

The Sociotherapy project in transforming human reasonment in the process of reducing poverty

Byumba Sector (2006 - 2010) – Gicumbi District – Northern Province of Rwanda

Period of study: January – may 2010

Sample of 65 vulnerable persons

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Introduction

- **Sociotherapy Project is being executed by the Byumba Diocese of Anglican Church since 2006 to Jun 2011**
- **Poverty is generally recognised as a major problem which can at any moment appear to each and all over the world, but in Rwanda, this has been aggravated by the genocide perpetrated against Tutsi in 1994**

Cont's

- **Many persons should say that poverty is more a financial or material problem, so that to fight it means to avail various financial or material means to those who are suffering**
- **Sociotherapy Project is showing that the main problem in the poverty situation, especially in Rwanda seems to be mental or anthropology**
- **It establishes the relationship between trauma healing and socioeconomic situation and the poverty situation of the concerned person**

Definition of Sociotherapy

- **Sociotherapy means “All human ways of living put into action to help someone who suffers from mental illnesses to regain good relationships with neighbours” (Le Petit Robert)**
- **Sociotherapy is “the methodical management of a group of clients living environment , directed towards reaching the treatment targets of this group - and conceived as a means of achieving the treatment targets of the individual client - within a functional unit, usually in a clinical treatment setting” (Ritchters A. and Rutayisire T., 2010)**

Cont's

- **Sociotherapy is considered as a social therapy used as a social development tool in a certain group. (Psychological Dictionary: w.w.w. discopsy. Com/ sociothérapie)**
- **It is also the psychotherapy which aims the harmonious individual in a group or to a certain group relations improvement by using specific principles (interest, equality, responsibility, participation, democracy, learning by doing, here and now) and phases (security, confidence, respect, preoccupation for others, new rules, memory).**
 - **It can also be understood as a set of various social measures that use a mental suffer to reinsert himself in his normal context/situation (« Le Nouveat Petit Robert, 1993 :2102 »).**

Cont's

- **In our particular context, sociotherapy should be seen as an approach which will help to overcome social difficulties, interacciones, relations disturbed by distress, insecurity, isolation, imprevisibilidad, lost of life interest, with the target of reducing affective disturbances through a human sens – human reasonment.**

Sociotherapy overview

- **Appears in the middle of 20th century in America and Europe by BATISON G. (Anthropologist)**

- **DON J. (Psychiatric) used it in Medical issues**

- **In Rwanda (2005): Experienced Netherlands in refugees (installed in their country from various nationalities)**

problems, think that it should help Rwandans in a short time to overcome their problems

Current situation of sociotherapy project (2010)

- **7547 beneficiaries grouped in 503 groups,**
 - **11 Sectors (Gicumbi),**
 - **1 Sector (Gatsibo),**
 - **2 Sectors (Rulindo),**
- **Now Sociotherapy Project is being implemented in Bugesera District, and n Burundi and DRC**

Definition of Poverty

- **Poverty is the material or moral insufficiency (Le Nouveau Petit Robert, 1614).**
- **Poverty is a lack or inaccessibility of resources which contribute to satisfy essential needs to the human development. Those resources can be spiritual, intellectual, moral, material, social, political and ecological (Definition of poverty adopted in the Sub Regional Seminar for Central Africa hold in Yaounde - Cameroon from 24 to 26 of february 1999**

Poverty reduction in Rwanda

- Some categories of household namely those vulnerable (people living with HIV/AIDS, widows, destitute, orphans,) are more affected by the consequences of poverty than others
- In facing to this problem, the Government of Rwanda has implemented various policies
- Within the framework of comparing the situation of the vulnerable before and after the adherence to sociotherapy project, the results confirmed our assumptions, proving not only knotted relations but also the actual contribution of sociotherapy project in the poverty reduction, because various economic of the vulnerable and psychosocial problems have been resolved by this project.

Background: Disastrous impacts of 1994 Genocide

- **1 million Tutsi and moderate Hutu in opposition were killed**
- **3 million were forced into exile in neighboring countries (Tanzania, Burundi, RDC**
- **households are headed by women/about 85,000 child-headed households**
- **About 120,000 people are in prison awaiting trial for genocide-related crimes, imposing a large economic burden both on the state and on their households,**
- **The experience of violence traumatized a high proportion of the population,**

Cont's

- **Shelter and capital stock were drastically reduced both in the household and small business sectors.**
- **Networks of social links, for instance between rural and urban areas, were damaged, impeding internal commerce,**
- **The prevalence of HIV/AIDS has increased dramatically up to 13.5%,**
- **Human resources were drastically reduced**
- **Continued external security threats were impediments to continued progress.**

Results – Before Sociotherapy adhesion

Psychosocial problems	PLWHIV (30)	Widows (22)	Poors (13)
Suicide idea	83,3 %	63,6 %	61,5 %
Suicide tentative	73,3 %	54,5 %	53,8 %
Life dislike	90 %	90,9 %	76,9 %
Isolation	93,3 %	95,4 %	84,6 %
Psychological insecurity	100 %	100 %	100 %

Cont's

Economic problems	PLWHIV (30)	Widows (22)	Poors (13)
Difficulties of nutrition	90 %	77,3 %	61,5 %
Difficulties of health insurance payment	83,3 %	86,4 %	84,6 %
Difficulties of School fees for payment	76,7 %	72,7 %	76,9 %
Poor habitation	86,7 %	63,6 %	69,2 %

Contribution of pillars of sociotherapy in Psycho social problems alleviation

Principles (values) of Sociotherapy	PLWHIV (30)	Widows (22)	Poors (13)
Interest	90 %	90,9 %	92,3 %
Equality	76,7 %	63,6 %	76,9 %
Democracy	60 %	77,3 %	38,5 %
Participation	96,7 %	95,4 %	100 %
Here and now	93,3 %	68,2 %	69,2 %

Cont's

Phases (steps) of Sociotherapy	PLWHIV (30)	Widows (22)	Poors (13)
Security	96,7 %	100 %	100 %
Truth	83,3 %	86,4 %	84,6 %
Care	90 %	95,4 %	46,1 %
Respect	86,7 %	72,7 %	69,2 %
New rules	76,7 %	81,8 %	76,9 %

Results – Contribution of Sociotherapy to alleviated psychosocial problems at the end of adhesion

Psychosocial indicators	PLWHIV (30)	Widows (22)	Poors (13)
Psychological security refound through self expression of distressing emotions	96,7 %	100 %	92,3 %
Comfortable because heard others problems	90 %	86,4 %	84,6 %

Results – Contribution of Sociotherapy to start economic activities at the end of adhesion

Economic indicators	PLWHIV (30)	Widows (22)	Poors (13)
Adhesion to the cooperatives	96,7 %	95,4 %	92,3 %
Facilities to health insurance payment	86,7 %	81,8 %	84,6 %
Facilities to school fees payment	70 %	72,7 %	76,9 %
Small domestic animals payment	66,7 %	86,4 %	69,2 %

Strenghts

Principles (core values) :

- **Interest (The necessity of care)**
 - **Equality**
 - **Democracy (Freedom)**
- **Responsibility (I am concerned)**
 - **Participation**
 - **Here and now**
 - **Learning by doing**

Cont's

Pillars: Steps (phases):

- *Safety or Security,*
- *Building trust,*
- *Care,*
- *Mutual respect,*
- *New rules*
- *To remember (Memory)*

Members: testimonials and active

- **7547 Beneficiaries (chosen by facilitators and authorities)**
- **503 Group leaders**
- **147 Facilitators (32 certified)**

Weaknesses

- **Lack of informed and trained managers (facilitators) of vulnerable people**
- **Lack or insufficiency of collaboration of stakeholders (church, local governance, researchers, ...)**
- **Lack or insufficiency of discussion panels to this situation (lack of information and communication)**

Sociotherapy and Rwandan Government tools (EDPRS, VISION 2020, UBUDEHE)

- **Participatory Governance and Decentralization as discourse of development**
- **The ability to believe that citizens have power and that citizens can exercise their own power to act and be proactive citizens come with vision 2020**
 - **Small groups / cell constitute basic unities to the development and members share destiny/experience – home grown solutions**
 - **Citizen- (beneficiary) centred and results oriented approach and leaders become facilitators**
 - **Rural transformation**

Recommendations

- **Sociotherapy should be integrative by including a large part of population not only Rwandans but also at the regional and international level**
- **Anglican Church should collaborate (very closely) with local governance to make Sociotherapy more effective then even other issues should be integrated (entrepreneurship, projects management, civic education)**
 - **Strategies to maintain groups of sociotherapy should be taken (even after having achieved phases) till they become cooperatives**
- **All stakeholders should think about the self finance of the project even after phases**

Conclusion

- **Vulnerable people are resources to value through good management of their participation.**
- **The priority action is to prepare those resources managers**

Thank you



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