



ENDLINE
ASSESSMENT
OF THE
**ENHANCED
RESILIENCE
(ERT)**
PROGRAM IN
RUSIZI
DISTRICT

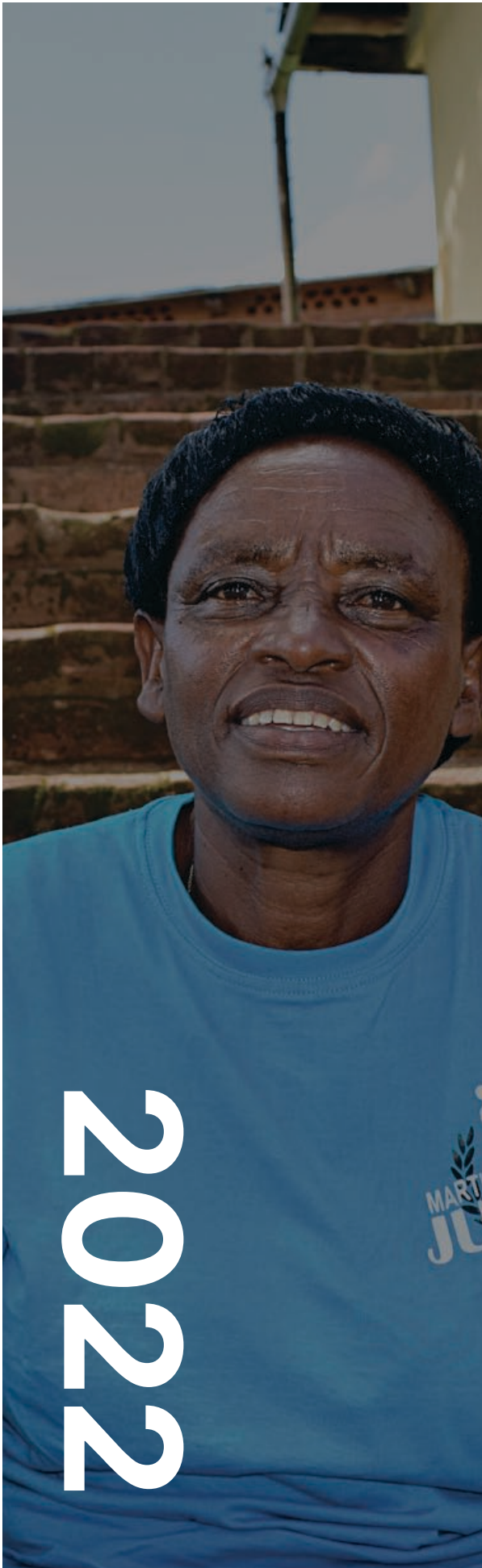
INDIVIDUAL CONSULTANT:

Bernard NKURUNZIZA

Kigali Aug 2022

Phone: +250 788 520 122

2022



GLOSSARY OF ACRONYMS

AVEGA: Association des Veuves du Génocide

CBO: Community Based Organization

CBT: Cognitive Behavior Therapy

CHW: Community Health Worker

CPTSD: Complex post-traumatic stress disorder

ERT: Enhanced Resilience Training

FGD: Focus Group Discussion

GBV: Gender-Based Violence

KII: Key Informant Interview

M&E: Monitoring and Evaluation

MAJ: Martial Arts for Justice

MoH: Ministry of Health

PTSD: Post-traumatic stress disorder

ToR: Terms of Reference

VSLA: Voluntary Saving and Loans Associations

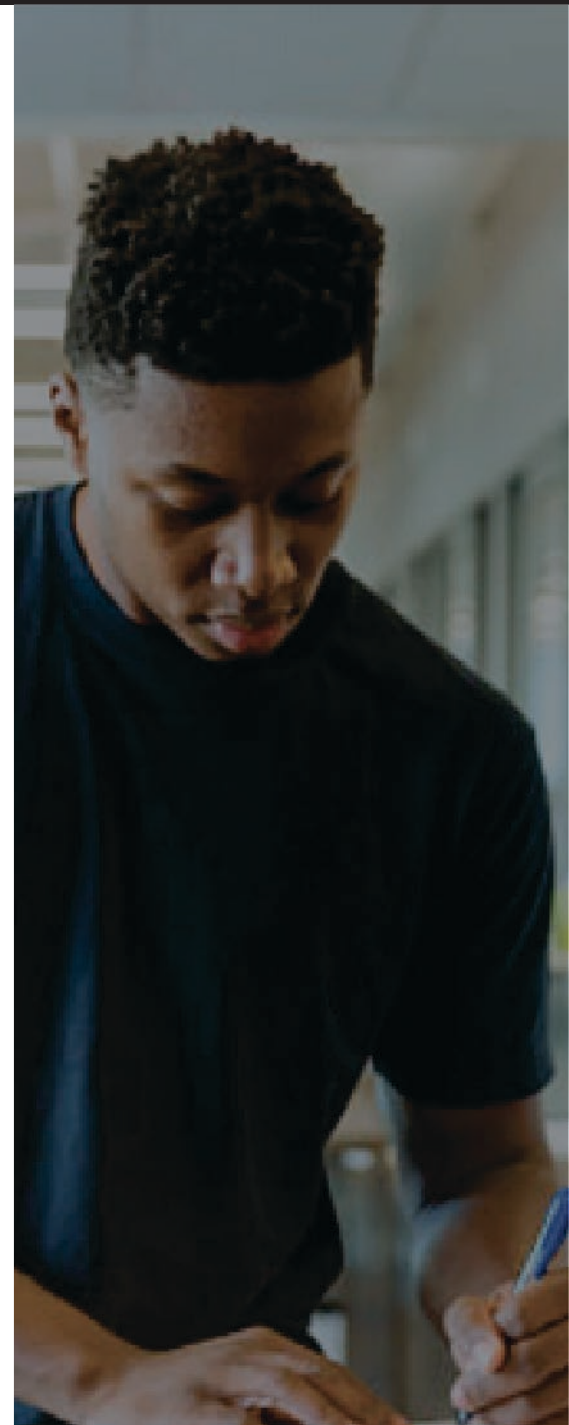


Table of Contents

Redefining our response to trauma	4
Executive Summary	6
Context analysis on mental health status	8
Introduction	10
Enhanced Resilience Training Program information and review of the	
Implementation	10
Description of the evaluation	12
Purpose, objective, and scope of the evaluation	13
Methodology	13
Data Collection Tools	14
Data Analysis	16
Stakeholder consultations	16
Key evaluation questions	16
Limitations	17
Presentation of findings	19
Project beneficiaries' demographics	19
Participants' occupation	21
ERT program impact	22
Project sustainability	28
Project elements likely to be sustained or expanded	30
Best practices and lessons learned by different project stakeholdes	30
Conclusions	32
Recommendations	33
Annexes	34

Redefining our response to trauma

Introduction to Polyvagal Informed Mind / Body Healing

Healing our nervous system after a traumatic event means restoring our nervous system to its natural functioning state – the more “resilience” we inject into an individual (mind, body, and soul) the closer our nervous system comes back to full natural healthy operation – full social engagement. The other side of this is that, prior to a traumatic event, the more resilient an individual might be the more likely they will not suffer any lasting effects from a traumatic event. Enhanced Resilience Training™ touches on all the key components that affect a person after a trauma and aid our body in reversing those effects to our nervous system. Physical empowerment training (self-defence) not only brings someone out of a victimized state, but it also gives them the sense that they “can” have the capacity to fight or flee if a threat appeared.

The Polyvagal Theory has given us a common language and road map of our nervous system that can guide us to a better understanding of our bodies response to trauma which is essential to the beginning of healing.

ENDLINE ASSESSMENT OF THE ENHANCED RESILIENCE (ERT)
PROGRAM IN RUSIZI DISTRICT – 5

Enhanced Resilience Training™ is a unique methodology that combines the latest scientific understanding of trauma and our nervous systems with a dynamic mind/body approach to “re-program” the nervous system.

ERT prescribes the ideal mix of physical activities and theory training targeting all key factors of traumas impact on the nervous system, guiding individuals back into alignment, healthy social engagement.

The ERT program is a 5-day (5 session) program that empowers people who have been disconnected from their bodies through trauma, whether intergenerational or personal and, in a social setting, resets the body’s alarm system, shifting the body and mind to a place of safety—causing positive neuro-regulation.

“The work you are doing is remarkable because you take individuals who, in our terminology we would say are deeply injured...but you are not responding to the injury you are in a sense triggering strength. So sometimes we think people who are injured we want to fix them, but if we truly understand how our nervous system and our humanity needs cues of engagement with movement, and we facilitate this, the person begins to re-occupy their body, “they become re-embodied.” So I think the process of Enhanced Resilience Training is this re-embodiment. I think successful trauma therapy is re-embodiment because the adaptive reaction to great chronic threat, severe trauma, is functionally that we leave our own body and we call that disassociation; and if it is not totally dissociative, we live in our cortex and that means turning off our feedback loops in our body so we start getting illness and in our culture we call that chronic stress; but take the stress away and the body won’t retune because it needs cues of safety; and it forgot what they are or how to get them. So what you’ve done in your resilience training model is you have brought integration movement and social engagement together and it’s the magic of social engagement, the presence of being with these people and being reciprocal with them (and they with each other) that allows them to become re-embodied, the mind and body become co-regulated.” ... Dr Stephen Porges

Executive Summary

The final evaluation of the ERT program was conceived as both a performance and a process evaluation. It serves as a source of evidence to help inform decisions about future ERT program designs and policies Rwanda, regional and worldwide in general.

The assessment explores the extent to which the assumed causal pathways between the project's outcome objectives and its activities are sound and whether or not activities yielded the intended outcomes. It sought to identify bottlenecks and constraints experienced in pursuit of the outcomes and to provide an opportunity for project stakeholders to take stock of accomplishments and lessons learned to date.

The Enhanced Resilience Program™ of Martial Arts for Justice (MAJ) works with genocide survivors; victims of rape, domestic violence, bullying, sexual abuse, and various other atrocities. Through the platform of psychoeducation on the effects of trauma, and martial arts training, the project assists trauma survivors in breaking the helpless and powerless state that their traumatic experiences have induced. Victims of trauma learn how to tap into their own resilience, integrate their traumatic experiences in a safe and supported environment, and assume living their lives with a greater sense of empowerment and personal alignment.

The Enhanced Resilience Training (ERT) was created by Master Dean Siminoff. Recent collaboration and discussion with Dr. Stephen Porges, creator of the Polyvagal Theory, helps explain how ERT is able to produce such amazing results with individual participants and part of this is understanding HOW we are designed as humans.



The ERT was implemented in the Rusizi district which is located in the Western province of Rwanda in partnership between Martial Arts for Justice and AVEGA-AGAHOZO.

The assessment revealed that after 28 years, when the Genocide survivors, of living with PTSD; majority of them (94%) reported that their health has become normal to them as a result of participating in the ERT, now they forgot their own baseline health and happiness because it was lost in the genocide. They confirm that the ERT has highly contributed to the reduction of pain (which included headaches, back and legs), digestive and sexual issues, poor sleep, and disassociation.

Moreover, because of its impact in the community, the agents of change and local leaders recommended its expansion across the country and region in general. The report on the ERT evaluation embodies the findings, conclusions and recommendations for an informed decision.



Context Analysis On Mental Health Status

During the Genocide against Tutsis in 1994, victims were exposed to many traumatic events. These events marked a significant negative impact on the individual, family, community, and the Rwandan society as a whole, but most especially survivors of the genocide. Loss and grief issues resulting from the Genocide are the essential characteristic of this suffering that marks the present and future health of the victims.

In the 2019 Rwanda Mental Health survey, the prevalence of depression was 36% amongst genocide survivors, while it was 12% for the general population. The survey recorded that one in every three people seeking mental health treatment in public hospitals are Genocide against Tutsis survivors, though there are very limited services available.

In a preliminary report of the study on trauma among the Genocide against Tutsi survivors and its impact on their offspring, intergenerational effects of genocide were most prominent among offspring of survivors who suffer from

CPTSD. These offspring suffer from more symptoms, such as thoughts and nightmares about the genocide, and feel less equipped to handle adverse situations. The findings also allude to the possibility that whereas both parental PTSD & CPTSD increase secondary traumatization in offspring, parental CPTSD additionally affects offspring self-perceptions. Whereas PTSD includes symptoms such as nightmares and overall restlessness, CPTSD includes graver impairments such as affective dysregulation, negative self-concept, and disturbed relationships (Science News, January 2019; Source1).



In addition to the intergenerational legacy of the genocide, gender-based violence (GBV) is another major factor contributing to mental health issues in Rwanda. Violence against Children and Youth in Rwanda 2015-2016 revealed that 24% of females and 10% of males aged 18-24 had experienced sexual violence prior to age 18; 12% of females and 5% of males aged 13-17 had experienced sexual violence in the 12 months prior the survey; 4% of females aged 18-24 had experienced physically forced sexual violence prior to age 18; of 18-24-year-olds reporting sexual violence, 76% of females and 69% of males had experienced two or more incidents of abuse prior to age 18; among those who reported sexual violence, 34% of both females and males aged 13-17 had first experienced sexual violence at the age of 13 or earlier; of females aged 13-17 who ever had sexual intercourse, 46% indicated that their first incident of sexual intercourse was unwanted (MoH 2017).

Mental health is one of the key priorities for AVEGA AGAHOZO. Rebuilding the mental health and well-being of genocide survivors is the most important work it does. Without supporting their mental health improvement, survivors can't afford to begin to rebuild other aspects of their lives, such as pursuing education or developing a career; to make it happen; the Genocide survivors may be provided with the support and motivation needed for them to overcome the challenge that is correlated to mental health issues; these include physical activities and other activities that were identified as crucial contributing factors of social inclusion.



Enhanced Resilience Training Program information and review of the implementation

Abby Napora stated that Emotional and psychological trauma is the result of extraordinarily stressful events that shatter one's sense of security, making the person feel helpless in a dangerous world. Traumatic experiences often involve a threat to life or safety, but any situation that leaves you feeling overwhelmed and isolated can be traumatic, even if it doesn't involve physical harm.

The Enhanced Resilience Program™ of Martial Arts for Justice (MAJ) works with genocide survivors; victims of rape, domestic violence, bullying, sexual abuse, and various other atrocities. Through the platform of psychoeducation on the effects of trauma, and martial arts training, the project assists trauma survivors in breaking the helpless and powerless state that their traumatic experiences have induced. Victims of trauma learn how to tap into their own resilience, integrate their traumatic experiences in a safe and supported environment, and assume living their lives with a greater sense of empowerment and personal alignment.

AVEGA-AGAHOZO is a membership organization that currently represents more than 19,000 widows and over 71,000 dependents across all 30 districts of Rwanda with grassroots structures and a network of volunteers at the cell, village, sector, and district levels. Through its volunteer-based model of support, even the most vulnerable survivors can be reached in all hard-to-reach rural areas of the country.

Martial Arts for Justice is a nongovernmental organization registered in Canada that uses the Enhanced Resilience Training Program (ERT) to address Trauma. The principles underlying ERT program are based on scholarly research on what is really happening to our body during a traumatic event and how it is affected by trauma afterward. Experts now know that a traumatic event is much more of an effect on our physical body and therefore healing must happen through resetting our body's nervous system through the physical movement of our body.

INTRODUCTION – ENHANCED RESILIENCE TRAINING PROGRAM INFORMATION AND REVIEW OF THE IMPLEMENTATION – 11

Enhanced Resilience Training was created by Master Dean Siminoff. Recent collaboration and discussion with Dr Stephen Porges, creator of the Polyvagal Theory, helps explain how ERT is able to produce such amazing results with individual participants and part of this is understanding HOW we are designed as humans. **"It is good to have a blueprint for humanity and a language for it BUT it is insightful interventions like your ERT that really grasp onto the basic principles of what it means to be human and gives us rehabilitation strategies that are very consistent with what our nervous system is really desiring."** – Dr Stephen Porges

With funding from the Martial Arts for Justice (MAJ), AVEGA AGAHOZO is implementing the ERT program in the Rusizi district, located in the Western province of Rwanda. The program used a combination of teaching trauma theory such as cognitive behavior therapy (CBT) and specialized mind and body training, just to support the Genocide widows and widowers (members of AVEGA located in Rusizi district) to overcome trauma and PTSD (Post Traumatic Stress Disorder).

AVEGA recognizes that unless the mental health challenges of those affected among its members are addressed, their overall wellbeing and potential for productivity is compromised if not shattered. For this reason, AVEGA & MAJ are confident that ERT will prove a useful resource in promoting improved mental health for women genocide survivors, especially trauma.

The ERT program is implemented in Rusizi district, in the sectors of Kamembe (40), Gihundwe (40), Nkanka (20), Giheke(40), and Nyakarenzo (40), Nkungu (40), Nzahaha (40), Bugarama (40), Muganza (20), Gashonga (40), Mururu (40) and Rwimbogo (20) to alleviate the trauma experienced by vulnerable persons through a combination of teaching trauma theory such as cognitive behavior therapy (CBT) and specialized mind and body training. In this regard, a total number of 420 survivors (widows and widowers) of the genocide against the Tutsi and their dependents were enrolled in the program since January 2021 and training completed by march 31, 2022

Description of the evaluation

This evaluation aims to provide insight into the performance of the ERT program. It also seeks to assess the changes and also challenges faced that can contribute to future interventions. The main purpose is to provide an independent in-depth assessment of program results and outcomes against planned results including their contribution to tangible results and outcomes. This Evaluation also assessed the relevance, and sustainability of the ERT program and provided specific recommendations to the stakeholders for future initiatives that can build on the program's results.

A mixed-methods approach was taken, in which a desk review of existing data sources was complemented with supplemental key informant interviews (KIs) and focus group discussions (FGDs), resulting in a balance of quantitative and qualitative data. Primary data sources included existing project documents and reports (Quarter and monthly reports, baseline individual-level knowledge, practice, and coverage (KPC) survey reports on PTSD and available services.



In-depth qualitative interviews were conducted with 10 project stakeholders including project staff, MoH representatives, district health team members, community- and facility-based health workers, community members, and community leaders. Four FGDs were conducted by project beneficiaries in Rusizi district. Participants were recruited by the CHW based on their availability and willingness to participate.

Purpose, objective, and scope of the evaluation

The evaluation of the ERT program is both a performance and a process evaluation. The ultimate purpose of the ERT program assessment was:

- To provide information on outcomes of the ERT program with a view to ascertaining the desirability of scaling up the ERT program to benefit more people.
- To document the learnings, best practices, and challenges to the project implementation and sustainability for future interventions.

Methodology

The methodology used in this evaluation was discussed and agreed upon with the job description based on the original terms of reference (ToRs). Having in mind the weaknesses of available quantitative data it was agreed to use an integrated qualitative-quantitative approach. Based on Analytical Framework defined in ToR, and after careful analysis of quantitative data and gathering qualitative inputs for analysis.

A systematic review was done of secondary data sources, including background documents on the job description, baseline report, and documents related to complementary activities, projects, and programs in the project area.



Data Collection Tools

The evaluation focused on the current PTSD conditions of target beneficiaries and service delivery practices for the last 2 years (2020-2021). This specific timeframe will allow us to understand current PTSD conditions over the past 2 years, as well as PTSD service delivery practice/ experience over the same period. Data collection tools used are:

Desk Review

Literatures related to the ERT program evaluation were reviewed using a synthesis and distillation approach so as to obtain information relevant to the assessment as well as to identify information gaps for the refinement and improvement of the evaluation. We also reviewed projects and activities related to PTSD and mental health interventions.

Questionnaire

Questionnaires were administered to beneficiary widows, widowers, their offspring, and dependents to compare their current status and baseline information on PTSD and other mental health challenges of the beneficiaries after two years since they started benefiting from the ERT Program and to establish the extent of access to services by the project beneficiaries in relation to service availability and to determine the service seeking behavior and the supply side of mental health service delivery by providers. See key the questionnaire in Annex A:

Key Informant Interviews

Key Informant Interviews were administered with specific individuals able to offer insight into the state of PTSD and mental health of genocide widows, widowers, their offspring, and dependants. Ten (10) key informant interviews involving community psychosocial workers and mental health service providers in the district. Perspectives of Staff especially of clinical psychologists of AVEGA were also collected as well as structures of AVEGA at the community and national level. See key informant interview in Annex:



Focus Group Discussions and Dialogues

This evaluation also uses FGDs to interact with 5-10 widows and widowers, the number of groups and FGD tool was designed with reference to the baseline survey formed. Focus group discussions were conducted with a view to generating collective opinions and perceptions of widows and widowers of the genocide about the mental health service practice, especially to identify gaps and what could be done to effectively and sustainably address PTSD and other mental health conditions of the beneficiaries. See FGD guidelines in Annex:

Quantitative Methods

The Survey and qualitative research with the project beneficiaries were employed to collect viewpoints on the effectiveness, relevance, and also recommendations for future interventions. The quantitative analysis consisted of administering a questionnaire with a combination of closed and open-ended questions to widows and widowers of the genocide against Tutsi in order to collect information on their current PTSD conditions, and mental health service practices in their community, and to assess changes brought by the project against the baseline data. The quantitative approach follows the methodology described in the following section.



Data Analysis

The quantitative method involves the use of statistical software and an approach to compute and synthesize information for further understanding. After the quantitative data were collected by administering the questionnaire, the evaluator used Advanced Ms Excel to process the quantitative data into readable and understandable graphs and/or charts to understand the changes brought by the ERT program.

Qualitative Data Analysis

Qualitative data is necessary for the evaluation of a project. They enrich the quantitative data by giving them meaningful information which is important for the reader to have a further understanding of the quantified impact. The evaluator/assessment collected and synthesized the qualitative data using Atlas.ti. software.

Stakeholder Consultations

Program staff, local government authorities (cell, sector, and district staff in Rusizi) and community volunteers, central government staff, and partners beneficiaries provided extensive comments considered in the finalization of the report. Nonetheless, the views expressed in the report are those of the Evaluator/assessment based on evidence collected by the team of evaluators.

Key evaluation questions

The evaluation explores the extent to which the assumed causal pathways between the project's objectives and its activities are sound and whether or not activities yielded the intended outcomes. It sought to identify bottlenecks and constraints experienced in pursuit of the outcomes and to provide an opportunity for project stakeholders to take stock of accomplishments and lessons learned to date.



The final evaluation sought to answer the following questions:

Relevance:

Did the project do the right thing? What value did the project add to its context or situation? How appropriate was the project to the core problem? How significant and worthwhile was the project to the initial situation?

Effectiveness:

Have the planned outputs led to the achievement of the outcomes? Have unexpected outcomes happened? Have assumptions affected project achievements? How effective was the risk management? Did the project do the right thing in the right way? To what extent did the project beneficiaries benefit from the project interventions? What were the main factors that contributed to the realization or non-realization of the outputs and outcomes?

Impact:

What intended outcomes occurred as a result of the project interventions? What unintended positive and/or negative changes attributed to the project occurred? To what extent did the nature of the problem originally identified have changed in targeted communities?

Efficiency:

Have project outputs been achieved at a reasonable cost? Has the project been cost-effective or would other approaches have led to the achieving of the same results at more reasonable costs? Did the project do the right thing with the right cost?

Sustainability:

Will the outputs/outcomes lead to benefits beyond the lifespan of the project? To what extent will the project's activities/services continue in the absence of external funding? To what extent will the project's legacies remain beneficial in the long run? To what extent will the project's effects remain over time?

Limitations

Field time constraints did not allow full quantitative verification of the large variety and number of activities. Hence, the focus of the field visits was on processes, sustainability, and possible impact expectations. Altogether, the initial time available for the analysis and incorporation in the triangulation of results, conclusions, and recommendations of the field mission was limited. Therefore, an extra period of time was used for further in-depth analysis, which was helpful to overcome this constraint.

Information on program results and practices was in most cases readily available. Aggregation of data and triangulation of information from different sources were handicapped by limited time for reaching every single project beneficiary and also the remoteness of the field was challenging.



Presentation of Findings

Project Beneficiaries' Demographics

The ERT program was initiated in January 2021 within the Rusizi district. The following table provides disaggregated data on the number of beneficiaries.

Beneficiary	Age Range					Total
Category	#	<25 years	[25 - 49]	[50 – 65]	>65	
Female	418	61	73	273	11	418
Male	2	0	2	0	0	2
Total	420	61	75	273	11	420
%	100	14.5%	18%	65%	2.6%	100%

Source: Field report

Overall, 99.5% are adults (above 24 years) the ERT program`s beneficiaries while 0.5% of them are young people (below 25 years). Another finding is that the majority of the program beneficiaries are between 50 and 65 years old (65%). One out of Twenty beneficiaries is older than 65 years of age.

Project Beneficiaries by Sector and Gender and Sample

No.	Sector	Female	Male	Total	#Sample (In-depth interviews)	#Sampled (Interviews)
1	MUGANZA	20	0	20	0	10
2	NKANKA	20	0	20	5	0
3	RWIMBOGO	20	0	20	0	0
4	BUGARAMA	40	0	40	10	10
5	GASHONGA	40	0	40	5	7
6	GIHUNDWE	39	1	40	6	10
7	GIHEKE	40	0	40	0	0
8	KAMEMBE	39	1	40	10	10
9	MURURU	40	0	40	0	10
10	NKUNGU	40	0	40	4	8
11	NYAKARENZO	40	0	40	0	10
12	NZAHANA	40	0	40	0	0
	Total	418	2	420	40	75

Source: Field report

Among the 420 project beneficiaries from the Rusizi district, 99.5% are women. This is the reason behind the AVEGA target beneficiaries are Genocide survivors, mostly widows and their offspring.

Over 43% of the ERT program evaluation in-depth interviews respondents identified themselves as having any form of disability,

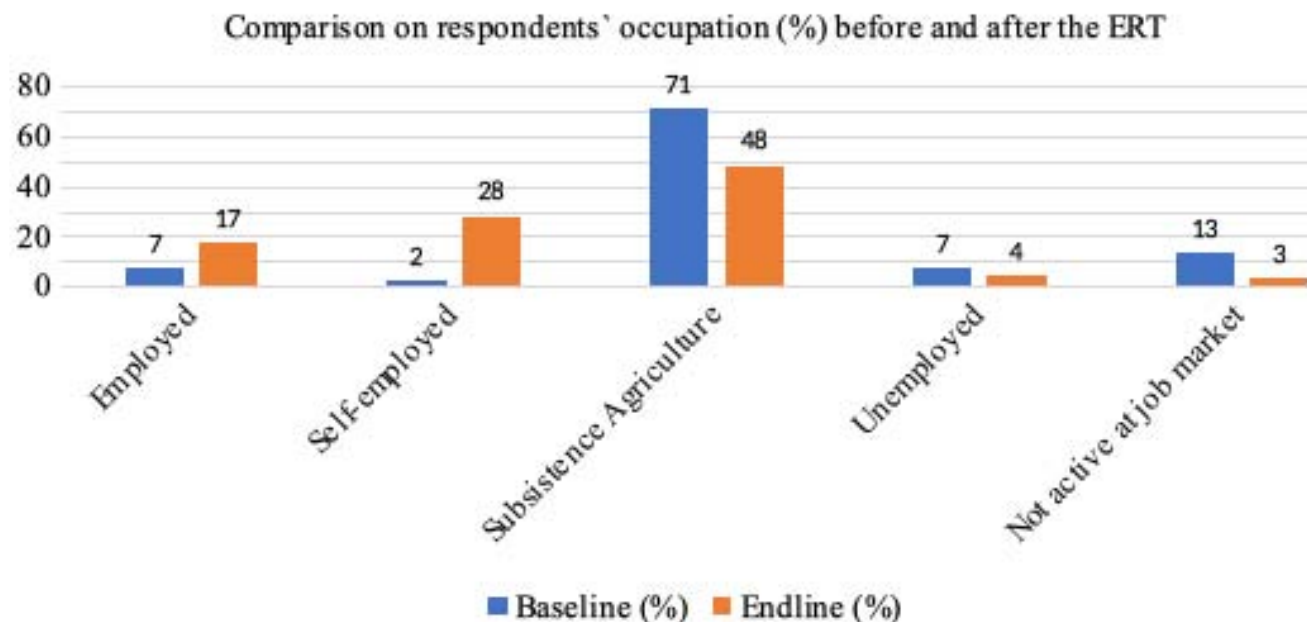
including physical disability with 33% and mental health with 13%, while 51% confirmed not having any form of disability. Similar results were also revealed through the FGDs and other program-reported data is likely that the participants improved their understanding of PTSD and also their confidence to overcome their mental health and other socioeconomic-related problems.

The levels of education attained by most participants was primary schools by 80.7%, while 19.3% never attended school at all, which both explains in addition to other limitations, including limited access to employment opportunities, another factor for high unemployment rates among the Genocide survivors in Rwanda included the low level of education among the respondents.

Participants' Occupation

Overall, one out of seven of the respondents of the study live with offspring and/or dependent, live on their own (29%), live with others (11%), live with a caregiver (3%), live with a partner by (3%) and are heads of the household by 90%. 69% live on subsistence agriculture, while 19% depend on support from

others for a living, 13% are employed by others and only 4% are self-employed. The results prove the persistently high level of vulnerability among the Genocide survivors which are the major causes of an increased level of depression and social exclusion.



Source: ERT program evaluation survey, 2022

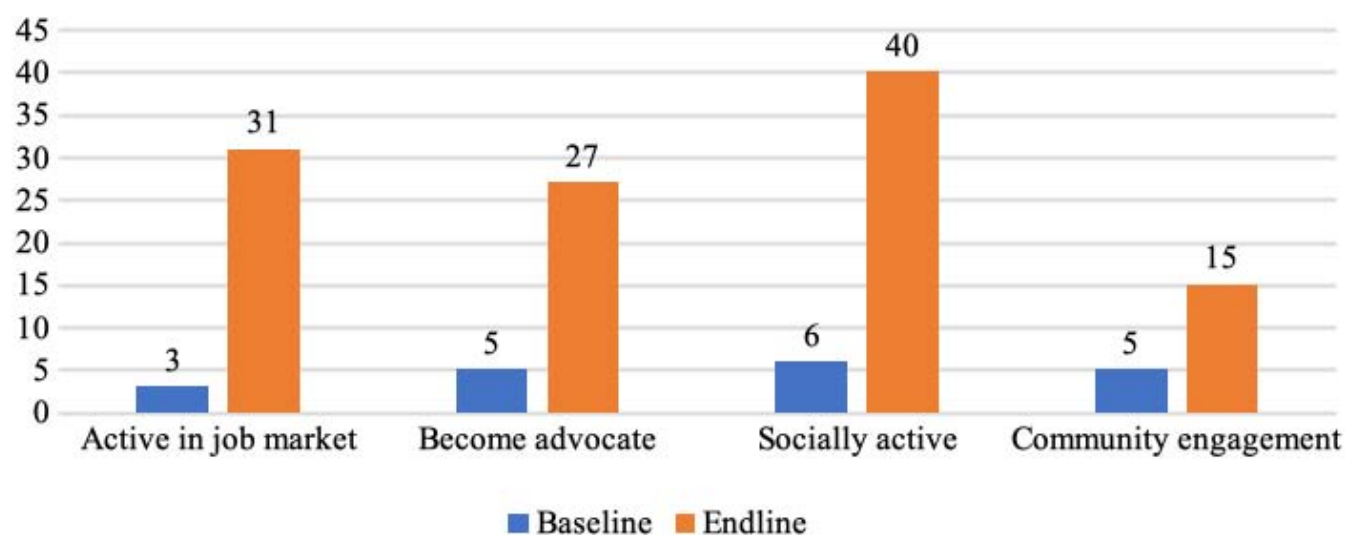
ERT Program Impact

The ERT program evaluation survey involved 40 beneficiaries for in-depth interviews, 75 beneficiaries for focus group discussions (FGD), and 10 community resource people and local leaders for Key informant interviews (KII), this implies that the ERT program evaluation involved 115 people from Rusizi district as the survey respondents. The following part embodies details of the findings of the ERT program evaluation survey.

- Project achievement of results (Evaluation question #1: How does the ERT program impact your life?)

The majority (94%) of the respondents for the in-depth interviews reacted that it led to an increase in their confidence and social inclusion in their community. Though, they claim that the timeframe was not enough for them to become fully empowered both mentally and socially. They confirmed that physical activities helped them to recover from mental health issues and the hope for a bright future. They confirm that the ERT has highly contributed to the reduction of pain (which included headaches, back and legs), digestive and sexual issues, poor sleep, and disassociation.

ERT program impact on social and health status



Source: Processed raw data, ERT program 2022

Generally, the ERT program brought a positive impact on the life and economic dimensions of the beneficiaries within the Rusizi district. Since they were enrolled, the beneficiaries were empowered to defend themselves, so they increased their confidence, now they are dedicated to taking responsibility for work and feeding their families and also, and they can strongly compete in the job market as a result of combined body and mind training delivered to them through the ERT program, an increase of 70% from 7.5% of the baseline was revealed.

One of the key symptoms of PTSD is lack of social engagement. The ERT program addresses that issue through various activities, including body and mind training, with the participants. During the assessment, the respondents reported an improvement in their lifetime on social responsibilities, 100 percent of the respondents confirmed that they are engaged in social responsibilities within

their community whereas only 15% reported having been socially active before the ERT program. This finding was also confirmed by the community agents of change, and various local leaders within Rusizi district during different field monitoring visits and the Key Informant interviews which took place in July 2022.

"Before 2019, most of them were strictly limited to socialize because of different factors, including mental, confidence and hope of life; but I saw they went beyond these; they can now support others during the commemoration of Genocide against Tutsi. Others took the first step to leading community programs among others. I think there is a link to their participation in this program." - A sector official in Rusizi district.



Intermediate Result 1: The ERT program helped them to do the following:

- Formed and sustained physical activities for trauma healing, now 37 groups are active.
- Organize group therapy in their community (a group is made of at least 20 people). It is reported that 41 group therapy were obviously formed.
- Established Village Saving and Lending Associations (VSLA) which gather every week, for improved socioeconomic status, now 30 VSLA are active.
- Among the respondents, 97% confirmed that they are still engaged in regular physical activities activities that are organized in their communities.

During a discussion with the district staff in charge of social affairs, the person approved that the ERT program has been impactful. “In the areas where it is implemented, the cases of trauma were significantly reduced, this is because the exercises and counselling, among the services provided, had something to do with their mental and socio-being. We wish this program can be continued and expanded in other parts of our district.” Director of health and social affairs in Rusizi district said.

- Project achievement of results (Evaluation question #2: How frequently did you become sick before the ERT? What kind type of sickness do you reveal? What do you think about your current health status since you were enrolled in the ERT program)?

ERT PROGRAM IMPACT – INTERMEDIATE RESULT 1: THE ERT PROGRAM HELPED THEM TO DO THE FOLLOWING: – 25

This question was designed to assess the change in the mental health and social life status because of the ERT program after one year of its implementation. The majority of the respondents (87%) reported that the ERT program has positively impacted their well-being, not only mentally or socially but economically. 12% reported that the ERT program has moderately affected their life. During an FGD in Bugarama, one of the participants confirmed that she could not dare to speak in public and she felt bored joining others in community works or economic development programming because of loneliness, they used to frequently get sick.

“Before the ERT, my child and I stayed at home for most of the time, I thought physical activities and public speaking were for the rich, we used to become sicker and sicker! We were alone, our body and mind were weak! Now, you can see that I am healthier, strong, and can stand up and talk to you boldly, this is because of the exercise and mind training which were provided through this project.” - A beneficiary from Bugarama sector reported.

Regarding the type of sickness revealed before, 49.3% of the respondents reported that were challenged with PTSD and other mental health issues most frequently while others suffered from, 32% were suffering from the spine, and 27% were suffering from other various health-related issues. During the evaluation, 63% of the respondents confirmed to have completely got healed from trauma and other normal health challenges as a result of the training on body and mind through the ERT program. During the FGD, the participants in Kamembe and Bugarama pointed fingers at others by mentioning the types of health problems (PTSD, mental, etc) that characterized some of the participants before and recalled the linked the improved health status of the participants to the ERT program implemented in their community.



Intermediate Result 2: Improved community-level health status.

Indicators aimed at capturing data on awareness on and availability of community health services and also beneficiaries' health status makeup built of the ERT program. The data sources are the baseline and end-line surveys and also program implementation reports by the beneficiaries, project staff, and health facilities' medical registry office. The findings revealed improvement in the well-being of the project beneficiaries in the area of intervention.

- Project achievement of results (Evaluation question #3: How would you rate the availability and accessibility of trauma treatment services in your community and why?)

Regarding the availability of the trauma treatment service, the respondents mentioned counseling services (92.6% against 76% of the baseline), medical care (39.3% against 26% of the baseline), and institutional care (21% against 8% of the baseline); the results prove a slight

increase in knowledge of the available service compared to the benchmark taken before the initiation of the project, however, a majority (73%) of the respondents reacted that they are not currently seeking for these services, they said they have fully recovered from the extremum level of trauma as far as they are participating in the physical activities for trauma healing.

Overall, 62.5% of the respondents rate the available trauma treatment services as easily accessible while 21% of the respondents claimed that these services are not accessible due to other factors. Again, 16.5% of the respondents claimed that the health services are available but the quality is poor.

- Project achievement of results (Evaluation question #4: ***How often do you visit the hospital, since you started attending the training, for trauma treatment).***)

ERT PROGRAM IMPACT – INTERMEDIATE RESULT 2: IMPROVED COMMUNITY-LEVEL HEALTH STATUS. – 27

This question was administered with the purpose to assess the effectiveness and increased uptake of available community health services by the project beneficiaries. Generally, the beneficiaries openly shared their views on how they often used to go for trauma treatment at the health facilities before and after the ERT program. Both those from rural and urban areas proved that they had a lot of trauma-related issues before the ERT, however, some of them could not go for the service because they were not confident or didn't believe in the quality of treatment from the health facilities and/or lack accompaniment in their communities.

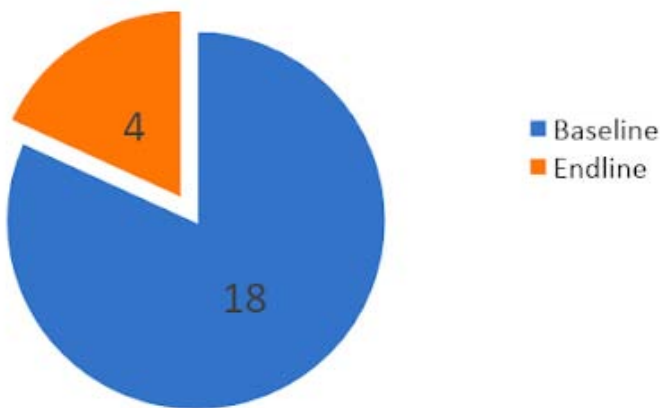
The results from the In-depth interviews revealed that only 19.8% are still visiting hospitals for trauma treatment, which implies a 54.2 percent reduction in health facility visits for trauma treatment compared to 76 percent of those who used to go for trauma treatment before the initiation of ERT program.

- Project achievement of results (Evaluation question #5: How do you describe yourself? What is your identity now)?

This question was designed to assess the level of confidence of the beneficiaries and also how the ERT program brought a change in how they see their future. The respondents used the following words to describe themselves:

- Resilient and powerful (59%)
- Competent and Innocent (43.6%)
- Super and committed to their goals (37.5%)
- Visionary (28.4%)
- Other (16.2%)

Number of average annual visits to the health facility for trauma treatment



These proved how the ERT program unlocked their potential, so they realized how they were worth enough for themselves and the community in general. Now, they consider themselves as resourceful people and they will achieve a lot as a result of empowerment through physical activities.

Project Sustainability

Project sustainability is a critical factor, especially for health and development related programs. With the purpose of the assessing the possibility for the project activities, even after the ERT program staff will not be based in Rusizi district; the ERT program evaluation survey administered few questions during the FGD and Key informant interviews. The summary findings are arranged question per question

- Project achievement of results (Evaluation question #6: **What did you appreciate under this project and why?**)

The respondents, including local government staff at cell, sector and district levels; highlighted the following:

- Physical activities are an innovative model for engaging special groups of community members.
- Pairing the expert (mind and body trainer and psychologist) to support the beneficiaries to engage in the activities was also encouraging.
- Project coordination with beneficiaries by the project team was perfect.
- Physical activities for trauma healing were beneficial to the beneficiaries, through the participants were able to uncover how worth they are to the community, and increased confidence and collaboration between beneficiaries to achieve a mission.
- The formed VSLA and the training on financial literacy were very important for the beneficiaries, it unlocked their potential so they can now think about different alternatives for their well-being.
- Project achievement of results (Evaluation question #7: **What should be improved to make this project more impactful and why?**)

The respondents replied that the project has contributed a lot to those who were enrolled, but also mentioned the following aspects:

- The time for implementation should have been increased by one year, one year is not sufficient enough to make sure that the PTSD victims are fully equipped with the skills, techniques, and moral capacities to fight against the disease alone. They still need to be accompanied as a way of monitoring the status of their recovery and what other specific needs they may have to fully defeat the trauma.
- To heal trauma requires a holistic approach, this implies the combination of multiple activities and counselling methods for the victims; however, the ERT program uses physical activities for trauma healing; these are crucial but it's not complete. It will be better to introduce financial literacy training and support, business development and facilitation for medical treatment fees to the PTSD victims. It's hard to get fully recovered from the PTSD where the victim still faces limitations, including access to finance, medical and other basic needs for their resilience. The ERT program managers may look at how they can also contribute on that.
- Some of the parts of the district were left behind by this worthy project, it will be better if you can expand the project's activities across the district and the country as well.



Project elements likely to be sustained or expanded

is important to assess the possibility of the program activities expansion and/or continuity after the implementers are gone. To proceed, the evaluator administered some questions to the beneficiaries and Key informants, to gather ideas on what they think can be sustained or expanded in their community as a whole. A summary of the key activities that are likely to be sustained and or expanded is provided in table 2.

Project Beneficiaries by Sector and Gender and Sample

No	Activities	Identified actors
1	Physical activities for trauma healing	Individuals, CBOs, and Local government structures.
2	Voluntary Saving and loans Associations (VSLA)	Individuals, CBOs, and Local government structures.

Source: ERT program endline evaluation survey

Best practices and lessons learned by different project stakeholders

Sharing lessons learned among project team members prevents an organization from repeating the same mistakes and also allows them to take advantage of organizational best practices. Innovative approaches and good work practices can be shared with others.

Berke, M. F. (2001)

is important to assess the possibility of the program activities expansion and/or continuity after the implementers are gone. To proceed, the evaluator administered some questions to the beneficiaries and Key informants, to gather ideas on what they think can be sustained or expanded in their community as a whole. A summary of the key activities that are likely to be sustained and or expanded is provided in table 2.

Throughout the course of implementing this project, the stakeholders of the ERT program identified the following best practices and lessons:

- PTSD victims with similar characteristics may be brought together to share their experience and knowledge for successful treatment and healing of the mental disorder treatment.
- Forming Voluntary Savings and Lending groups made of the PTSD victims and linking the VSLA with the psychologist and business development advisor to support their mental illness recovery and business idea/plan development can be the best approach to healing trauma among the victims.
- Integration of physical activities with community events can facilitate the impact maximization of the ERT program.
- Improved responsiveness and support provided to the PTSD victims by local government structures and health facilities in the areas of intervention.



Conclusions

ERT program's overarching strategic objective was to alleviate trauma experienced by vulnerable persons through a combination of teaching trauma theory such as cognitive behavior therapy (CBT) and specialized mind and body training. However, findings prove that PTSD victims need much more support other than training; the ERT program challenges appear to be measurement shortcomings more than implementation difficulties. The baseline and end-line surveys were implemented by different evaluators due to the requirement that the end-line survey is executed by an external party, and limited resources for M&E activities. The real challenge, however, seems to stem from the volume of data collected (both routinely and through the in-depth interviews at base- and end-line) and the validity of attempting to collect things like coverage through a community-based monitoring system.

The project's beneficiary survey and routinely collected qualitative data illustrate some important lessons. It is tempting and logical to routinely track the same indicators that one designates as the longer-term outcome indicators, as the project did with a number of visits conducted by the beneficiaries to the health facility for trauma treatment.

Community engagement with the physical activities, seen as the project's routinely collected process indicators was achieved but could go further not only in capturing the process of community engagement but also the links between these processes and health outcomes of interest. In a recent literature review summary, Rifkin suggests that evidence of the links between community participation and improved health outcomes remains weak.

Recommendations

Finding	Conclusion	Recommended action
<p>Significant reduction (54.2%) of the average annual visits to the health facility for trauma treatment among the ERT program beneficiaries</p>	<p>ERT program (physical activities) for trauma healing has highly contributed to the well-being of the beneficiaries in the area of intervention.</p>	<ol style="list-style-type: none"> 1. To maximize the impact and ensure the sustainability of the action, the local government institutions, and development partners may establish strong mechanisms to monitor and also strengthen the continuity and expand the physical activities for trauma healing. 2. Facilitate the establishment of and operationalize ERT program centres and into other areas.
<p>Trauma healed: 63% of the respondents confirmed to have fully recovered from trauma as a result of their patriation in ERT program.</p>	<p>Physical activities are highly contributed to social cohesion and life matters sharing, which finally contribute to the reduction of the mental disorder of the participants.</p>	<p>Partners in the area of health and social protection may continue to collaboratively engage in the PTSD programming, situation analysis, and design of new interventions to support PTSD victims for sustainable development.</p>
<p>Most of the respondents recommended upgrading the ERT program of the ERT program, incorporating economic development programs (financial literacy</p>	<p>Trauma healing requires addressing multiple factors that are associated with that, including socioeconomic, spiritual, and moral related factors.</p>	<p>Establish entrepreneurship and business development components, and provide the ERT program graduates with the capacity they need to establish and sustain their livelihoods.</p>

Bibliography

ANNEX 1: Team Composition and Task Assignments

Name of Staff	Consultant	Area of Work	Position Assigned	Task Assigned
NKURUNZIZA Bernard	Yes	MEAL	Lead Consultant	Overall coordination of the baseline survey and production of the research report
HARERIMANA Japhet	IT support	Database/ IT	Data Entry Assistant / clerk	Data entry & cleaning
UMULISA Liliane Cyezimana Cleopatre	Enumerators	Statistics	Enumerators	Data collection
MUGENI Aurèlie	Enumerator	Administering Surveys	Enumerator	Data collection

Annex 2: In-dept Interview questionnaire (beneficiaries)

1. How do you describe yourself? What is your identity now?
2. How frequently did you become sick before the ERT? What kind type of sickness do you reveal?
3. How would you rate the availability and accessibility of trauma services in your community and why?
4. How often do you visit the hospital, since you started attending the ERT program?

Annex 2: Key Informant interview guides (health workers, local leaders, volunteers)

1. How can you discover that a person suffers from post-traumatic stress disorder/can you elaborate more about the signs and symptoms of PTSD?
2. Which services are available for victims of trauma in your community?
3. What did go well with you under this project and why?
4. What should be improved to make this project more impactful and why?

Annex 3: Focus group discussion guides (beneficiaries and volunteers)

1. What strategies could be implemented to deal with the consequences of trauma?
2. Which services are available for victims of trauma in your community?
3. What do you think about your current health status since you were enrolled in the ERT program?
4. What should be improved to make this project more impactful and why?



Work with Us



Phone Number

(250) 354-9749



Email Address

dean@martialartsforjustice.org



Website

martialartsforjustice.org