once the child or adolescent is re-integrated into their community:

> "…it is preferable to treat children and adolescents in the least restrictive environment as close to their communities as possible (Grimes, 2004). This principle requires that a range of services should be available to meet the needs of seriously emotionally disturbed children as outpatients…In addition parents need the opportunity for respite, and appropriate education must be provided. This has led to an understanding of the need to provide a "continuum" of services from outpatient, including possibly home-based services, to those in hospital inpatient settings."[xvii]

Additionally, other aid organizations working in Rwanda have committed energy and dollars to justice proceedings and basic services for victims but many fewer are committed to the provision of psychosocial services. CAH may capitalize on the opportunity to provide effective "continuum" services in this scenario.

(4) **CAH should facilitate the development of self-managed, locally sustainable care systems.** As aid organizations wishing to provide mental health care and psychosocial services continue to develop strategies for Rwanda, the question remains, "Will the way the help is provided tend to create passive receivers without influence on their daily life or help people to help themselves?"[xviii]

> "Many key mental health and psychosocial supports come from affected communities themselves rather than from outside agencies…From the earliest phase of an emergency, local people should be involved to the greatest extent possible in the assessment, design, implementation, monitoring and evaluation of assistance."[xix]

It has been stated that the involvement of leaders, educators and childcare specialists is integral to the process of implementing effective psychosocial services, but so too is the active engagement of families and peer groups. From the planning to evaluative quorums, the input of local people will prove invaluable after training community workers and the initial implementation of programs.

CONCLUSION

Sharing the truth

It is important to note that victims and attackers will remember the events of 1994 differently. Both groups, however, must reconcile the trauma so that the country's may put the genocide in its past.

Jean Hatzfeld, a Madagascar-born, French journalist, wrote two books with accounts of the genocide, one telling the story of the survivors and one of the men who had been part of the Hutu militias. This passage, told from the perspective of a Tutsi survivor, illustrates the need for peer support groups to reconcile the events of those three months.

> "I see that the survivors and the killers do not remember the same way at all. If the killers agree to speak up, they are able to tell the truth in every detail about what they did. They have kept more normal memory of what happened on their hill. Their memory doesn't bump up against anything they've lived, it doesn't feel overwhelmed by horrible events. It is never mired in confusion. The killers keep their memories in clear water. But they share these memories only among themselves, because they are risky.
>
> The survivors do not get along so well with their memories, which zigzag constantly with the truth, because of fear or the humiliation of what happened to them. Survivors feel they are to blame in a different way. They feel more to blame in a certain sense for a transgression that will always be beyond them. For them, the dead are near, even touching them. Survivors must get together in little groups to add up and compare their memories, taking careful steps, making no mistakes. Then afterward they will recall the dire events without fear of ambush.
>
> Survivors seek tranquility in one part of memory. The killers look for it in another part. Killers and survivors share neither sadness nor fear. They do ask for the same kind of help from falsehood. I think they will never be able to share an important part of the truth."[xx]

A collaborative community of governments (local and international), caregivers, and international NGOs must provide community-based support groups, culturally sensitive psychosocial services, and funding for this rift to be reconciled.

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APPENDIX I: POTENTIAL PARTNERS

Government agencies

Ministry of Health runs a national Mental Health Center, that "aims at becoming a national reference institution in mental health care and contributing to the development and evaluation of policies and mental health structures at the national level."

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NGOs

CARE International: CARE runs an initiative called "NKUNDABANA." In this project, adult neighbors of orphans and vulnerable children are trained and encouraged to provide family structure for them. They are given elemental assistance (school fees, supplies, etc.) and the Nkundabana staff provide psychosocial support.

From a CARE progress report: "The Nkundabana Initiative for Psychosocial Support (NIPS), begun in 2003, expanded activities focusing on psychosocial support and education. All of the projects represent community capacity-building efforts that strive to change attitudes towards OVCY (Orphans, Vulnerable Children and Youth), decrease the marginalization of OVCY and increase the skills of community members."

CARE USA
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1-800-521-CARE
Fax: 1-404-577-5977
E-mail: info@care.org

ARCT-RUHUKA (Association Rwandaise des Conseillers en Traumatisme) This is an organization that specializes in trauma counseling for adults and children, primarily focused on the HIV/AIDs epidemic. The association has a broad regional reach, and was funded and initially established by Trocaire, an NGO based in Ireland. It continues to have a working relationship with CARE International's Nkundabana initiative, as well as the Lutheran World Federation. Working directly with schools, ARCT-RUHUKA has been able to make an impact on stigma affecting traumatized children.

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Phone: (250)501804

ORPHANS OF RWANDA Orphans of Rwanda offers regular psychosocial support and counseling to help students overcome challenges relating to mental health. To date, ORI has conducted an assessment of student mental health and run the first of a planned series of trauma healing workshops. ORI has partnered with the Rwandan Association of Trauma Counselors (ARCT) to provide individual and group counseling for affected students."

US Mailing Address:
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(212) 744-0190, ext. 126

Rwanda Office:
Orphans of Rwanda, Inc. (ORI)
La Bonne Adresse Building
(ex-Kistar), 4th Floor
P.O. Box 5139
Kigali, Rwanda

Development:
Michael Brotchner, Executive Director

For specific inquires about our work in Rwanda, contact info@orphansofrwanda.org.

HANDICAP INTERNATIONAL Handicap International runs a community-based mental health initiative, involving influential community figures and opinion leaders who are given training in advocacy and prevention. In this case, Handicap International has extended its usual target population from disabled people to vulnerable children and youth.

The Handicap International team on the ground includes a field program director, an administrator, three project managers, two psychologists, a mental health nurse, two advisors on development work, three psychosocial advisors and departmental personnel.

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FACT (Forum des Activistes contre la Torture) The Forum for Activists Against Torture specializes in training community workers (in particular those who work in secondary schools), professional organizations (such as law enforcement) and prisoners in conflict management, as well as torture and violence prevention. Their work in secondary schools was mentioned by several aid workers in Rwanda itself, suggesting its repute among organizations already at work in field of psychosocial care.

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AVEGA Agahozo **(**Association des Veuves du Génocide). This organization was founded by women widowed by the genocide, specializing in services to other survivors, in particular other widows and orphans.

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WORLD VISION (in conjunction with the Christ Presbyterian Church) World Vision is an international Christian humanitarian aid organization that works in areas of peace and reconciliation, agriculture and development, as well as resettlement and rehabilitation. World Vision works with family units, providing life skills, violence prevention advocacy and counseling (although it is interesting to note that the word "counseling" is not used in its literature." World Vision raises its fund through "sponsor a child" programs in the East Asian and Oceania regions of the world.

World Vision Washington D.C.
International Programs
Partnership Office
International Recruiting & Media Relations
300 "I" Street NE
Washington, DC 20002
202.572.6300

AFRICARE Africare is an African-focused aid organization that has been working in Rwanda since 1987, specialized in emergency assistance, HIV/AIDS epidemic and development (e.g. infrastructure and water & sanitation). Of particular note is its target population of orphans and vulnerable children.

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APPENDIX II: CONFLICT RESOLUTION AND LIFE SKILLS MANAGEMENT REPORT

In response to the recent armed conflict in Rwanda, international aid organizations and NGOs have heavily focused on areas of conflict resolution, but are doing so through physical activities and group play. This suggests an area of opportunity for CAH to implement peer counseling or classroom-based mentoring working towards the goal of conflict resolution and life skills management.

In particular, UNICEF promotes an educational initiative in a number of African and South American nations, dedicated to fostering conflict resolution skills in children and youth, entitled "Education for All (EFA) Dakar Framework of Action."

> "In UNICEF, peace education is defined as "the process of promoting the knowledge, skills, attitudes and values needed to bring about behavior change that will enable children, youth and adults to prevent conflict and violence, both overt and structural; to resolve conflict peacefully; and to create the conditions conducive to peace, whether at an interpersonal, intergroup, national or international level.
>
> "…learning-through-playing opportunities, peer mediation for conflict resolution, campaigns for peaceful coexistence, use of theatre and other performance art to raise awareness of the issues, Child Friendly Schools/Community initiatives, capacity building to promote democratic youth leadership, training of child broadcasters, and parents' education for conflict mediation and non-violence."

Guided by the UN's Millennium Development Goals and the Convention on the Rights of a Child, other UNICEF initiatives include: Sport of Development; Peace and Disarmament Education; and a "Voices for Youth" Internet rights advocacy project.

Below follows a short list of independent organizations that are doing work in Rwanda in the areas of conflict resolution and life skills management. Again, it seems that the traditional approach to peace education is through group work, and a playing-as-learning methodology.

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Adventist Development and Relief Agency (ADRA) ADRA is an independent humanitarian agency established in 1956 by the Seventh-Day Adventist Church for the specific purpose of providing community development and disaster relief.

In 2001, ADRA initiated a three-month pilot project "Outdoor Therapy Program for Rwandan Youth", which aimed at building the skills of the youth in reconciliation and conflict management. Funded by ADRA Australia and ADRA Denmark initially, an extension of the program was funded by U.S.AID in 2002 and continued through the present in a two-year project called Integrated Outdoor Adventure Therapy Program (IOATP).

IOATP consists of two complementary components: Adventure Therapy for Trauma Healing and Camp Togetherness for conflict reduction skills acquisition. The goal of the project is to facilitate the government of Rwanda's initiative to bring unity and reconciliation by contributing to the process of trauma healing (Outdoor Therapy Program), conflict management, and empowering Rwandan youth with skills for peace building, development and self-worthiness.

Outdoor Adventure Therapy

The fundamental elements of the outdoor therapy provides youth with an opportunity to "play" out difficult experiences, and a forum for learning conflict management and achieving psychological healing. Throughout the life of the project, youth who attend the one-week program are placed in groups of 36 and participate for a week in activities that parallel with real-life situations. The Outdoor Adventure Therapy trains counselors from different districts of Rwanda with a total of 106 counselors.

Each counselor form support groups comprised of 50 members per district, out of which 9 deemed worthy get one week training.

Camp Togetherness

The Camp Togetherness sessions target youth attending school during the holidays. It is expected that 18.000 youth will learn conflict resolution and reconciliation techniques as well as provincial committee members will also be trained to support and carry out the training and the follow up of this program; hence, spreading the message of reconciliation in their respective environment. During the one-week camp, the youth have lectures on reconciliation and peace issues and are involved in community activities. They also present cultural items in the evenings, like songs, dances and comedies, addressing peace and reconciliation issues.

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Never Again Rwanda Never Again was founded in 2001 at the symposium of The Institute for International Mediation and Conflict Resolution in The Hague, Never Again International seeks to confront these challenges through the creation of a collaborative partnership of youth from around the globe.

Never Again Rwanda started in 2002 and was officially registered with the Ministry of Youth, Sports and Culture in January 2005. Never Again Rwanda works to sensitize and engage young Rwandans about peace through creative education such as theatre, music, dance, and sports in school clubs. Part of the international Never Again initiative, the Rwandan organization is run locally by volunteer staff with the aim of advancing a peaceful society and world. Youth clubs in secondary schools aim to give space to both youth of families who participated in the genocide and survivors. The clubs aim to support the psychological needs of the traumatized youth and hope to create a safe and open forum to discuss sensitive issues, such as ethnicity, social prejudice, and the genocide.

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Right to Play Right To Play has developed a Regional, multi-year program called Basic Education through Sport and Play for Children in West and Francophone Africa: Play to Learn, specifically in Benin, Ghana, Mali and Rwanda. The national priorities of these four countries align with a commitment to basic education as enshrined by the Dakar Framework, the Millennium Development Goals, and the United Nations Convention on the Rights of the Child.

Right To Play will strengthen basic education through integration of sport and play into physical education and life skills programs. Right To Play will focus on capacity building of teachers and

educators through collaboration with partners and stakeholders at the community level. Concurrently, at the national and regional level, Right To Play will monitor, document and share results of successful program implementation in order to influence national youth, HIV and AIDS and education policies, and support governments in the implementation of these policies.

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Outward Bound Outward Bound designs different experience that develop self-discovery, life skills, high self concepts, trusting relationships, teamwork and leadership skills, imperative in peace building. All our experiences are outdoor-oriented, and provide a challenging, but friendly and supportive environment for learning, facilitated by trainers. Outward Bound works with other existing organizations that will provide a longer contact with participants and this will help in follow up refresher experiences, and keeping the groups intact for a longer period.

The long term social impact is the development of the potential of Rwandans to build and maintain a healthy, inclusive, safe and vibrant society that will inspire Africa and the World. OB Rwanda looks to inspiring positive collaborative relationships in the community and encourage the development of leaders who will work towards Rwanda's social and economic development, while inspiring unity, peace and reconciliation.

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Church World Service (PDF) The Church World Service has partnered with over 30 international NGOs and UN organizations for their *Africa Initiative: Peacebuilding / Conflict Resolution*, using ecumenical institutions and schools to educate about peace, trauma recovery and conflict resolution.

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[i] C. Newbury and H. Baldwin, "Aftermath: Women in Post-genocide Rwanda," US Agency for International Development Working Paper 303. Washington, D.C., 2000. 2.

[ii] Reproductive Health Response in Conflict Consortium" Country Profiles from Africa: Rwanda," *If Not Now, When?*, 27.

[iii] U.N., Profile of United Nations Programs 1998-2000, U.N. Rwanda Issues Paper (Geneva, 2000), 6.

[iv] Njenga, Frank G., Anna N. Nguithi, and Rachel N. Kang'ethe. "War and mental disorders in Africa." *World Psychiatry: Official Journal of the World Psychiatric Association*. 5 February 2006. 2.

[v] World Health Organization, "Mental Health Atlas: Rwanda: 2005," 1.

[vi] Perry, B.D., R.A. Pollard, T.L. Blakely, W.L. Baker and D. Vigilante (1995). "Childhood trauma, the neurobiology of adaptation, and the 'use-dependent' development of the brain: How 'states' become 'traits.'" *Infant Mental Health Journal*, as cited by Dyregrov et al.

[vii] Dyregrov, Atle, Leila Gupta, Rolf Gjestad, Eugenie Mukanoheli. "Trauma Exposure and Psychological Reactions to Genocide Among Rwandan Children." *Journal of Traumatic Stress*, Vol. 13, No.1, 2000, 9.

[viii] Save the Children Alliance Working Group, 5.

[ix] Save the Children Alliance Working Group, "Promoting Psychosocial well being Among Children Affected by Armed Conflict and Displacement: Principles and Approaches," Save the Children Working Paper No. 1: Working Group on Children Affected by Armed Conflict and Displacement, May 1995. 7.

[x] "Psycho-Social Healing Post-war situation," Journal of Humanitarian Assistance. (http://www.reliefweb.int/library/nordic/book4/pb024l.html)

[xi] USAID, "Gender Assessment and Action Plan for USAID/Rwanda," xv.

[xii] Inter-Agency Standing Committee (IASC) [2007], "IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings." Geneva: IASC, 4.

[xiii] Katz, Zachary. "Treating Trauma in Children: Current Trends in Treating Posttraumatic Stress Disorder and Recommendations for Future Efforts." Managing Humanitarian Challenges and Conflicts, 12Inter.

[xiv] World Health Organization, 12.

[xv] Save the Children Alliance Working Group, 5.

[xvi] Save the Children Alliance Working Group, 4.

[xvii] World Health Organization, "Atlas: child and adolescent mental health resources, global concerns: implications for the future." WHO Press, 2005.

[xviii] ibid, 5.

[xix] ibid, 11.

[xx] Hatzfeld, Jean. Machete season: the killers in Rwanda speak: a report." Farrar, Strous, Giroux, New York, 2005. 161-162.