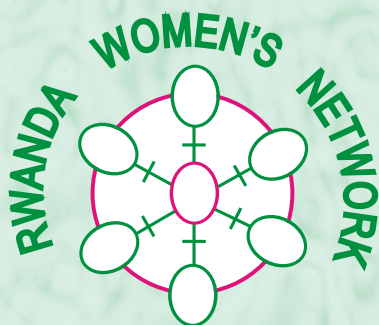


A Journey of Hope and Recovery

The Experience of the Polyclinic of Hope Women



Dedicated to promoting strategies
that empower Rwandan women

December 2011

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This publication is dedicated to the late Nora Mukamusoni Matabishi, who had the vision and nurtured the Polyclinic of Hope in realising its potential to heal and empower the women of Rwanda

INTRODUCTION

Immediately after Rwanda underwent the human tragedy of the 1994 Tutsi Genocide, the country found itself at the forefront of a new frontier in searching for improved and practical ways of meeting the enormous challenges facing her.

About one million Rwandans were killed and the rest of the population largely displaced. Over 2 million people had sought refuge in neighbouring countries, and many more were internally displaced. There were countless numbers of orphans, widows, thousands of handicapped people and generally a very vulnerable and traumatised population.

A 1996 report by the U.N. Special Rapporteur on Rwanda estimated that at least 250,000 women suffered sexual and gender-based violence during the genocide. The forms of gender-based and sexual violence were varied and included individual rape; gang-rape; rape with sticks, guns, or other objects; sexual enslavement; forced marriage; forced labor; and sexual mutilation. Sexual violence was one of many violations inflicted upon Rwandan women and girls, who were often abused after having witnessed the torture and murder of their family members and the destruction of their homes.

The age of the women and girls that experienced violence during the genocide ranged from two to over fifty years of age and most of the rapes were committed against young women aged from sixteen to twenty six years. Of the survivors of sexual and gender-based 67% are estimated to have contracted HIV.

By the end of the Rwandan genocide the population was 70% female, almost literally leaving the women survivors to rebuild the country. However, the women and their communities had little to fall back on. Social and economic infrastructure was in a state of collapse. The civil service had been decimated or its membership had fled into exile exacerbating the lack of basic infrastructure. Neither schools nor hospitals were functioning. The one psychiatric hospital in the country was in ruins all of its patients and most of the staff were killed.

From the foregoing, there were basic and strategic human needs in the social, economic, environmental and political realms. Many programs were therefore being implemented in seeking durable solutions to the many priorities facing the country at all levels in relation to these needs. One of these needs was a large number of women trying to cope with the effects of sexual and gender-based violence.

The Rwanda Women's Network, through its centre for women victims of violence, the Polyclinic of Hope, emerged as one of the spaces where women victim-survivors of the Genocide found refuge, both physically and emotionally. It became space in which survivors of SGBV began to learn and discover who they were through a deliberate process of inquiry within themselves and in their social environment.

The women did not start out by knowing why, what or how of anything. Neither did the Rwanda Women's Network at the beginning. Yet, in their willingness over the more than one and a half decades of painstaking walk, it was a journey of self-realisation. The women now talk about their experiences without that crippling physical and mental pain. This is because both the RWN and the victims were walking on uncharted waters of severe trauma that none of them had ever experienced.

In this regard, this documentation was synthesized from the women's total experiences and the processes they underwent in managing and overcoming the trauma each one of them suffered during the Rwandan Genocide. In presenting these experiences, we have adopted crop cultivation metaphors to bring out the various stages the women had to go through in their journey of hope and self-realisation. The metaphors include clearing or preparing the ground as the first step in the crop cultivation process, followed by breaking the ground, sowing seeds and the harvest.

The adoption of the metaphors is in keeping with the realities of an African woman, the majority of whom are rural and till the land as their most important socio-economic activity. It is expected that using the cultivation metaphors will ease in the understanding of the rehabilitation process as was applied by the women of the Polyclinic of Hope.

The book is therefore divided as follows:

- PREPARING THE GROUND: Advocacy to raise public consciousness on SGBV
- BREAKING THE GROUND: Creating the space and welcoming the victims and survivors of SGBV
- SOWING THE SEEDS OF HOPE: Offering the holistic services according to need
- THE HARVEST: Leading productive and sustainable lives

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1. PREPARING THE GROUND

Advocacy to raise public consciousness on SGBV

Clearing or preparing the ground is usually the first step in crop cultivation where the farmer identifies where she will plant and ensures that all the necessary materials are available and clears the bushes for ploughing. This stage of “preparing the ground” cleared the way for the different activities and phases that would follow in the Rwanda Women’s Network rehabilitation process.

The Rwanda Women’s Network undertook the preparation of the public through awareness creation and mobilization for survivors of sexual and gender-based violence (SGBV) to seek assistance available at the RWN. This stage was the pace-setter for the entire intervention process and is the heart of rehabilitation at the RWN. In addition to reaching out to victims of SGBV, its main purpose was to set the public agenda and community involvement in recognizing the plight of the victims of SGBV and embracing them in their rehabilitation process.



Mary Balikungeri talking to journalists in Ruhengeri in 1996. Behind her is a relief truck containing blankets for distribution to returnees from eastern Zaire (now Democratic Republic of Congo). Some of the women returnees would later join the PoH.

public consciousness and draw out victims needing assistance. It is the public consciousness that will generate a collective responsibility capable of embracing the victims and taking corrective action for eliminating such acts of gender-based violence against women. The raising of awareness is the entry point into community-based intervention for victims and survivors of gender-based violence against women.

Mary Balikungeri, the founder of the Rwanda Women's Network, explains that the effects of the SGBV were not obvious at first, while the women could not talk about it as above described. This became apparent after the RWN realized that, despite the material assistance being offered the women and their fostered children in the then Family-to-Family program under the Church World Service, there was more that needed to be done to address women's plight after the genocide. She explains that the RWN SGBV programme began by sensitizing and mobilizing the women to come out:

The parent organization of the RWN, the Church World Service which I coordinated for two years, had a programme called Family-to-Family. Rwanda's policy at the time encouraged international and local organizations to campaign for the fostering orphans in homes, as opposed to establishing orphanages across the country. It took a process and many widows were willing to take the lead in fostering the orphans, some of them as a way to build a new family. Though there were families willing to foster children, the widows were the majority.

As we continued to converse on how to empower these women on issues of violence against women, we began to see another issue discretely unfolding. Some of [the women] began coming forward to talk about [the sexual violence they had suffered and how this was affecting them]. We started a bigger campaign to reach out to [other] women countrywide to understand the extent of the effects of SGBV. That is how we developed a programme on violence against women.

To make the women understand what they were going through, we did not just look at Rwanda but we made it global. We showed the women what happened in our lives when we were in bad marriages; we showed them what happened during the war, how men take off to war and women remain behind, and even when the war the over what continues.

We [therefore] had to call for [the campaigns] because we knew for women in Rwanda to speak about rape

was taboo. We had to show them experiences from other countries. By going countrywide it helped the women understand that the challenges they lived was not only by them, but their entire communities and families. But also what happened in Rwanda also happened in other countries. So they had to understand that background and that [the] issue [was] bigger, beyond us having been raped. That energized them to want to understand; it intrigued them. That is how eventually many of them started coming to our spaces.

We [also] brought in the dimension of how Rwanda had successfully campaigned to the UN and eventually had the International Criminal Tribunal for Rwanda (ICTR) set up. The challenge was, if we don't testify [...] the Tribunal will be there for no reason. And so the women had to understand the connection between their testimonies, between the truth-telling on how it would bring about justice.

Some of the women of the Polyclinic of Hope.

“The women had to understand the background and that the issue was bigger, beyond us having been raped. That energized them to want to understand; it intrigued them. That is how eventually many of them started coming to our spaces”
- Mary Balikungeri



2. BREAKING THE GROUND

Welcoming the victims and survivors of SGBV

The second Phase was about opening the doors for the victims to come in for help following the public conscientisation and mobilization as described above. The act and process of opening the doors to welcome the victims is analogous to breaking the ground in the crop cultivation process. Breaking the ground is only the first step after clearing the ground. Once the ground has been broken, the farmer must take the rest of the interventions necessary to make it conducive for planting seeds.

This phase of welcoming the victim formed the first meaningful contact point with the female victims of SGBV after the genocide. The analogy of breaking the ground was used for preparing the centre to receive the victims who chose to come for services offered.

In welcoming the victims, little did the Rwanda Women's Network know that in mounting the campaigns against gender-based violence, they had broken the ground that would lead to the empowerment of female survivors. Following its successful implementation of the mobilization campaigns, soon enough the RWN found very many women victims of atrocities during the Rwanda genocide at its doorsteps. The RWN was faced with a situation for which it was not prepared for and never anticipated. Numerous women who attended or heard about the public campaigns, suddenly appeared at the doorsteps of the Rwanda Women Network offices. They had come for help.

Women now were mobilized, they started coming to our space. And the impact of coming to our space was that most of them wanted to open up about what had happened to them. We could see a lot of pain. Some of them could not speak at the time, but could also breakdown and cry. We also [got] carried [away with emotion, seeing] the reaction of these women as they came to the space. But the constant message given to them was that we must relive the past as a way to heal and think of the future and encourage these women to stick to the space. That helped also to bring in many more because eventually they saw the power of speaking out, opening up to others, and realizing that there are even others who had worst situations. That helped them to know that, yes, we can move on.

- Mary Balikungeri

The Rwanda Women's Network was just a simple women's advocacy NGO. But come 1995, it had to find some way of responding positively to the women who not only knocked at, but also camped at the organization's offices.

When the victims come to you they do not know the organisation or what they necessarily do. They perhaps also do not care to know you. After all, “you could be one of them”, their enemy. They also do not necessarily know why they have come for services offered. Nor are they always knowledgeable about what the organization does. What is clear for both the organization and the victims is that they have come. They are real and they are there, some maybe only for that day. Others do not have the propensity to think beyond the now. Many are apprehensive, hungry, dirty and tired. They all have

different concerns, which someone has to sort out for them, if not with them. But at the time they choose to come to you, neither you nor them know what is to be done.

The example of Perepetu Mukankera illustrates, and speaks for the situation of many of the women who came to seek help. She was in desperate need of medical attention after suffering rape with sharp objects and losing a pregnancy. Yet she was initially reluctant to get the necessary assistance in the fear and general uncertainty of the immediate post-conflict situation.

I was 36 years old during the genocide. I had five children and was pregnant with the sixth. My husband was killed during the genocide. One of my children was shot, but survived.

I was beaten and suffered extreme sexual violence and rape. My attackers used all sorts of objects including hands and sticks on me during the rape. I lost my pregnancy as a result of the ordeal.

With no husband, I was destitute and became a beggar by the roadside. I had nowhere to sleep and nothing to eat, and went from house to house begging. In the meantime, I had hidden my children with sympathetic families to ensure that they survived. The children joined me after the genocide.

After the genocide one could not trust anybody because it was the people who knew each other who ended up killing one another. It was in this kind of mistrust that a neighbour informed me of a certain centre where I could receive help and treatment free of charge. I could not believe it when she told me this. If it was true, I thought, it would be a miracle from God.

However, with the genocide so fresh on my mind, I had my fears that they wanted to kill me. The neighbour nevertheless managed to persuade me to go to the Rwanda Women's Network centre. She even promised to accompany me to the RWN.

On the day we were to go to the centre she informed me that she would not be able to make it. She explained that I should not fear and could go alone, and gave me directions to the RWN. Despite my fears, I accepted.

When I got at the centre I found very well dressed people and thought that this was not what I had expected, that it could be somebody's office. I turned away thinking that this could not be the centre I was directed to.

However, the people at the centre followed me and called out saying, "Please come back, what is the problem? Why are you turning back?"

"No," I lied, "I wasn't coming here."

They nevertheless managed to persuade me to return with them saying they would direct me to the place I wanted to go.

They welcomed me and invited me to sit with my child, then asked imploringly: "So, where were you going? We can see that you seem to have a problem. Please tell us about it."

I replied that I had been informed that the place I was going to people receive free treatment. "Maybe that person deceived me, and am sorry to disturb you," I said.

They tried to assure me that they were going to help me, that this is the centre I was told about.

I lied to them that I was not the one who was sick and asked them to treat my child to test their sincerity. After treating the child they gave me soaps and medicine and asked me to return the following day.

I returned to the RWN washed and smart, while the previous day I was dirty and hopeless looking. It was then I admitted that I needed urgent medical treatment as I had never stopped bleeding since the sexual assault during the genocide.

After medical tests and examination I was informed that I had contracted sexually transmitted diseases, but was fortunate not to have contracted HIV.

I have since been receiving the assistance I need.



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Like many of the victims who chose to visit the PoH, Perepetu neither knew the organisation, nor what to expect there. On its part, the PoH was about availing a space for sharing that could cater physically and emotionally, and be secure and therapeutic to Perepetu and other victims. Opening the doors literally meant unlocking and pushing the door ajar and letting in the victims.

Long after the public campaigns, some of the PoH women came to learn about the SGBV and the assistance they could get through the word of mouth. Martha Nyirabacimbazi (see profile) speaks for many of the women. She was among the first fifty women to gain assistance from the RWN.

We mobilized others to join by our own examples. A neighbour would approach you and we would share our experiences and what we were going through. So they would ask, "This information you come with and the things I see you bring home, where do you get them?" So you would inform them and they would express their interest to join since we all shared the same problems.

After receiving the assistance, in her turn Perepetu spread the word demonstrating the snowball effect that saw the number of survivors of SGBV seeking assistance gradually increase as the years moved on.

After receiving treatment, I was very happy and inspired those who needed assistance. I could talk to one person,

who in turn would bring another five people. Those five people could bring another ten people. So the number of women receiving assistance at the PoH kept growing.

Perhaps the Rwanda Women's Network did expect the victims to turn up for help, but the Network did not expect them so soon after the campaign, and certainly not in the numbers that they turned up in! The Network did not have the space nor the staff to handle the volume of victims who turned up at its doors after the campaigns.

How did both the RWN and the victims cope? What does one do, to what degree and in which sequence? The RWN had to develop a set of activities that were undertaken after the campaign, and after the victims arrived unexpectedly. The activities are described in the section below:

Welcoming the victims and creating the physical space in order to assess their needs

The clients who arrived were warmly welcomed. The PoH facilitators presented themselves like they were expecting a guest, or guests such as the clients who showed up. The facilitators sat with the clients to help them settle in and feel at ease. Adequacy of space is very important in this phase. It was ensured that there were enough seats and leg room. The seating arrangement was organized to ensure it facilitated the creating of rapport. Each individual was given adequate room to own and feel safe in it, both overall but in the specific spot selected to sit in. The women were allowed to select where they would like to sit. It was ensured that the place felt homey and not like a classroom. Something to eat or refresh themselves was offered.

It was ensured that the physical space spoke to the clients in many non-verbal ways. It was realized that, though physical, the space is also mental and that the entire environment must begin to convince the victims that they have come to the right place. Nothing concerning violence was on the walls or tables. Everything in the place spoke of and was non-violent.

To get better acquainted, the facilitators introduced themselves explained a little more concerning what the organization does and offered their personal profiles. Each client was given a chance to introduce themselves. They were requested to tell the facilitators only what they wanted about themselves voluntarily.

The process of getting acquainted was a long and tricky one. It was necessary the victims to know enough but not everything about the facilitators and the organization: just enough to want to know more but not all at once. A story telling model was used. The information given was not too detailed in the first meeting. Everyone was given an equal chance. The facilitators stayed on pleasant and positive aspects at this stage.

It was essential to build on the rapport which had been emerging in order to assess victims' readiness to begin the process of entering into a dialogue on their situations. An interactive activity or game was used. Small groups of two's or three's were created allowing them to form a unit. This enabled them to *break the ice* and begin to know each other better and find their position. The exercise was processed along the objectives, which was to identify the individual woman's needs for coming to the organization. A list of all what the victims said had brought them to the organization was drawn. The exercise was interactive and participatory

When the organization and centre were introduced to them, it helped many of them to know how their needs could be addressed by the organization.

The identified needs were Categorised. For example, one statement could contain several needs. It could contain physical injury that could be concealed, or contain psychological expectations and trauma.

The women were asked if there was anyone of them with any pain anywhere and sorted out according to the various categories of issues, experiences and needs. Professional expertise was used to sort out the categories of issues and a system established for responding on the short, medium and long term needs. Some victims needing medical attention were immediately be referred to those services.

This was the beginning of an official organized way of sorting out the various categories of need. This stage did not have the depths of needs, but this told PoH what other resources were needed. Some of the needs or problems were more urgent than others and the PoH was ready with various interventions for emergency needs.

(Also see *Polyclinic of Hope Model: Replication Manual*)

Martha Nyirabacimbazi



Martha's husband was killed during the genocide, including a grandchild and five of her seven children. She was assaulted and suffered terrible beatings during the genocide. She was destitute following the genocide and would live with friends who were willing to offer shelter. Some of her friends' children would reject her and would be forced to move on. Finally she took shelter in an abandoned house, from which she was eventually kicked out. She joined the Polyclinic of Hope in 1995 after learning about it "from neighbours who were receiving assistance to manage their emotional scars and psychological trauma from the genocide." For some years she was separated from her two surviving children and only managed to trace the separately, at different times, by 1998. Martha currently takes care of her daughter, who she says is mentally unstable due to persisting psychological trauma from the genocide. She also lives with eight of her grandchildren, five of whom are her daughter's.

3. SOWING THE SEEDS OF HOPE

Healing and Rehabilitation of the Victims

The third phase has been referred to as “sowing the seeds”, with what transpired being likened to the actual sowing of plant seeds. Unless one sows seeds, one cannot expect a harvest. The seeds sown in the PoH program were the seeds of respect for life and human rights. Considering that the rights of the women had been grossly violated, services were provided which helped the victims to regain their human dignity, but also helped prepare the victims and the community to learn and ensure that women were accorded their rights. This phase helped the victims heal their wounds and also rise up against gender-based violence. Unless the wounds heal, the victims cannot effectively address this next level of human rights. This phase consisted of three distinct but interrelated and complementary services, which supported the victims in their pursuit of health, economic empowerment, justice and legal redress.

This phase provided the life nurturing and restoring force. It was the manure that fed the crop or the lubricant that helped the victims to begin piecing together their lives and heal their wounds. It is both the seed and the fruit that comes of the seed.

This phase constituting service provision helped the victim to rehabilitate and be able to dream again. It helped the women to understand and manage their wounds. It also helped them create or construct a new future. It was like a door handle which, adequately turned, opened the door into a house. The victims, like seeds planted in the ground, must be watered in order to flourish. The service provider having received the victims, like a farmer having sown the seeds, must nurture the seeds by manuring, watering and weeding in order for the seeds to germinate, grow and yield fruit.

The PoH as a service provider held the key for unlocking the door, first by bringing out the victim's negative feelings of pain, pity, shame and fear and assisting her to counter them with positive energies capable of attaining transition into hopeful visions of tomorrow.

The PoH appreciated certain aspects in the provider-client relationship:

- a) That, like the germination process from a seed into a mature and fruitful plant, healing from such trauma is a process and a very slow and precarious one.
- b) That the women can and do understand much more information about health, economics, politics and many other issues that other practitioners hitherto have considered too technical for lay persons.
- c) That the healing process must not further traumatize or violate the victim. The PoH therefore ensured that the victim directed and controlled her own pace of healing. In order to nurture and achieve complete healing, the PoH did everything possible to ensure meaningful and gainful participation by the victims. The operative words in this process were partnership, building trust and self-confidence.

Halima Mukamana



Halima was a 26 year-old mother of four at the time of the genocide. Her children were spared, but other family members were killed. She was raped and contracted HIV. She was among the first women to seek help at the RWN. There were only 6 other women, and she was the seventh. She currently lives at the Village of Hope, Kagugu, with her children and is employed as a cleaner at the VoH. She received training in income generation and makes bedcovers to earn some extra income. She was taught about human and legal rights and helps women seek justice, including accompanying them to conflict resolution meetings and the courts. She has gone public about her HIV status and raises awareness while offering her example of positive living. She offers home-based care for members of the PoH living with HIV/Aids.

Because of the nature and scope of the trauma experienced by female victims of gender-based violence in the Rwanda genocide, the PoH had to address a diversity of complex issues. For example rape was used as a weapon during the genocide against women. There were both physical and psychological trauma that affected and continue to affect many female survivors.

Sexual cruelty and torture has myriad effects on women. Some women contracted HIV, others conceived and were forced to give birth to children they did not necessarily care for, or want to keep. Other's sexual organs were completely damaged due to cruel acts, including objects like sharp sticks and bottle edges shoved in the vagina, pouring of acid, etc.

Sexual crimes are very difficult to address. For instance, rape victims feel guilty, ashamed and helpless, and do not want to talk about their experiences. They are angry and confused. They are also blamed and stigmatized by society. Sometimes the people who raped the women are known to them and are still walking around free.

The humiliation, shame, loss of loved ones, pain, guilt and lack of justice combine to intensify the survivors' trauma and sense of worthlessness. The women are afraid to come out in social spaces.

Therefore the need for healing, social rehabilitation and restoration (re-integration) into normal life was a voluminous task for the PoH in giving support to the victims and survivors of the Rwanda genocide. Special approaches and mechanisms were required in differing degrees for the different needs for each victim.

There was need for creation of a special environment to enable healing, including having trained human resources to undertake the interventions in this phase of the rehabilitation process. Cognizant of this situation, the Rwanda Women's Network developed a multi-disciplinary interventions programme encompassing and linking medical, social, legal, economic and justice needs in a complimentary manner to empower the victims right from the beginning.

Providing the services

It is not a coincidence that the victims who sought help from the Rwanda Women's Network were poor women. Neither was it surprising that the victims not only lacked the disposition or language to describe what they experienced during the Rwanda genocide.

Managing the effects (fear, shame, self-blaming and low self-esteem) of the trauma the women experienced was not only a medical issue, but also social, economic and legal. Until the supportive organization shows signs and promise for tackling these dimensions, the job would only have been half done. Therefore, three inter-related categories of services constitute Rwanda Women's Network's services to female victims of gender based violence namely, medical, legal and economic services.

The underlying work of the Rwanda Women Network in the service provision was purposefully guided by the understanding that the victim's impediments to their total well-being related both to their poor social status, physical well-being and lack of legal redress and justice. The multi-disciplinary strategies employed in the service provision produced good and sustainable results, the most notable of which were individual and group recovery.

The various interventions and steps are noted below under the headings, "Medical Services", "Empowerment Through economic Activities" and "In the Pursuit of Justice and Legal Redress".

MEDICAL SERVICES

The purpose of medical services is to ensure that pathological illness is successfully managed, if not completely cured, in order to reduce the burden of illness. The goal is to provide integrated (curative, preventive, promotional and or rehabilitative) care to the survivors of gender based violence. Regardless of the aspect of care needed, the Polyclinic of Hope had to ensure that care given is comprehensive, continuous, consistent and of the highest quality. Note that the PoH insisted on using care providers who are qualified, experienced and consistent (i.e. the same personnel were used for the same victims throughout the treatment period.)

Towards Healing and Rehabilitating the Client

Activities undertaken in offering medical attention are described below (Also see *Polyclinic of Hope Model: Replication Manual*):

The PoH ensured the personnel were well qualified and experienced to effectively manage the victims of gender based violence. At the clinic, the necessary materials and rooms were made available for individual consultations in order to allow privacy and confidentiality. The service providers who were to work with the clients were introduced. The details of what the services would consist of, including the objectives, process, strategies and what the clients should expect were carefully explained. It was also explained whether or not services were free or paid for, and who was supporting the program, etc. The women were then physically walked through the physical space where they were to be treated. Their consent was sought before commencing. The women were encouraged to participate in the service provisions. Inform the support organization of their needs, expectations and how they prefer their services to be organized. A file was created for each client and essential data recorded. The data was used to assign the client to the relevant section of the medical services.

The reason for sorting out the needs of the clients was so that correct management can be instituted right from the beginning. Sorting out enabled the support organization to identify the scope of the needs and make necessary arrangements.

The client was requested to describe each of her problems in more depth and detail. Attention was taken to watch out for clues of signs and symptoms of trauma. The victim was continually assured that she has done the right thing by coming for professional help; that she has come to the right place and together she and the support services will work on her medical and social problems.

If physical examination was to be done, it was undertaken by a female professional. If a female professional person was not available, the male service provider was trained particularly to manage female victims of violence. A female assistant was always available or present during physical examination of female victims of gender based violence. However, the client was asked if she has any objection to being examined by a male professional. If specimen were required for laboratory tests, it was essential to explain to the client what this entailed.

The client was explained what the diagnosis was, the implications and management plan. A proposal was made to the client and discussed with her. The final treatment plan was agreed with the client, including the format, inputs, the role and

Linking SGBV to HIV infection

One of the priorities that the women addressed was to have them checked [for STIs and HIV infection] because having been gang raped we were not sure of their status. That has allowed us to analyse the whole dimension of gang raping. And as we started the campaigns again on radios and [the] women [began] to speak [...] domestic violence [...], it opened up bigger space to look beyond genocide [and include] those women who were suffering the gender-based violence in their domestic lives. So that brought in many more. So the link of gender and HIV was very clear to clear to us because there was conflict in the homes, [where] part of the conflict was rape in marriage [...] women were contracting HIV. [...] Husband and wife [issues] became a big discussion in the space and that helped us to open up a much bigger dialogue. So women now began even to see that there is a bigger issue, not only to those survivors of rape during genocide but also to those who were living a [violent] situation in their homes. ... [This brought out the complications, such as culture and] the challenges of not speaking out and because of also not wanting to expose our husbands and our children. So we are now working around those issues in how best to help those women so that at least they are able to live comfortable life even in situations like living in a cultural setting that does not allow them to speak.

- Mary Balikungeri

responsibilities of the service provider, and the role and responsibilities of the client. All the information was recorded in the client file. The initial treatment was commenced and the necessary drugs supplied. The next steps and subsequent treatment were discussed and the plan of action agreed upon. An appointment for the next visit was made.

The PoH ensured that the treatment addressed all aspects of health, including referrals. In addition to addressing the immediate or current medical problem, the treatment plan recognized the need for comprehensive care which included mental health, nutrition and reproductive health making it convenient and necessary for the client to return.

The PoH ensured that the client received detailed, comprehensive and adequate information on the medical problems for which she was being treated. Qualified personnel were always available to discuss the issues in detail with the client. A way to monitor and receive feedback was developed and implemented taking into consideration each client's circumstances.

Particular attention was given to the issue of confidentiality and privacy of survivors receiving medical services.

Particular attention was given to the issue of confidentiality and privacy of survivors receiving medical services. Lack of privacy can jeopardize the security and trust of clients because they are dealing with personal secrets and very deeply rooted pain. The service providers were specially trained on non-verbal and inter-personal communication skills, including the use of appropriate medium or language in relation to issues on sexuality, which included rape, incest, HIV/AIDS/STDs, mental illness and pregnancy. The PoH medical care providers were urged to always keep in mind that they only provided some aspect of care in a long list of needs of female survivors of gender based violence. The need for multi-disciplinary inter-sectoral approach was therefore ensured. The care providers also ensured that they educated the survivors on all aspects of health, including how to prevent or minimize their exposure to similar abuse. They ensured to undertake follow-up and monitoring, especially of clients referred to other services for ethics, specialized care and additional management.

Empowerment through Socio-economic Activities

The purpose of socio-economic services is to ensure that the social and economic dimensions of women's needs are adequately addressed for functional rehabilitation and restoration of the survivors of gender-based violence.

As has also been noted in the foregoing, medical services are core to basic needs of the female survivors and they contribute significantly to their rehabilitation. However, it is also the experience of the Rwanda Women's Network as a support organization that the medical services cannot stand on their own without socio-economic and legal dimensions. This is partly because an individual, or any human being, is partly made of hidden aspects of the consciousness that can be described as a "deep structure that shapes and controls the person from inside." This "deep structure" shapes the meanings and understandings, actions and reactions of the individual. The structure interacts with the physical environment in determining the outcomes of human life.

In negative experiences, such as the effects of gender-based violence being addressed in this publication, it is an established fact the trauma has the effect of pushing and wanting to hide bad things away from our day to day self. This is a coping mechanism for the body. Psychoanalysis uncovers these negative effects and addresses them. Otherwise, the individual will never really recover and have a meaningful life. Such hidden experiences if unaddressed have the tendency to recur as bad nightmares, much like wounds that do not heal.

It was necessary to identify unmet health needs and link them with socio-economic strategies to address them

The socio-economic services are therefore necessary in providing additional resources in complementing the medical services. The women were also the heads of their households with no means to cater for their family needs. Socio-economic empowerment may therefore afford comprehensive care and avoid stresses of life that come with lack of a stable income.

The socio-economic services provide the space and resources for managing the emotional anguish, hatred, self-worthiness, helplessness and all other negative reactions invoked by gender-based violence against women. This category of services empowers the victims and may give them confidence to find ways of communicating their feelings and wants. Many times female victims do not want to discuss or disclose the violent experiences they have encountered. Sometimes this is because they may not have the courage or the language to express and communicate these experiences.

The socio-economic services create the space for the victims to sort out all the dimensions reflected in the experiences described above.

In the PoH model, there was no psychiatrist or psychoanalyst used in helping the women get into their "deep structure" to uncover and address their hidden experiences. In a way, this is one of the departure points of the Rwanda Women's Network in responding to the psychological trauma experienced by women during the Rwanda genocide.

The main activities in the socio-economic services offered were conducted as follows:

There was emphasis for the PoH to be facilitatory and empowering rather than creating dependency of the victims. The victims were allowed to discover and create choices and come up with decisions on their own. They were also assisted to participate actively in the rehabilitation process, giving them the space to do so. The victims were assisted to have access to all relevant information and skills at once so that they could make informed decisions and choices.

It was necessary to identify unmet health needs and link them with socio-economic strategies to address them. The facilitators opened up a conversation and brought up the subject and assisted the victims to offer their experience. An atmosphere conducive for the sharing of experiences was created and issues arising were categorized as the women

shared.

The reason for sorting the needs of the clients was so that correct management can be instituted right from the beginning. Sorting out enabled the PoH to identify the scope of the clients needs and make necessary arrangements.

Notes were taken and condensed into a list of issues coming out of the shared experiences. The consolidated list of needs was validated and expanded as the clients desired. Preferred strategies and mechanisms for income generation were identified by the clients. The PoH offered the necessary facilitation, as well as linked the clients with organizations that offer the assistance to initiate income generating activities, whether financially or necessary training for the clients.

The PoH developed a plan of action based on the group's plan (see Offering the Services in box) of action and individual's plan of action. That the women set up a Merry-Go-Round as a voluntary group initiative was a good indication of the improvement in the self esteem of the survivors of the SGBV, and indication of hope an forward looking initiatives. The PoH ensured that all the interventions were appropriate and responsive to both short and long term needs clients, and that they were rights based and were empowering and sustainable. The PoH developed a plan of action based on the group's plan (see Offering the Services in box) of action and individual's plan of action. That the women set up a Merry-Go-Round as a voluntary group initiative was a good indication of the improvement in the self esteem of the survivors of the SGBV, and indication of hope an forward looking initiatives. The PoH ensured that all the interventions were appropriate and responsive to both short and long term needs clients, and that they were rights based and were empowering and sustainable.

In the Pursuit of Justice and Legal Redress

In addition to the medical services, and establishment of a socio-economic support mechanisms, it was vital that female survivors understand their rights as women, and also understand the various social and legal options available for those who would choose to pursue them.

The PoH engaged in a process of activities necessary to raise female survivors' consciousness to legal options. The processes and activity areas and strategies have been defined and generated from female survivors of the Rwanda genocide who have participated in the PoH rehabilitation programme.

Observing that it is possible for survivors and victims to forgo the pursuit of complete justice when physical and emotional healing has taken place and time has lapsed, they emphasized that seeking complete justice must constitute the healing process for victims and survivors. Although the women conceded to the fact that the challenges are great in seeking justice, they insist that certain criteria and benchmarks, including their own definitions and mechanisms for ensuring justice, form part of the justice seeking process. This created a legal space that served the women, as below narrated by Mary Balikungeri:

The legal space came also as one of the priorities simply because women had lost their husbands and their properties were being inherited the relatives of their husbands. So we had to go into campaign, first of all, to deal with the legal policy issues of which women of this country ganged together to make sure that the law is changed to be able to benefit women. So once that passed then the women were able to claim the properties of their husbands and that gave them power. And, as a result, those women who were able to claim their properties have turned out to become paralegals. [From these women] we have created a bigger network of 200 women community facilitators in the whole country to be able to reach out to those other women, train them, accompany them to courts so that they can also begin to claim. So it is a very empowering process for these women to be going out to the communities. Now the success story of that is that also the local authorities come to us to ask us the services of those women so that those women can reach out to them. We find that to be extremely important legal component as part of the empowerment agenda.

Offering the Services



The services started when the women began to narrate what their priorities are. In our facilitation conversations we always insisted to say, "what is your priority?" And with those priorities we encouraged the women to say what [they could do]. Eventually we managed to find out that not only [did] they expect to receive [support] from somewhere, but also for them to put the little they have together so that they can build on that. ... [This] helped the women to feel that they are also worth something. Gradually the space became valued to them and eventually we built solidarity strategies and began to open up to women [from other countries around the world] who also wanted to understand the dimensions of rape, and what happened in Rwanda. And those who came to our space also made commitments to [the women and the PoH]and that's how the space gradually became bigger and bigger [supporting more women and their communities].

We used the process of women contributing to a small fund in their own spaces tontin, we call it- but eventually the RWN as a grant making organization also chipped in to be able to give funding whenever they have already defined what they want to do. Some [opened stalls in] markets, others [started salons] as a way to earn income, others [renting tents for weddings]and also doing brick-making. So they started innovative thinking around how they can bring incomes in their homes. And that has given them hope that they can build a better future once you are engaged in other activities and then you are able also to continue challenging issues like gender-based violence.

- Mary Balikungeri

Activities in legal empowerment by the PoH are described below:

The PoH established victim friendly and supportive mechanisms for pursuing legal (judicial) and social justice. The victims were motivated, sensitized and prepared for meaningful participation in the pursuit of their human and legal rights. The legal and human rights concepts were simplified. All the necessary information was availed to the victims and they were linked up with related services. Legal counseling and referral was provided.

Community Theatre



Perepetu, in red cap and man's coat, enacting a role in community theatre with fellow actresses. After receiving training on legal and human rights she and other PoH women engaged in advocacy and taught women in their communities through the Byiringiro Community Theatre group. RWN facilitated the formation of the PoH drama and music group. Through a play of the same name (Byiringiro means hope in Kinyarwanda), the group dramatically traces the women's eventful lives and the effects from the 1994 genocide to date, and offers a story of hope where there is opportunity to heal from the trauma suffered by many women from rape during the genocide, including isolation, fear and stigma caused by HIV and Aids. The play incorporates SGBV, HIV/Aids, justice and peace and reconciliation as some of its major themes.

As a paralegal, Prerepetu gives the example of women who reported to her of being mistreated by their husbands. She explained to them their human rights and the legal course of action to take and urged them to take their concerns to court. The women were however chased from their homes by their husbands after taking their cases to court. The women sought out Perepetu, who accompanied them to court. The men were charged and now observe the law and accord the women their rights. The husbands even went ahead to formalize their marriages.

The PoH ensured that the victims were fully prepared, both emotionally, physically, and in terms of their evidence, data, witnesses, etc, including being voluntarily agreeable to seeking legal redress and social justice. All necessary information, education and communication materials concerning the entire judicial and social court processes was availed to the victims. Members of the judicial system were sensitized on the human rights and social dimensions of the victims' cases, and modalities identified and jointly worked out to pursue justice for the victims.

Justice seeking interventions were linked with solidarity, social and legal counseling, and victim protection interventions. A safety plan was developed for the victims where necessary by providing temporary and secure shelter away from their normal place of residence during the period of legal consultations. A legal representative and social worker accompany the victims to the various judicial and social court hearings.

The main objective was to facilitate and ensure that women pursuing legal redress, including punishment for perpetrators and compensation for their injuries and losses, gain justice. Competent legal counsel was sought with a thorough understanding on the laws pertaining to gender-based violence against women.

All relevant data and information was gathered and sought out from the victims and the public. A comprehensive data and information packages necessary for the defence of the victims was prepared. Public support and advocacy was mobilized in appealing for justice. The victims were prepared to give testimonies and understand the court process, including defense tactics like witness harassment, cross examination, harsh language concerning the subject of violence and rape, etc. The victims were empowered to articulate their experiences. The public was mobilized for mass campaigns in support of the public hearings

An advocacy program was put in place using the survivors through the Byiringiro Community Theatre group.

4. THE HARVEST

Leading Productive and Sustainable Lives

The Rwanda genocide was not only a physical, but also a phenomenal occurrence. It was an event with complex and far reaching emotional consequences. The event had, and still has the potential of leaving permanent scarring in the fabric of what used to constitute Rwanda.

At the ideological level, the Rwandan government's Imidugudu strategy of collective housing scheme and the Gacaca Process (community participatory justice) have done their best to respond to the crisis emanating from massive internal and external displacement of the people.

The overwhelming numbers of returnees not only led to enormous strains on housing, land, environment, social relations and the people's abilities to feed themselves, but also challenged the capacity of the then incapacitated government and civil societies alike.

While incorporating an advocacy programme in its agenda, the PoH addressed both the physical and emotional aspect of reconciliation and social re-integration of the victim survivors of the genocide. The advocacy programme articulated, and continues to articulate women's activities in the country, while promoting linkages with other Rwandan women outside

the country through international forums.

For over seventeen years the women have continued to work at the individual and collective levels in defining what reconciliation really means and what it entails. As beneficiaries of the PoH programme, they also gained from socio-economic activities under the programme. The peace programme aims at developing knowledge, skills and values, while enabling the beneficiaries internalize attitudes that lead to behaviour that promoted peace in preventing and minimizing conflict. Through this process, the women, their families and communities have walked through the dynamism of generating positive thinking, reaching inside the self and discovering the power within.

Over the years, the women struggled to create their own safe and secure space, of which many have fully recovered. This is evident by sitting and listening to them, by observing them manage many social actions. This long journey in search of themselves and their social selves, which they had lost during the genocide has borne fruit. Thus the metaphor, "harvest", in this phase. The women have within them peace and many have healed and are leading new lives. The successful relocation to their homes in the Village of Hope, a Umudugudu (collective housing scheme), signified a big step forward towards reconciliation and social integration.

Using the entire scope of the metaphor of plant cultivation throughout this document, i.e., breaking the ground, sowing the seeds and harvest, the symbolism in this analogy is evident. The women's lives were indeed traumatized and shattered by the experiences of the genocide

Metaphorically speaking, no fruit would be born unless a seed had to change in order to flower. The seed part of the women are their individual and collective experiences during the genocide and their traumatized selves. However, by overcoming their anger, pain, shame, guilt, fear, hatred and apprehension, by accepting and willing to try to move on beyond that pain and sense of hopelessness, their pain has borne fruit. This is the harvest part of the entire process. Laurence Mukamurangwa represents this harvest in the lives of the PoH women. She narrates her story:

I came to know about the RWN centre after the war after I heard about it on radio. Nora Mukamusi, [the RWN pioneer nurse and counselor] facilitated the very first survivors of SGBV to seek help, of whom I was among the first seven. We would meet and cry [over our situation] but eventually seek solutions to our problems. Like myself, most of us were sick, but I never knew I had contracted HIV. I also needed medical attention because my uterus had been "damaged" [after sexual assault during the genocide].

The space created by the RWN helped me accept my status. The fact that we could share our problems helped us to come out and accept our status. The space began to receive more and more women and Nora, our facilitator at the time, requested us to put up women in our homes who had nowhere to stay. She encouraged us to continue sharing our problems as means to give us strength.

The space became a space for "visitors" to reach out to us as our facilitators, Nora and Mary [Balikungeri], sought the assistance of women with a legal background. The legal facilitator helped train us on legal issues. We started to know our legal rights and gained the courage to speak out on what happened. We were eventually able to reclaim our [disinherited] properties. All along we had also been receiving medical support and counseling.

Then we discovered our other colleagues, the Hutu women in our space whose husbands were either in prison or fighters in the insurgency in eastern Democratic Republic of Congo. We realized that as Rwandan women we had to join hands and leave the past behind us, as well as seek solutions together in order to raise our children and rebuild a new Rwanda devoid of conflict and the killings. In this sense we were brought together and taught on the existing laws and the need for reconciliation, and how to accompany each other for moral support.

Though I had never been to school, I was trained on the law and the necessary legal issues so that I am now able to defend my rights. With this training I have accompanied many women to the courts to reclaim their disinherited properties. So far about 20 of these women have succeeded in reclaiming their properties.

So the space we have created is very important as it has helped us achieve many goals.

But what is most sad is that what happened to us in Rwanda has also happened in other countries. The violence which we experienced has also happened in Burundi, DRC-Zaire, Eritrea, Kenya, Uganda. All these countries need to learn our experience. We have already visited some, such as Burundi and D.R. Congo, but because of inadequate means, and because they have found value in what we have shared, they are hoping that we in solidarity strengthen their space and develop a network of women survivors of SGBV in the region so that we may know, as women survivors, to claim our rights -- our children's rights, and that we may fight for our survival even after our husbands are no more.

This network would help us to uproot the violence against women. Violence is happening everywhere and we need to reach out to others so that we share our experience on what happened to us; how we got out of it, how we raised our children because we have succeeded in achieving so much.

Mary Balikungeri sums the harvest as follows:

The harvest is that the women have come a long way. They have successfully remained in the space and every one of them is engaged in different activities. Some of them are earning a good income, others are already homecare



Laurence in 2004 at a function at the Village of Hope

givers, they are reaching out to others; they have become paralegals and today they are taking the message across Africa. For now we have been able to reach out to women [in eastern Democratic Republic of Congo] replicating and telling them the journey we've traveled and the success story and trying to give them that spirit that we have so that they can also adopt their own spaces where they come from. We have done the same in Burundi, we are looking forward to going to South Sudan and elsewhere. So for us the vision, and the for the vision of these grassroots women, is to eventually be able to give birth to a grassroots driven regional network which should be women driven and eventually be able to create our bigger spaces even in the global settings. So that we can begin having our policy dialogues with global [decision] makers to be able to say these are the issues and this is how we want you to address them. So they can also be addressing issues from an informed perspective. And then hopefully they can be able to develop partnerships that work in our favour because we believe that is the only way to go.



Halima, right, jubilates with other PoH women as they lift the 2007 UN-Habitat Dubai International Award won by the Rwanda Women's Network in "recognition of best practices to improve the living environment" for child-headed households and genocide widows and their families. In 2006 the RWN was the recipient of the UNDP and UNAIDS Red Ribbon Award themed "Celebrating Community Leadership and Action on Aids" for the organisation's work with people living with HIV and Aids, many of whom were victims of rape from the genocide. The awards showcased the PoH as a model to emulate globally.

Theresa Nyirabanguka, right, standing by bags of charcoal stocked for sale in her compound where she also rents out houses.

Theresa is grateful she found her way to the RWN centre where she received treatment after suffering extreme sexual violation during the genocide. After receiving the treatment she continued visiting the centre and was among the beneficiaries to receive a small loan of 12,000 Rwandan francs (US\$ 20) to start a small business. She invested the loan in three bags of charcoal, the profits of which she reinvested eventually earning her a much bigger loan of Rwf 700,000 (US\$ 1,200). This she invested in 150 bags of charcoal, and currently has a Rwf 1million (US\$ 1,700) which she is injecting back into the business. The earnings over the years have enabled her invest in real estate, on which she has rental houses. From this she has been able to educate her children up to university.



Conclusion

The RWN under the PoH programme emphasized a holistic approach towards addressing the health needs of the women through socio-economic, legal and human rights empowerment. For RWN, it has not merely been a responsibility to protect, but to empower the women to their own dignity and protection, as it strives to reach out to victims and survivors of SGBV locally and regionally. The challenge however remains finding adequate means to reach out and continue engaging with the women, as well as ensuring sustainability both the level of the individual women and their communities and at the RWN institutional level.

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