Improvement of social integration of survivors and their children born from sexual and gender-based violence during the genocide in Rwanda

The overall objective of the project is to contribute to the local social reconciliation process in Rwanda which responds to long-term psychosocial consequences resulting from crimes against humanity during the 1994 Genocide, notably conflict-related sexualised violence (CRSV) associated with political conflict. The project promotes a psychosocial approach centred on families living with children born of rape. With activities such as solidarity and self-help groups, psychosocial support, socio-economic follow up and/or sensitisation the local non-governmental organisation SEVOTA has improved psychosocial well-being of mothers and their children, helped them out of isolation and actively participate in social processes.

**Project duration:**
10-2015 to 09-2018

**Evaluation period:**
21-10-2017 to 22-04-2018

**Type of evaluation:**
Final Evaluation

**Consultant team:**
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(For details see main report page 54)
Executive Summary

KEY ELEMENTS OF THE PROJECT

SEVOTA¹ is a Rwandan non-governmental organisation founded in December 1994, a few months after the genocide in Rwanda, in which an estimated one million people were killed. In the same context, according to Human Rights Watch, between 250,000 and 500,000 women were sexually abused. Recent research estimates that nearly 20,000 children were born following the sexual assaults. SEVOTA supports these women and children which face multiple problems such as feelings of lack of safety, poverty, trauma, stigmatisation and intra-familiar conflict.

In 2015, in partnership with medica mondiale, SEVOTA initiated the project “Improvement of social integration of survivors and their children born out of rape (CBR) and gender-based violence during the genocide in Rwanda”. It aims to improve the social relations of women who were sexually abused during the genocide and their children born of rape. These last two categories are defined by SEVOTA as its target groups or direct beneficiaries.

The project’s methodology is to facilitate target groups’ active participation in their community and build their current and future lives. This includes the facilitation of intergenerational dialogues between the mothers and their children, psychosocial support through empowering the mother’s psychic and socio-economic capacities and group structures for the CBR, and a campaign of community mobilisation and information sharing focusing on specific rights and needs of beneficiaries. The project covers three Rwandan districts: Kirehe, Muhanga and Gasabo (Kigali city).

To contribute to the local social reconciliation processes in Rwanda – SEVOTA’s main objective – five specific objectives were also defined:

1. Women survivors and their children born out of sexual violence utilise solidarity and self-help structures
2. Women have psychological and socio-economic capacities strengthened/empowered
3. Young females and males (CBR) have access to individual psychosocial support
4. Families, the communities and public authorities have been mobilised
5. Implementation of large-scale and durable projects

To reach the project objectives, SEVOTA initiated the following activities:

1. Supporting solidarity and self-help groups
2. Psychosocial and socio-economic follow up of women survivors with children born from sexualised violence
3. Psychosocial support of children born out of sexualised violence
4. Sensitisation activities and information sharing
5. Empowering SEVOTA’s organisational resilience

¹ SEVOTA Solidarity for Widows and Orphans for Work and Self-Promotion.
Purpose and Scope of the evaluation

In August 2017, *medica mondiale* launched a call for proposals to evaluate the SEVOTA project running October 2015 until September 2018. The evaluation was performed from two external consultants at the end of the project’s second year (2017). It aimed to analyse the project’s progress and identify the successes and challenges of SEVOTA’s women’s forums and their extended approach including young adults (CBR) and the social environment.

It was expected that through this project, 202 female survivors and their 206 children born out of sexualised violence would develop new life perspectives and actively participate in social processes, notably within their communities in provinces in the south and east, and Kigali city in Rwanda. As stated in the *medica mondiale* call for applications, the evaluation followed DAC guidelines from OECD.

The evaluation team chose focus group discussions, participatory reflection workshops with SEVOTA’s staff, in-depth individual interviews and an analysis of existing documentation about the project as their evaluation methodology. Interviews were conducted with a sample of 75 people. Thirty respondents took part in the in-depth individual interviews (22 beneficiaries and eight professionals), 39 respondents participated in five focus group discussions and six SEVOTA staff participated in two workshops.
Findings of the evaluation

The results in the main report are presented following DAC criteria, which include relevance, effectiveness, efficiency, impact and sustainability with a summarising judgement for each criterion in the end of the chapter.

RELEVANCE

Despite the political and economic stability in Rwanda and the efforts for reconciliation and unity in the country so far, this evaluation found that the marginalisation of women victims of rape and subsequent discriminatory mechanisms are present in the community. The birth of a CBR increases this pressure. The attribution of the father’s crimes to the next generation remains today and various taboos in this regard are still observable. These circumstances impede the youth from understanding their situation and becoming respected actors in their communities. Intra-family conflicts, hatred and mistreatment of CBR and their suffering and corresponding behavioural responses are the consequences, in addition to their mothers’ isolation and trauma.

Therefore, it is important to highlight trans-generational trauma as a potential consequence of genocidal rape and that this still exists even 23 years after the genocide. During teenage years, there is a risk of an unconscious repetition of past trauma mechanisms such as repeating the violence in the future, becoming a victim or a perpetrator of violence without having the intention to do so and provoke or face unwanted pregnancies among young girls of their generation and other long-term related outcomes.

SEVOTA’s project objective expects that supporting 202 women survivors and 206 CBR will allow the target groups to develop new life perspectives and actively participate in social processes, notably in their communities in the southern and eastern provinces and Kigali. The youth and mothers now have an awareness and understanding of family conflict, which has helped to improve their family relationships and economic situations.
SEVOTA’s project design was appropriate for the needs of the target group. Despite Rwanda’s progress so far, SEVOTA’s strategy, approach and objectives are still relevant. SEVOTA’s close collaboration with the project beneficiaries, their knowledge of the beneficiaries’ needs combined with a bottom-up approach and strong collaboration with *medica mondiale* during the project design process have promoted a well-structured 2015 project. The strategy is well adapted to the Rwandan context.

The evaluators found that the project activities deliver very good results that clearly exceed expectations. The work on the conflict “crux” of family conflict has been transformative work on the conflicts resulting from the genocidal consequences. It is in this framework that SEVOTA’s project has contributed to the stabilisation of the Rwandan society.

**EFFECTIVENESS**

The evaluation found positive mental health effects associated with SEVOTA’s project for the youth and the women. The analyses of the evaluation data show the following situational improvements associated with the project’s log frame.

- There was a high participation of beneficiaries in SEVOTA activities
- 75 percent of the women had improved mental health
- more than 60 percent improvement of knowledge and utilisation of self-management of post-traumatic crisis techniques
- Economic situation enhancement due to financial start-up capital received
- Mother-child communication has improved for more than 50 percent of women
- Husbands have a new understanding about women and children’s rights
- Documentation of the SEVOTA’s family-centred approach

This positive outcome is due to group intervention of confidential, timely and professional psychosocial follow up by SEVOTA staff. SEVOTA provided psychosocial assistance during well-structured therapeutic journey courses they conducted for the women and youth. This psychosocial approach centred on the family, notably on the mother-child relationship, was appropriate for the project beneficiaries’ needs. The interventions have significantly contributed to the improvement of their mental health.

Youth have received teaching on psychological trauma, especially for awareness on strategies to better understand and regulate their emotions. Half of the youth have good resources and psychological capacities, whereas the other half remain in a difficult mental health state with continued trauma symptoms. The work on the “crux” of family conflicts has transformed Rwandan conflict associated with genocide consequences for the women who were raped during the genocide, their CBR and their environment.

With SEVOTA support, the women created solidarity groups and the youth formed clubs, and both received continued psychosocial support from SEVOTA staff. The psychosocial group intervention of SEVOTA for the women and the youth has contributed to social integration of this target groups into Rwandan society. Today, this category of youth considers themselves as “We the youth, we can …” and are motivated to construct their futures.

On the other side, a weak Monitoring and Evaluation (M&E) system has affected the project’s effectiveness and delayed complete success of achieving its objective. There were also project challenges, particularly at the level of individual psychosocial support. The lack of individual counselling, and insufficient follow up have both caused the reduction of the positive changes in terms of accountability and empowerment, as well as stabilisation of mental health status and family relationship.

In addition, half of the youth interviewed are not yet assured of their future orientation. They remain in a state of being caught in the consequences of sexualised violence, notably their unwanted birth circumstances. The disclosure of the truth about the youths’ birth circumstances which at times had not been well-prepared, non-clarified or avoided has left psychological scars. These scars continue to irritate and haunt the youth while trying to build their own lives since the basis of
their identities is not solidified and participation in society is not yet defined. Their specific vulnerability has not yet been considered by official institutions. These unintentional effects related to the disclosure of their birth conditions have triggered psychic crises, family conflicts and threats to the youths’ psychosocial well-being. Thus this evaluation found the project’s effectiveness to be *satisfactory*.

In general, SEVOTA has been efficient in most interventions, especially considering the positive changes already achieved for a large number of beneficiaries and a team of only seven staff. It was stated that the healing journeys (therapeutic course) with the youth focusing on genocide history, human rights, self-esteem and trauma and self-help structures established among the mothers for their empowerment were the most effective measures of the project. These can be considered as best practices to inform projects in other settings.

**EFFICIENCY**

Despite the challenge of M&E at the organisation level, seven SEVOTA staff members have addressed the needs of a significant number of beneficiaries. The positive changes associated with the project are evidence that SEVOTA has efficiently conducted the majority of its interventions. The evaluation team notes that the youth therapeutic course, which is focused on the genocide history, human rights, self-esteem and psychological trauma and mutual-help structures, and mothers assuming accountability after the therapeutic course of Women’s Abiyubaka Forum² were the effective interventions.

Networking and collaboration in synergy with other psychosocial services in the community together with a reference system and documentation of group and individual counselling approaches based on clients record sheets would have made the project more efficient. Yet, SEVOTA’s one psychologist and one sociologist are not enough to provide psychosocial and healing services to the large number of women and youth, and their families, living in scattered locations. Thus, it is not realistic to expect that these two professionals can efficiently serve all project beneficiaries, i.e. 408 beneficiaries in total and their family members within the due course of the project. This situation also poses the risk of professional burn out among the SEVOTA staff. Enough funds should then be allocated to the unexpected side effects of the disclosure on the lives of CBR and relationships with their mothers and address them timely.

The analysis of efficiency reveals that in general, the result was *satisfactory*. The funds allocated to SEVOTA facilitate the achievements of the project objectives. The funds, expertise and time are economically converted into successful results. However, some budget lines need revision to fully contribute to expected results.

**IMPACT**

The results of the impact of the SEVOTA project for the beneficiaries are quite positive. From their healing/resilience, women were able to feel a sense of belonging and an increase in trust towards one another again. These two main changes have facilitated the women’s re-integration into community activities. The women who participated in this project are now stable and there has been a positive impact on their social inclusion. The youth were able to do reflection work on their identity. This reflection has also had a positive impact on their social integration.

The multi-perspective and multi-dimensional approach centred on the family has also impacted the families’ systems. Mother-child relationships were improved while hatred and discrimination decreased towards the CBR. These changes have contributed to improved communication among family members. Thus, family dynamics are also repaired. As family relationships strengthened, taboos were broken and trust rebuilt, which allowed for reflection on questions about the future for the women and youth.

Socio-economic activities have contributed at improving the women’s social participation in the community. As a result, there has been a positive influence on the women’s psychosocial (well-being) stabilisation. The perception of the women and CBR in the community was changed. One example is a woman who had been a victim of sexualised violence and was stigmatised and excluded who has now become an active trader. The internal peace (peace of mind or paix du coeur in

² The word “forum” means a place to meet and to change ideas. Abiyubaka means “the women who rehabilitate”. The combination of Forum Abiyubaka is used for all group meetings to direct attention to the intervention logic: changing ideas in a protected space can help the survivors of CRSV in healing and by consequence they are learning to change their relationships into positive feelings with their children born of rape.
French) within families (in conflicts) and their courage to work on their intra-family conflicts resulting from the genocide was noted by the neighbours of the project’s beneficiaries.

There are already positive results in the target groups’ communities with improved general understanding of women and children’s rights. Today, the women and the youth are respected and can become role models for other community members. This evaluation concludes that the project’s impact is rated as satisfactory.

But social inclusion and reconciliation within the communities will remain an issue. Thus, involving people from outside in the therapeutic processes will enable SEVOTA to break the cycle of victimhood and help its target groups benefit from restorative justice and become well integrated into their communities.

**SUSTAINABILITY**

The project’s sustainability also deserves a positive judgement when considering the individual and family levels. Autonomous solidarity groups are planning to continue after the project is phased out. There is a probability of long-term benefit for the women and youth especially by documentation of the family and therapeutic healing approach, which may be useful in other post-conflict contexts dealing with consequences of CRSV.

A risk factor that weakens SEVOTA’s sustainability is their financial dependence on medica mondiale. There are also organisation-related challenges in terms of human resource management and the M&E system. Although these issues are highlighted in this report, there was improvement of the organisation’s future planning over the last three years and there is good knowledge of project management. Thus the overall rating for the project’s sustainability is satisfactory.
LESSONS LEARNT

» SEVOTA’s focus on a psychosocial approach to mother-child-family communication with an emphasis on the mother’s psychosocial state had positive effects on the whole family system and improved the well-being of the youth.

» Various settings elaborated and well determined in different therapeutic steps (women’s forum, therapeutic healing for youth, solidarity groups, youth clubs, meetings of husbands or couples) were adapted to specific target groups (the youth, mothers or husbands) and were the working elements of the psychosocial approach.

» Women’s therapeutic healing through the women’s forums called Abiyubaka (people who build/develop themselves) with six two-day sessions provided training to increase the women’s accountability and empowerment within mutual-help groups. The therapeutic healing had effects on the process of healing wounds of stigma and trauma and creating a path for social inclusion. This approach should be considered as good practice. SEVOTA provided space to enable the women to express past experiences of trauma and secrecy about their child’s birth circumstances and to have feelings of being accepted as who they are.

» The target groups’ integration and involvement in M&E would be favourable for empowering the beneficiaries and improving the efficiency and effectiveness of the process. However, to insure transparency and the quality of M&E, the staff should be informed more precisely about the process.

» A good monitoring for making conclusions about the intervention process and measuring the improvement or regression of the psychic/social/family state of the beneficiaries will be important for warranting the quality of therapeutic relationship and not provoking further damage (i.e. “Do No Harm”).

» Despite the risks associated with the project’s stigmatisation of targeting CBR, SEVOTA has elaborated an approach of “We the youth, we can ...” and it has helped the youth with their social inclusion process. SEVOTA has shown that this work is possible while being aware of the problem of stigma and they have established social integration mechanisms for these youth.
RECOMMENDATIONS

» Perform an in-depth reflection on SEVOTA's vision including the work on the existing strategic and fundraising plans. The SEVOTA's vision is marked by solidarity with the widows and orphans and a holistic psychosocial approach considering families in conflict. Assist to reconstructing family structures that have been destroyed could be an important future objective for SEVOTA. A reflection on the various existing family models with distinct cultural practices of stigmatisation could help identify potential target groups for future interventions.

» Continue supporting the existing target groups. Next steps should include a diagnosis of the “family in conflict” with lingering problems and then establish a referral system with other psychosocial services to ensure close and professional therapeutic relationships. There is a need to clarify criteria for the benefit of individual counselling (psycho-social/socio-economic), choosing family members (youth, mothers or husbands) who are in need and understanding how to focus on the beneficiaries’ specific needs.

» Improve SEVOTA's M&E system, in particular for case management. Concerned SEVOTA staff should know how to use the existing tools for therapy follow-up. There should be a systematic process to follow the beneficiaries’ progress or regression and make conclusions about the short- and long-term (baseline, endline) impact of interventions.

» Invest in clear and focussed advocacy with the government for youth school scholarships. Although most youth have completed high school, they do not yet know how they can continue with university studies. The results of individual interviews with the youth who participated in the “We the youth, we can …” clubs demonstrated the youth’s strong motivation to continue their studies. Support for higher education scholarships would help the youth see life in a positive way and enable them to take part in the “Ndi Umunyarwanda” (I’m Rwandan) programme as a nucleus of peace, unity and reconciliation.

» Create directive guidelines for the psychosocial approach oriented to the family, women and CBR and put in a handout. Publish modules of therapeutic healing on the SEVOTA’s website to share with other actors locally, regionally and (inter)nationally. SEVOTA's best practices need to be documented to facilitate the visibility of their therapeutic and healing activities for women raped during the genocide and CBR.

» Strengthen synergies with governmental institutions and other civil society organisations to support SEVOTA's activities and the beneficiaries’ communities. Ensure that the effects of the organisation’s project contribute to positive changes that are more sustainable for the target groups, their families and communities.
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