Social Healing Improves Lives

We are committed to improve the lives of people living with trauma and to inspire breakthroughs in the integrated community-based social healing model, to address trauma-related mental health disorders and collective trauma.

Below is where we have piloted our innovative healing model and illustrated on the back cover (page 4) is our scalable design model.

Location & Reach

Kamoni District

2 Sectors targeted for the pilot phase in Kamonyi District out of 12 sectors

80 Community Healing Assistants, CHAs trained 48 females, 32 males

776 community members - 638 females, 230 males graduated from the program

90% retention in those who graduated

400 community members still in the healing journey

Target population: genocide victims, war widows/widowers, orphans, genocide perpetrators and ex-prisoners, single mums, unemployed youth, couples in conflicts, disabled people

Responding to the Covid-19 Pandemic

Clotilde is a 64 years old mother, genocide survivor. All her family members were killed during genocide. Luckily, she has one daughter born after the genocide. The latter takes care of her mother, and comforts her especially during the memorial period from April to June. Unfortunately, due to COVID-19, Rwanda is on lockdown. As Clotilde can’t see her daughter who is in the Capital City, she had an emotional crisis during this genocide memorial period. The local authorities called Renatha our Community Healing Assistant (CHA) for support. Renatha uses techniques that that she learned for such circumstances; she teaches her to breathe deeply and practices active listening and mobilizes neighbours to organize to help her for domestic work. None of the CHAs has given in to either COVID-19 or trauma reactivation during this difficult time. They are all supporting the community to deal with trauma and restore hope.
The IMPACT We Make

Based on preliminary results from the pilot program involving 607 people, as described in our publication, "Learning Together to Heal: Toward an Integrated Practice of Transpersonal Psychology, Experiential Learning, and Neuroscience for Collective Healing", the outcome is very encouraging so far as the figure shows below.

The effects of the intervention are measured in percentage. For instance, suicide tendency decreased from 53% to 23% of our respondents. Though these results, like the pilot study itself, are still preliminary in nature, there is a consistent trend of decline across all the negative indicators of PTSD symptoms and reconciliation challenges as the table shows. There is also a consistent trend of improvement across the three positive indicators of social cohesion, suggesting a great potential impact.

To better understand our model, please visit the following website: https://nsuworks.nova.edu/pcs/vol26/iss2/4

Beneath the quantitative: Stories and Testimonials

"...I participated in the 1994 genocide. Then I was jailed for 25 years...After I was released, I felt shame, guilt, unworthiness and isolation from the rest of the community...I now feel accepted and reintergrated and have continued the process of reconciliation."

"...I was 16 when I was raped by my brother. I got pregnant and had a kid...I felt much shame and isolated. I attempted suicide and failed...I was dead, now I feel happy, worthy and accepted. I can smile and work with my neighbours.

"...We separated for 7 years, I lost weight from 90kg to 45kg, had sleepless nights, felt lonely and wanted to kill myself. My children dropped out of school, I became an object of scorn throughout the community and was unable to cultivate my farms.... Miracles happened. We were in hell, we are now in honeymoon. My children are back to school, and we are able to grow food again"

"...I was 7 years old when genocide occurred. I lost my parents and siblings...I got married and later divorced...Life became meaningless...I attempted to commit suicide 3 times...Now I can move, dance. I was dead, now I am alive" (Genocide survivor).
Partnering for Scale-Up

“We are thankful for the work you’re doing in the community...assisting those in isolation and loneliness and bringing them back to the community and to work...assisting villages and community leaders in conflict resolution... Please do let us know when you are ready to expand your program...I can advise where you can go and help...You have our full support and we will keep working together.”

We are collaborating with Trauma-responsive Innovations for Mind and Body (TIMBo Collective), a US-based organisation to refine our model and training curriculum for scale up. TIMBo is a mindfulness-based therapy using yoga and self-awareness. In Rwanda, 14 Americans from TIMBo joined 17 trainers of trainers from Ubuntu Center and partners for a joint training for 10 days in February 2020. TIMBo tools are being incorporated in our model.

For more information on TIMBo, please visit www.timbocollective.org/
How Our Model Works

Our healing model integrates bodywork, storytelling, metaphors and rituals. We select Community Healing Assistants (CHAs), train them in trauma and our integrated social healing model, including group facilitation skills. They then recruit people with trauma-related symptoms and form healing groups of 15-20 people. Each group is facilitated by 2 CHAs in 3-hour sessions for 15 weeks, with monthly supervision by a psychologist. Complicated cases with high risk of suicide are referred to the health clinic for medical management. We then use evidence, work with partners and government to scale up for wider large impact.

Our inspiring Board of Directors recently committed themselves to do whatever it takes to help replicate the program to more districts ... JOIN THE BOARD

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