



Program Outcomes Report

September 2021 - August 2022

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Community-Based Social Healing: Tackling Trauma and Other Common Mental Disorders

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Table of Contents

EXECUTIVE SUMMARY 2

I. Introduction 3

II. Expanding the Reach: 2021-2022 3

II.1. Training of new 40 Community Healing Assistants (CHA) 3

II.2. Enrollment of new clients 4

III. Program Outcomes 2021-2022 5

III.1. Outcomes measurement 4

III.2. Key program outcomes 5

 1. Demographics..... 5

 2. Intervention effects on PTSD, Depression and Anxiety Disorders 6

 3. Effects on Quality of Life 9

 4. Effects on Social Functioning 10

IV. Conclusion 12



EXECUTIVE SUMMARY

Between September 2021 and August 2022, Ubuntu Center for Peace expanded its community-based social healing model to Ruagrika and Nyamiyaga Sectors of Kamonyi District, to tackle trauma and other common mental disorders, based on the successes and lessons learned from the pilot phase completed in July-August 2021.

- 40 new Community Healing Assistants (CHAs) were recruited and trained. 32 of them were hired and supervised to recruit and serve 1950 people living with trauma and common mental disorders, through therapeutic groups for 15 weeks.
- The evaluation conducted in 704 participants before and after the program intervention showed 70% reduction in depression, 69% reduction in anxiety disorders and 55% reduction in Post-Traumatic Stress Disorders.
- The participants' overall quality of life and its all aspects including physical health, psychological, social and environmental have significantly improved
- The working ability has significantly improved by reducing by almost a half of lost days per month due to health conditions
- There was 26.6% increase in children's school attendance
- The report shows 65.4% less domestic violence and 21% family consultation within the program participants.
- There was 49% decrease of conflicts between the program participants and their neighbors.

These outcomes results are consistent with the pilot phase outcomes including 59.5%, 56%, 64% reduction in depression, anxiety disorders and PTSD that let to 30% of improved work productivity and children's school attendance as well as to 59% less partner violence.

Ubuntu center for Peace feels the urgency to iterate on the community-based social healing model and duplicate it to a bigger scale to bring more people living with trauma to a more flourishing life.

I. Introduction

It is well known that mental health illnesses constitute a serious public health issue in post-genocide Rwanda, with over 20% living with trauma, depression, anxiety disorders and other mental disorders in the general population and 50% in the genocide survivors. With over 85% of those affected who don't have access to the current medicalized and individualized mental healthcare system, many people think that trauma and mental health illnesses are a destiny. Ubuntu Center for Peace has been challenging the status quo through an innovative and scalable community-based social model, which compliments the existing mental healthcare system to bridge the access gap. In fact, the pilot phase that ended in July-August 2021 showed impressive results with 59%, 64% and 56% reduction in depression, PTSD and anxiety disorders, which led to a significant improvement in quality of life, over 30% improved work productivity and children's school attendance and 59% less partner violence. Based on its successful pilot phase, Ubuntu Center for Peace is determined to expand the impact nationwide and beyond through the community based social healing model which:

- Integrates breath-centered mind-body practices with collective narrative and rituals
- Is delivered via trained and supervised Community Healing Assistants
- Through therapeutic groups that meet once a week for 15 weeks and then
- Transition to long-term support groups with additional activities including loan circles, solidarity work and cooperatives to sustain healing and resilience.

II. Expanding the Reach: 2021-2022

II.1. Training of new 40 Community Healing Assistants (CHA)

During the pilot phase, 200 CHAs had been trained to facilitate community-based social healing sessions for over 3600 program participants who completed the program. Last year July 2021-June 2022, 40 new CHAs were trained to facilitate healing for over 1950 clients in the Rugarika and Nyamiyaga Sectors of Kamonyi District, Southern Province of Rwanda. As we expand our reach, we are refining the program to make it more manageable and efficient, based on the lessons learned from the pilot and other successful experiences. The table below highlights the refinements made in terms of the number of clients served by one CHA per year, the CHAs' training duration and content after the pilot phase as compared to the pilot phase.



	During the pilot phase	After the pilot phase
Number of healing groups facilitated by 2CHAs per year	2 groups per year (in 2 successive cohorts), meeting once a week for 15 weeks. That is 40 clients served per year	6 groups per year (in 2 successive cohorts), meeting weekly for 15 weeks. That is 120 clients served per year
Training duration	2 weeks	4 weeks. 6 weeks moving forward
Training content	Breath-Body-Mind (BBM) Practices	Breath-Body-Mind (BBM) Practices
	Notions of trauma from childhood, symptoms of trauma, depression and anxiety disorders and potential consequences like family conflicts	Notions of trauma from childhood, symptoms of trauma, depression and anxiety disorders and potential consequences like family conflicts
	Collective Narrative using the Tree of Life	Collective Narrative using the Tree of Life
	Healing group facilitation skills	Healing group facilitation skills
		Equipped with smart phones, they are trained in data collection and using their phones to improve their BBM practices

II.2. Enrollment of new clients



After the training, of 40 newly trained CHAs, 32 CHAs were selected while 8 remained in reserve so that they can be called any time to bridge the gap. The 32 CHAs went back in their respective communities and recruited people living with trauma and common mental disorders including families in conflicts. 1950 people were recruited including 900 in the first cohort between October 2021 and March 2022 and 1050 between April and August 2022. The new 1950 clients have joined other 3500 served during the pilot phase to make over 5450 clients reached so far.

III. Program Outcomes 2021-2022

III.1. Outcomes measurement

Data were collected before and after the intervention by CHAs using assessment tools set up in Kobo Toolbox. The validated Mini International Neuropsychiatric Interview based on DSM-IV¹ was used. The Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) were used to measure the severity of depression and anxiety disorders respectively. As for the average functioning, the WHO Disability Assessment Schedule (WHODAS-2.0) 12-item version was used. The screening and diagnostic tools were translated in Kinyarwanda and back translated in English by a team of 3 people.

Data were analyzed by an independent consultant using STATA 14.2, comparing the same individuals in the pre- and post-intervention—hence only complete pairs of data were included. By a complete pair, we mean a pair that has no missing values or discordant values between pairs. Discordance refers to the situation when there is one response and one missing or N/A value. Of 900 participants who attended the healing program, 704 had complete pairs for data analysis, i.e. 78% of the total participants recorded in the program.

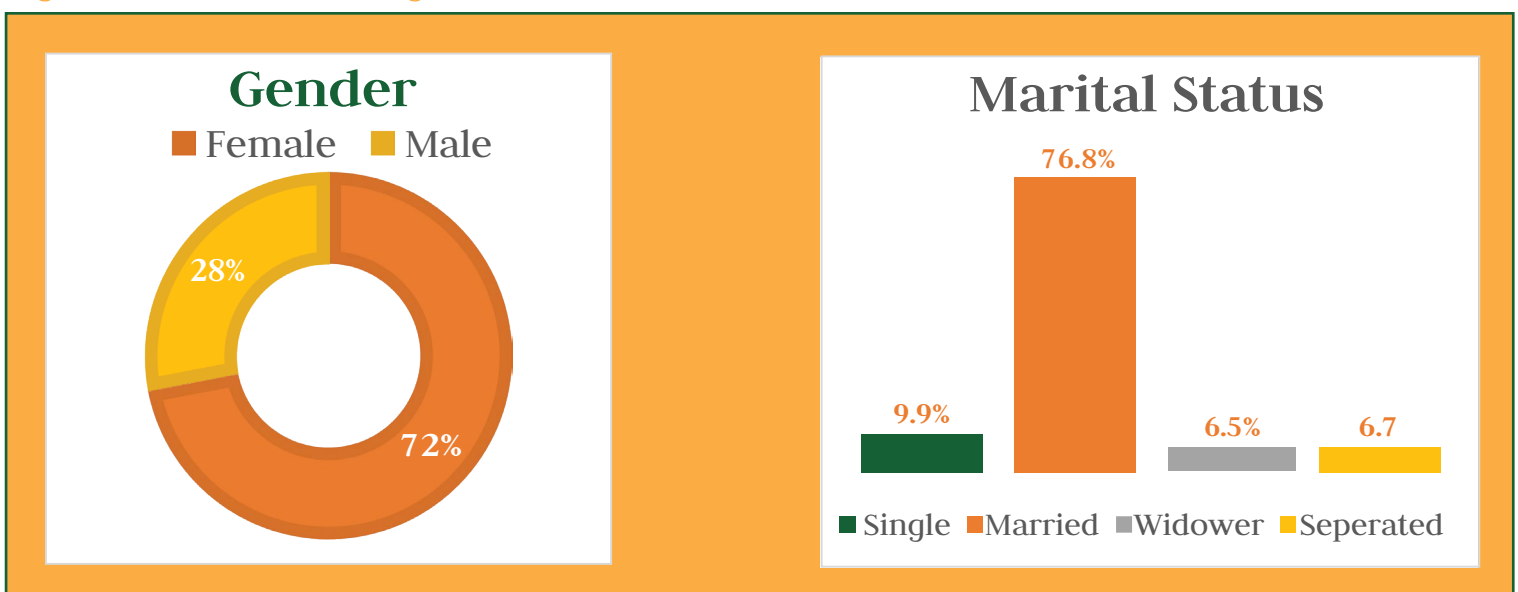
Many inspiring healing stories have been collected during field visits and graduation ceremonies.

III.2. Key program outcomes

1. Demographics

Of 704 respondents before and after the program intervention, 72% were females and 28% males, and 77% married; the remaining percentage were singles, widows/widowers and separated.

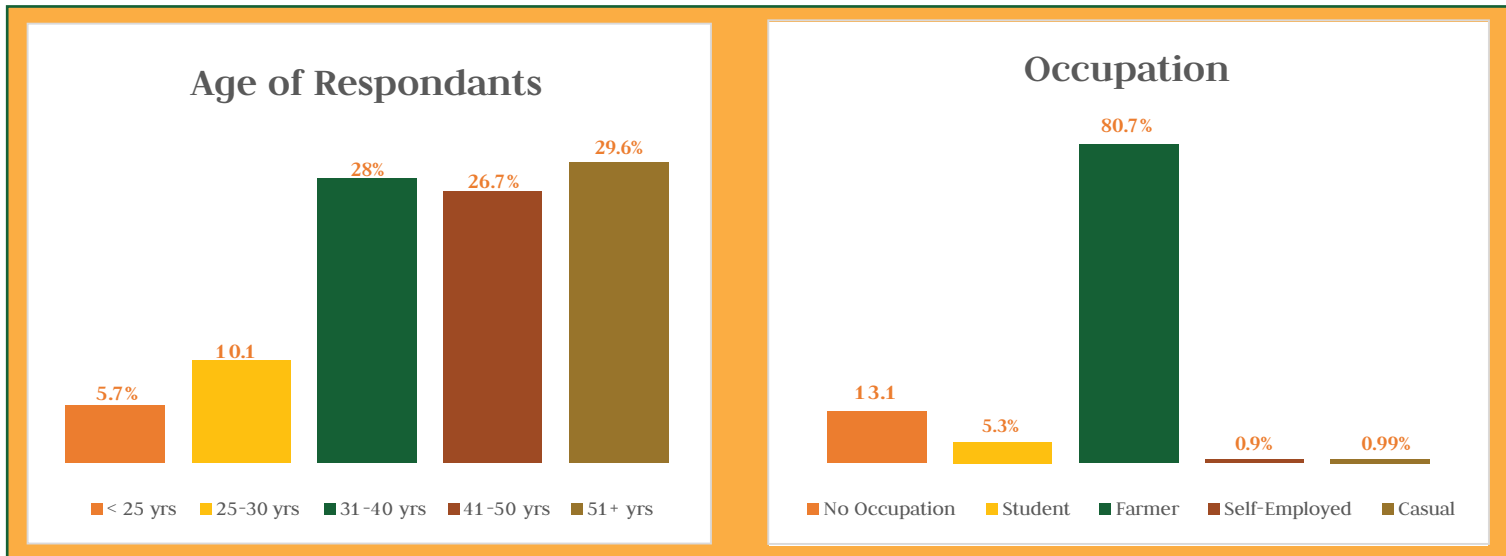
Figure 1: Distribution of gender and marital status



¹DSM-IV: DSM-IV: Diagnostic and Statistical Manual of Mental Disorders, fourth edition, the official source on definitions related to mental illness.

Among the respondents, 5.7% were under 25 years old, and, more than 57% of the participants were more than 41 years of age before and after the session. Most of the respondents are farmers, 80.7%, while 13.1% of them have no occupation (unemployed), and 5.3% are students.

Figure 2: Distribution of Age and occupation of the participants



2. Intervention effects on PTSD, Depression and Anxiety Disorders

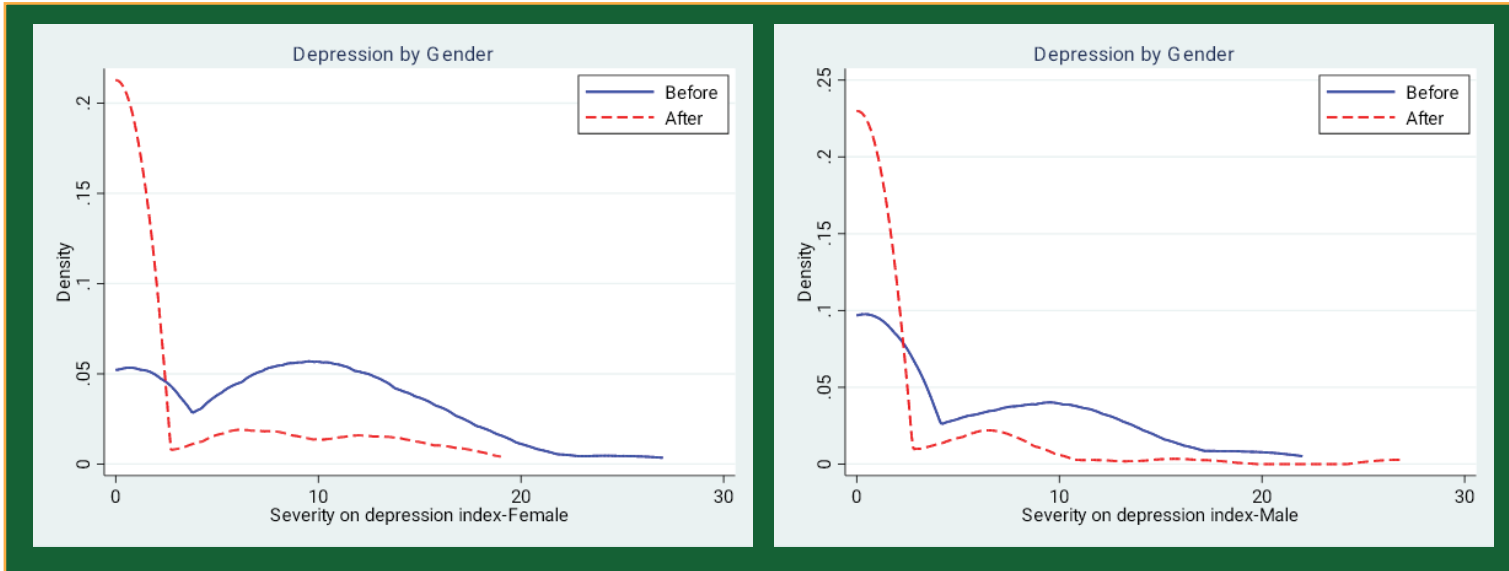
2.1. Effects on Depression

Before the intervention, depression was found among 433 of 704 participants, that is 61.5% of participants with 22.7% mild, 25% moderate, 10.5% moderately severe and 3.6% severe symptoms as shown in the table 1 below. After the intervention, it was found among only 129 participants, i.e. 18.4% with 8.5% mild, 6.3% moderate, 3.3% moderately severe and 0.3% severe symptoms. From the foregoing, we deduce that 304 of 433 participants, i.e. 70% of participants who had depression became depression-free.

Table 1: Comparison between pre- and post-session on the severity of depression

	Pre-Session		Post -Session		Change
	N	%	N	%	
None -Minimal	271	38.5	57	81.7	43.2
Mild	160	22.7	60	8.5	-14.2
Moderate	174	25	44	6.3	-18.5
Moderately Severe	74	10.5	23	3.3	-7.2
Severe	25	3.6	2	0.3	-3.3

Figure 3: Severity of depression by gender



From the above, the magnitude of having severe depression has shifted to the left (none to minimal depression) and for a lower degree of severity. This implies that the intervention has positively and significantly impacted their daily living situation.

Judith’s healing story

Judith is 32 years old, married with two children. She reported that she had a lower back problem after a complicated delivery of her second child at the referral center in Kigali. She couldn't lift or carry her baby on her back for at least 2 years. She couldn't bend or do any work at home, she felt crippled. She then started feeling useless and deeply depressed as her husband was the one to do the housework and take care of the baby. "...I used to cry and many times felt like I wanted to kill myself and leave because I couldn't feel any reason to live anymore", she said. She went to the clinic for treatment and she said that any time she tried to do something, she had to go back to the doctor. In addition to the pharmaceutical treatment, she was provided with a mental health specialist to offer psychotherapy on phone, but she had not improved. After she was recruited, convinced and encouraged by CHAs to join healing groups, she skeptically went

through the healing process and eventually healed. "...I'm standing here thanking the Community Healing Assistants for all the efforts, encouragements and support they provided to me, and I thank God... because the breathing exercises helped. After I practiced I hid at home to see if it would last, then I recovered. Now I can carry on my back my 3 years old child, proud to be a mother. This family brought me back to life and I testify that the medicine I took from the doctor was not what I needed because it had not cured me. When the mental health specialist called to check on me, I told him that I had healed in the community and even the scars had disappeared", she said. She recommended the Ubuntu Center for Peace to train health professionals so that they could also help more people.

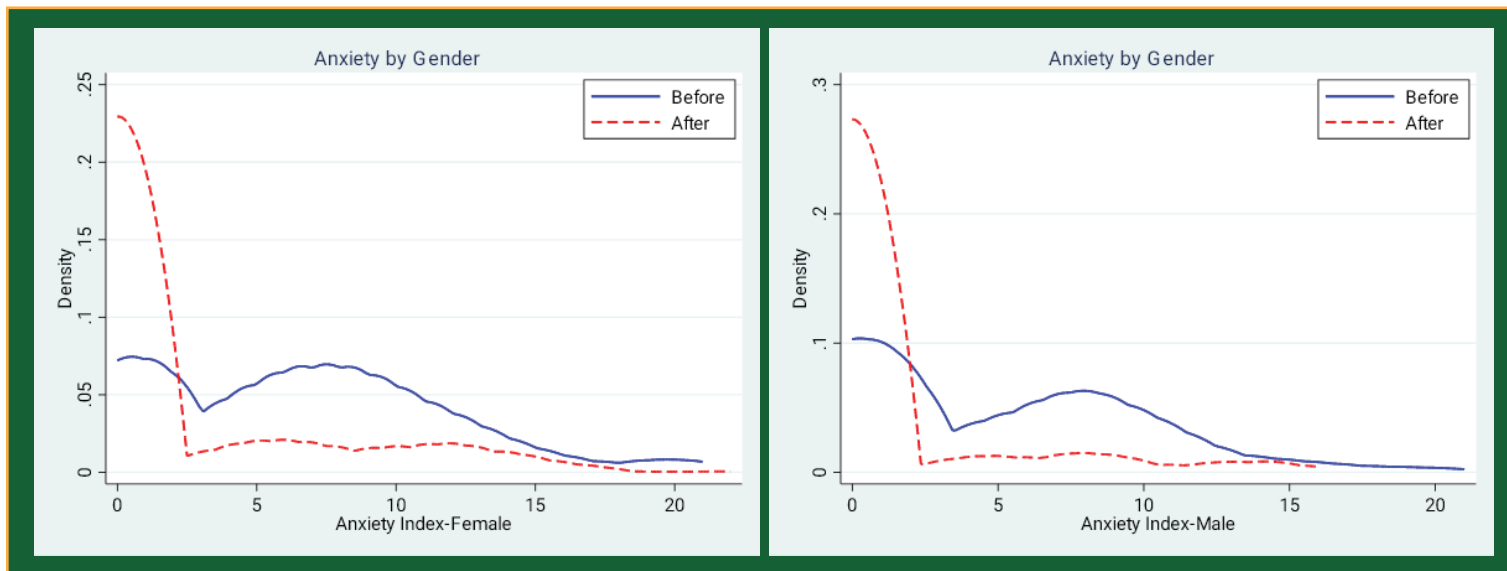
2.2. Effects on Anxiety Disorders

Before the intervention, anxiety disorders were found among 395, i.e. 56.11% of participants with 32.39% mild, 18.04% moderate, and 5.68% severe symptoms as shown in the table below. After the intervention, only 123 participants, i.e. 17.48% reported symptoms including 8.24% mild, 7.39%, moderate, and 1.85% severe symptoms. From the foregoing, there was a decrease of anxiety disorders in 272 participants, i.e. 69% of participants who had anxiety disorders before the intervention.

Table 2: Comparison between pre- and post-session on the anxiety

	Pre-Session		Post -Session		Change
	N	%	N	%	%
Minimal	309	43.89	581	82.53	38.64
Mild	228	32.39	58	8.24	-24.15
Moderate	127	18.04	52	7.39	-10.65
Severe	40	5.68	13	1.85	-3.83

Figure 4: Anxiety by gender



From figure 4, the magnitude of having anxiety has shifted to the left (none to minimal anxiety) and for a lower degree of severity. This implies that the intervention has positively and significantly impacted the participants daily living situation.

2.3. Effects on Post-traumatic stress disorder

Figure 5: Effects of the intervention on PTSD

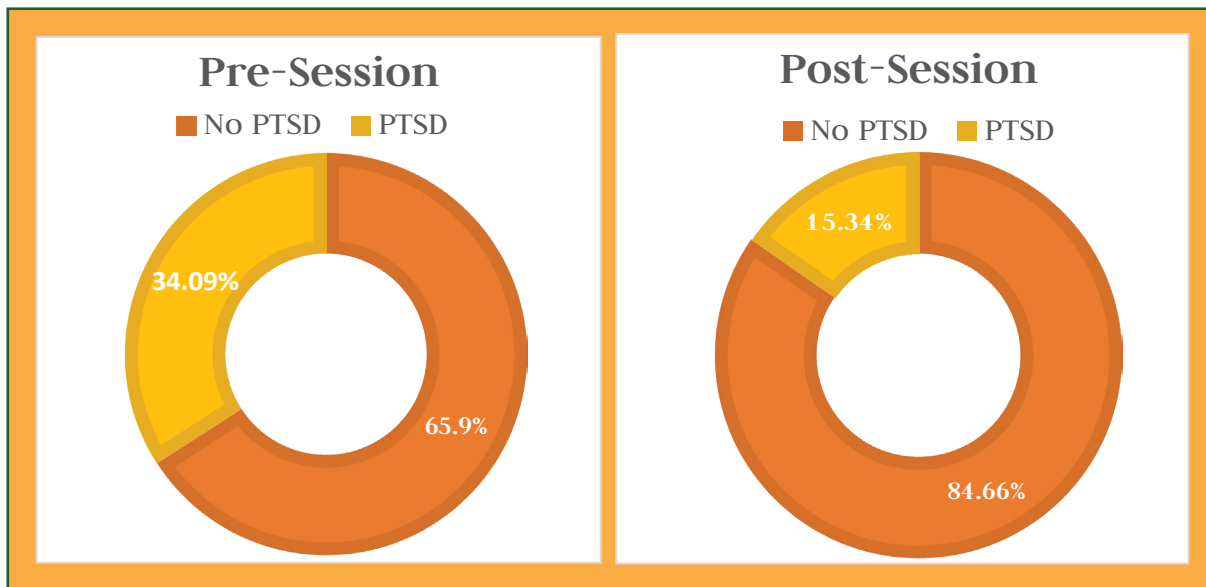


Figure 5 shows a significant decline in PTSD symptoms after the intervention, as compared to before the intervention. While of 704 clients, 240 (34%) reported PTSD symptoms before the intervention, only 108 (15%) reported them after the intervention. That means, of 240 clients who had PTSD before the intervention, 132 clients (55%) became PTSD symptoms free after the intervention.

3. Effects on Quality of Life

Table 3: Comparison between pre- and post-session on the quality of life

Domain	Pre-Session		Post -Session		Changes	P-value
	Mean	Std	Mean	Std	Mean	
Physical	60.9	11.5	62.8	11.5	1.9	<0.000
Psychological	66.5	11.4	67.2	14.4	0.7	<0.000
Social relationships	62.9	13.7	68.1	12.3	5.3	<0.000
Environment	64.3	11.1	70.6	9.7	6.3	<0.000
WHOQOL -1	68.5	12.1	72.0	12.7	3.5	<0.000
WHOQOL -2	63.2	10.4	69.4	9.1	6.2	<0.000

Table 3 shows the means, Std (standard deviations) for the overall quality of life and to what extent participants feel satisfied about life (WHOQOL-1&2). It also shows different dimensions of quality of life including physical health, psychological, social relationships and environmental. The overall quality of life and all aspects of quality of life have improved significantly in the program participants.

4. Effects on Social Functioning

4.1 Effect on work productivity

Table 4: Comparison between pre- and post-session on the lost days

In the past 30 days	Pre-session		Post-session		Change		
	Mean	Std	Mean	Std	Mean	Std Err	P-Val.
How many days were these difficulties present?	6.2	7.2	2.9	4.1	3.2	0.3	<0.000
How many days were you totally unable to carry out your usual activities or work because of any health condition?	5.7	6.8	3.2	5.1	2.4	0.3	<0.000
How many days did you cut back or reduce your usual activities or work because of any health condition?	6.0	7.2	3.1	5.7	2.9	0.3	<0.000

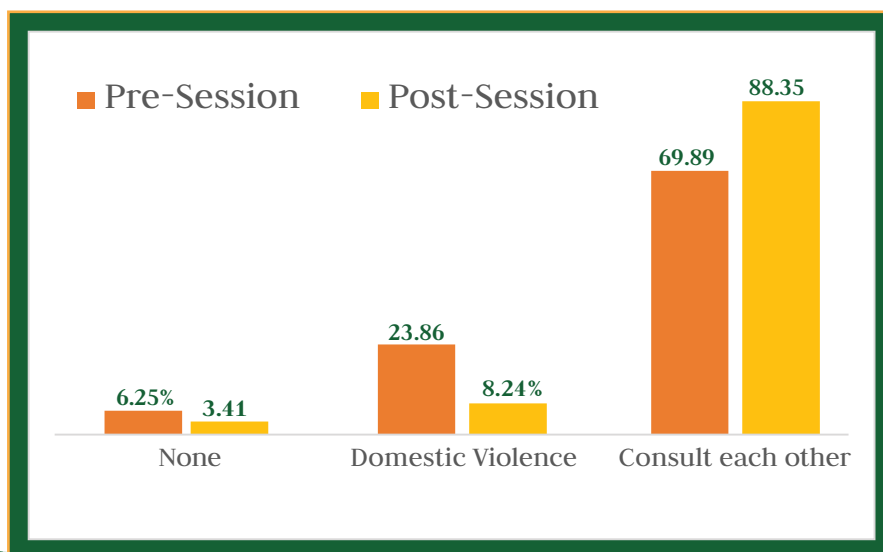
The table above indicates that the lost days-almost a week per month due to disability before the intervention has dropped by almost half after the intervention. The participants reported working difficulties from 6.2 to 2.9 days within a month, unable to carry out usual activities because of any health condition from 5.7 to 3.2 days, and days they cut back or reduced usual activities because of any health condition reduced from 6 to 3.1 respectively before and after the intervention.

4.2. Effects of the intervention on children's school attendance

While before the intervention 364 children from parents who participated in our program had no regular school attendance including 153 absenteeism and 211 dropouts, after the intervention the number decreased to 267 including 95 absenteeism and 172 dropouts. In conclusion, the school attendance has improved in 97 (26.6%) children.

4.3. Domestic violence

Figure 7: Effects of the intervention on domestic violence





Of 704 respondents, 168 i.e. 24% participants and 58 i.e. 8.24% participants reported domestic violence before and after the intervention respectively. So, there was decrease in domestic violence in 110 participants out of 168 or 65.4% less domestic violence after the intervention. In addition, the degree of consultation for handling conflicts in married couples increased from 492 (69.89%) participants to 622 (88.35%) respectively before and after the intervention. Therefore, the increase in consultation was estimated in 130 participants i.e. 21%.

Here below, we share an excerpt of a 13-year-old female student’s poem that she chanted to express her gratitude to Ubuntu Center for Peace for the healing work that her parents benefited from, and in return children enjoyed their parents healing and reconciliation.

A poem for Gratitude

Kinyarwanda version

Dore amakimbirane y'urudaca
Araca ibintu mu miryango
Bavuga amagambo asebanya
Bati uri icyo ntazi uri imburamumaro
Inda yakubyaye iyo ivamo
Hehe no kugana ishuri
Baguhoza ku nkeke bagutoteza ubutitsa
Aho guteta nk'abandi ukicishwa inzara
Nk'aho utari umunyabugingo
Ufite amatwi ariko ntiwumva
urushwa agaciro n'itungo ryo mu rugo
Ibyo wabyumva ugashira wumva
Intimba n'agahinda bigasimburana ku mutima
.....
Gana abubatsi b'amahoro
Barakwakirana urugwiro
Bakuganirize batuje
Bagutege amatwi bakumve
Barakomora ibikomere bagukomeze umutima

English Interpretation

Lots of endless conflicts
Put families in shambles
They say insulting words
That you are useless
The womb that gave birth to you should have aborted
You then drop out of school
You endlessly get harassed
Instead of being cuddled you're starved
As if you were lifeless
You have ears but you do not hear
Your value less than a pet
As you hear this you're gnawed
By grief and sadness in your heart
.....
Go to Community Healing Assistants
They are very friendly
Talk to them calmly
They listen to you warmly
They heal your wounds and comfort you.

and healing work

4.4. Healing and reconciliation

Figure 8: Effects of the intervention on healing and reconciliation

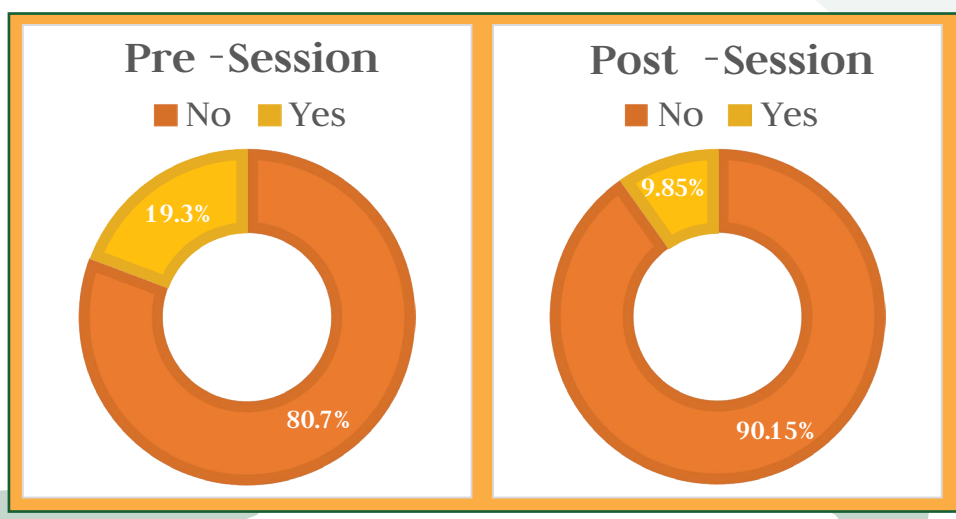


Figure 8 shows a significant effect on healing and reconciliation. In fact, of 704 respondents, 136 (19.3%) clients had conflicts with their neighbors before the intervention. After the intervention, only a half of them i.e. 69 (9.85 %) had conflicts with neighbors. That means, of 136 clients who were in conflicts with their neighbors before the intervention, 67(49.3%) clients were no longer in conflicts after the intervention. They reported they had reconciled.

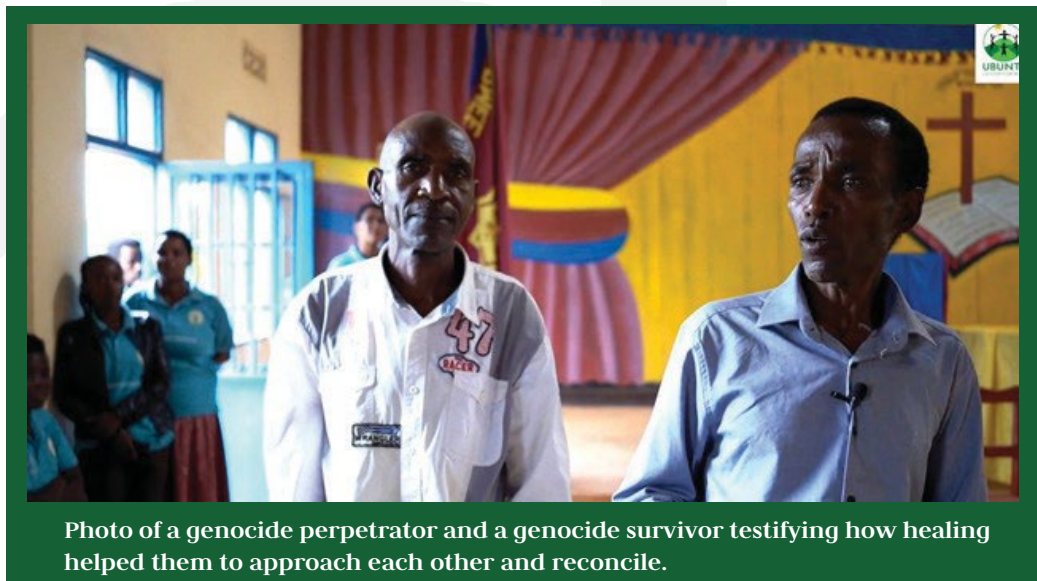


Photo of a genocide perpetrator and a genocide survivor testifying how healing helped them to approach each other and reconcile.

IV. Conclusion

These outcomes results are consistent with the pilot phase outcomes including 59.5%, 56%, 64% reduction in depression, anxiety disorders and PTSD that let to 30% of improved work productivity and children's school attendance as well as to 59% less partner violence.

Ubuntu center for Peace feels the urgency to iterate on the community-based social healing model and duplicate it to a bigger scale to bring more people living with trauma to a more flourishing life.