

asylos
research for asylum



Rwanda: Mental Health Provision

June 2024

Mental Health



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Who we are

Asylos is a global network of volunteers providing free-of-charge Country of Origin Information (COI) research for lawyers helping people seeking international protection with their claim. Asylos works to ensure that people seeking international protection and their legal counsel have access to crucial sources and data to substantiate their claim. Asylos volunteers and staff use their research and language skills to access detailed information. More information can be found on [Asylos' website](#).

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Background

The [Safety of Rwanda \(Asylum and Immigration\) Act 2024](#) is a law in the UK which came into force on 25 April 2024. The law states that decision makers must conclusively treat Rwanda as a safe country. The law does not allow for a decision to be challenged on the basis that Rwanda is unsafe generally. However, the law allows for a decision to be challenged based on compelling evidence relating specifically to a person's individual circumstance. Country of Origin Information (COI) is therefore relevant in evidencing Rwanda as a safe or unsafe country for the person in question.

Asylos's previous Rwanda Country of Origin Information research

- [‘A Commentary on the UK Home Office Country Policy and Information Note: Rwanda, asylum system, and the related Country Policy and Information Note: Rwanda, assessment’](#), 2022
- A Country of Origin Information report [‘Rwanda: COI Compilation Asylum system’](#) covering information on Refugee Status Determination (RSD) in Rwanda, Rwandese nationals who claim asylum in other countries, conditions for individuals who claim asylum in Rwanda, and refoulement of individuals under a bilateral agreement between Rwanda and Israel, 2022

Purpose of Asylos's Rwanda Country of Origin Information on Mental Health Provision

Asylos produced this compilation of Country of Origin Information in response to high demand for information evidencing the accessibility and availability of mental health provision in Rwanda. In order to ensure timely publication, the research terms of reference focuses on select issues relating to mental health provision. This COI report may be subject to future updates, depending on demand.

Disclaimer

This COI report is intended as background reference material for legal representatives and those assisting asylum seekers. The COI report should be used as a tool to help identify relevant COI. Legal representatives are welcome to submit relevant excerpts cited in this document to decision makers (including judges) to assist an asylum seeker's case. We are COI research experts and adhere to strict research principles of providing relevant, objective, transparent, timely and reliable source material. We therefore strive to include discoverable relevant information, whether or not supportive of any individual case. It is imperative that legal representatives and those assisting asylum seekers read the whole COI report and consider whether, having done so, the report is on balance likely to support the specific case in which it is proposed to rely upon it. Please also note that it may be appropriate for legal representatives to seek additional individualised information.

The information cited in this document is illustrative, but not exhaustive of the information available in the public domain. It is not determinative of any individual human rights or asylum claim. Submissions should always be complemented by case-specific COI research. While we strive to be as comprehensive as possible, no amount of research can ever provide an exhaustive picture of the situation. It is therefore important to note that the absence of information should not be taken as evidence that an issue, incident or violation does not exist.

Timeframe

This research reviewed information from sources published between June 2022 and June 2024. Older sources are included in instances where the information is relevant. All sources were consulted in May and June 2024.

Research

Where information was not found in relation to a term of reference, and requires further investigation into sources based in Rwanda or interviews with experts on Rwanda, the heading is highlighted in yellow. The sources consulted often did not distinguish between the situation of recognised refugees and asylum seekers. Please note that where sources refer to “refugees”, this may encompass both recognised refugees and asylum seekers.

Feedback

If you would like to suggest additional research areas or sources to include that would assist in supporting your clients, please do share them with us. If you would like to share any feedback, please contact: info@asylos.eu

SECTION 1 – COUNTRY OF ORIGIN INFORMATION

1. General mental health provision

1.1 Legislation

The Center for Reproductive Rights, the Health Development Initiative, and the Great Lakes Initiative for Human Rights and Development set out the laws which provide for the right to health and access to healthcare services in Rwanda:

“The right to good health is enshrined in Article 21 of the Constitution of Rwanda with Article 45 of the Constitution mandating the state to “mobilize the population for activities aimed at good health and to assist them in the realization of those activities.” The right to health is underpinned by other related rights also enshrined in the Constitution of Rwanda including the right to life (Article 12); the right to inviolability of a human being (Article 13); freedom from discrimination (Article 16); the right to equality before the law (Article 15); the right to respect of privacy (Article 23); and the right to information (Article 38).

The right to access healthcare services and information in Rwanda is also provided for by statute including in Law N°49/2012 of 22/01/2013, Establishing Medical Professional Liability Insurance [...]:

1. the right to access medical procedures without facing discrimination of any kind;
2. the right to patient safety which includes the right not to suffer poor functioning of health services; the right not to suffer adverse events or errors when seeking healthcare services; the right to access to medical procedures that meet such an acceptable standard as set by the Ministry of Health; and the right to reliable results from medical procedures;
3. the right to services that uphold a person’s right to life, dignity, and privacy;
4. the right to information; and
5. the right to give and withdraw consent.

With regards to reproductive health in particular, Law N° 21/2016 Of 20/05/2016 relating to Human Reproductive Health provides for the right to equal access to reproductive health services by all persons; [...] the right of pregnant women [...] to receive care, amongst other factors.

Rwanda is also bound by international laws that it has ratified [Article 95, Constitution of the Republic of Rwanda] [...] many of which recognize the right to health such as the CEDAW Convention and the International Covenant on Economic, Social and Cultural Rights, both of which enshrine the right to health in Article 12; and the Convention on the Rights of the Child which recognizes the right to the highest attainable standard of health in Article 24; [...] the African Charter on Human and People’s Rights which enshrines the right to the best attainable state of physical and mental health in Article 16; and the African Charter on the Rights and Welfare of the Child which provides for children’s right to the best attainable state of physical mental and spiritual health in Article 14.”

(Source: The Center for Reproductive Rights, the Health Development Initiative, and the Great Lakes Initiative for Human Rights and Development, [Supplementary Information for the Review of the Republic of Rwanda during the 88th Session of the Committee on the Elimination of Discrimination against Women \(13 May 2024 - 31 May 2024\)](#), May 2024, page 2, last accessed: 2 June 2024)

The Dutch Ministry of Foreign Affairs set out the penalties for genocide and crimes against humanity in Rwanda, which include mental harm or other acts causing great suffering or serious injury to mental health, respectively:

“Genocide was punishable by life imprisonment without any possibility of a reduced sentence. The Penal Code defined genocide as an act with intent to destroy, in whole or in part, a national, ethnic, racial or religious group as such, whether in time of peace or in time of war, by [...] 2) causing serious bodily or mental harm to members of the group [...] Penal Code: Rwanda: Law N° 68/2018 of 30/08/2018 Determining Offences and Penalties in General, Articles 91, 92 and 93.”

Laws, policies and procedures	Geographical access and availability	Mental health conditions	Women and children	Alcohol and substance abuse	Criminal justice system	LGBTQI+	Migrants, refugees and asylum seekers	People with disabilities	Rwandan diaspora	COI sources
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“The following crimes against humanity as defined in the Geneva Conventions and the three Additional Protocols carried a life sentence: [...] other inhumane acts causing great suffering or serious injury to mental or physical health [...] Penal Code: Rwanda: Law N° 68/2018 of 30/08/2018 Determining Offences and Penalties in General, Articles 94 and 95.”

(Source: Dutch Ministry of Foreign Affairs (Ambtsbericht): [Country of origin information report on human rights and the rule of law in Rwanda](#), 30 June 2023, pages 55 and 56, last accessed: 2 June 2024)

The Immigration and Refugee Board of Canada set out the law in Rwanda which provides for the penalty for rape where rape resulted in mental illness:

“Law No. 59/2008 of 2008 on Prevention and Punishment of Gender-Based Violence provides that”:

“Article 16: Penalty for rape [...] Where rape has resulted in a bodily or a mental illness, the person guilty with rape shall be liable to imprisonment of fifteen (15) years to twenty (20) years and medical care fees for the person raped shall be borne [sic] by him/her.”

(Source: Research Directorate, Immigration and Refugee Board of Canada: [Rwanda: Gender-based violence \(GBV\), including domestic violence; state protection and support services available \(2021–October 2023\)](#), 13 October 2023)

1.2 State enforcement of laws, policies and procedures

In 2024, The New Times in Rwanda documented that the Government of Rwanda announced plans in 2023 following reports of an increasing number of people with mental illness. Please note it is unclear whether the purported plans were carried out as no further information on the plans were accessible or available to the researcher of this report:

“The Ministry of Health, in 2023, announced plans to conduct an in-depth assessment of the state of mental health following several reports of an increasing number of people battling mental illness.”

(Source: The New Times: [Study uncovers 8 common triggers of poor mental health in UR students](#), 15 May 2024, last accessed: 2 June 2024)

In 2023, The New Times set out the Government of Rwanda (The Ministry of Health) plans to conduct an in-depth assessment of the state of mental health in Rwanda. The source reported activities of the National Commission for Human Rights. The source documents the state of mental health and mental health provision across Rwanda:

“The Ministry of Health plans to conduct an in-depth assessment of the state of mental health following several reports of increasing numbers of people battling mental illness. According to the study done in 2018, the prevalence of mental health disorders was estimated at 20.5 per cent among Rwandans. [...] In October 2022, Ndera Neuro-Psychiatric Teaching Hospital reported that it had received 7,817 patients battling depression compared to 1,743 recorded in 2021. [...] According to the 2018 report, the City of Kigali had the highest percentage of mental disorders, especially in Gasabo district with 36 percent, followed by Southern Province with 30 percent in Huye. [...]”

“In its 2021/2023 report of the activities, the National Commission for Human Rights, had highlighted the state of mental health patients after touring several hospitals across the country. The findings informed the parliamentary standing committee on Unity, Human Rights and fight against Genocide to summon officials from the Ministry of Health to explain in details the state of mental health illness and what government was doing about it.”

“The law determining functions of the National Commission for Human Rights confers the responsibility of visiting mental health facilities without notice to the commission. Part of what the commission did was monitoring the respect of human rights of persons with mental illness in 32 hospitals, including CARAES Ndera with its branches of CARAES Butare and Centre Icyizere, two University Teaching Hospitals (CHUK and CHUB), three referral hospitals (Referral hospital of Kibuye, Ruhengeri and Kibungo) three provincial hospitals (provincial hospital of Ruhango, Rwamagana and Bushenge) and 21 District hospitals.”

Laws, policies and procedures	Geographical access and availability	Mental health conditions	Women and children	Alcohol and substance abuse	Criminal justice system	LGBTQI+	Migrants, refugees and asylum seekers	People with disabilities	Rwandan diaspora	COI sources
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“The Commission found that out of 531 hospitalized patients, only 299 have families, 203 are hospital supported, 18 are district supported while 11 are supported by other permanent benefactors. It found that the persons with mental illnesses who were treated therein hospitals were 531, comprising 222 women, 282 men, 14 boys and 13 girls. 442 patients among them, representing **83.2 per cent, were treated by CARAES Ndera psychiatric hospital and by its branches of CARAES Butare and Centre Icyizere because it is a hospital specialized in the treatment of mental illnesses and possess appropriate equipment as well as psychiatrists specialized in the treatment of such diseases. CARAES Ndera psychiatric hospital was accommodating 303 patients (representing 147 per cent) out of 206 as its capacity while CARAES Butare was accommodating 118 patients (107.2 per cent) out of 110 as its accommodation capacity, which proves a high occupancy rate in these two psychiatric hospitals. During an interview held between the Commission and the Ministry of Health, the Ministry declared that as part of solving this problem, another psychiatric centre is being built in Gasabo district and this centre will support CARAES Ndera.**”

(Source: The New Times: [Government to conduct detailed study on state of mental health](#), 28 March 2023, last accessed 4 June 2024 [emphasis added])

In 2023, Never Again Rwanda stated that the Government of Rwanda took major steps to improve mental health, however there were very few mental health hospitals. Mental health centres, departments and counselling services are listed by the source:

“Although the Government of Rwanda has taken major steps to improve mental health, there are very few mental health hospitals in Rwanda. Nationally, in addition to the 3 specialized mental health centers, Ndera Neuropsychiatric Hospital, Huye Isange Rehabilitation Center, and Icyizere Psychotherapy Center, there are mental health departments in 4 national hospitals at Centre Hospital Universitaire de Kigali (CHUK), Centre Hospitalier Universitaire de Butare (CHUB), Rwanda Military Hospital, and King Faisal Hospital. Over the last few years smaller counseling centers such as the Lighthouse Counselling Center and Never Again Rwanda’s Mental Wellness Center have developed to fill in the gaps.”

(Source: Never Again Rwanda: [A Look at Mental Health in Rwanda in 2023](#), 11 October 2023, last accessed: 2 June 2024)

The United Nations Children’s Fund (UNICEF) Rwanda, Health Budget Brief, dated December 2023 reported:

“[...] analyses the size and composition of budget allocations to the health sector for the 2023/24 financial year. The aim of the budget brief is to synthesise complex budget information and offer recommendations to strengthen budgeting for children. Financial data used in this analysis are drawn from the Law n° 030/2023 of 30/06/2023 on State finances for the 2023/2024 fiscal year and the revised state finance laws for previous years. The analysis covers only allocations to the Ministry of Health (MoH), its affiliated agencies, and health programmes within districts.”

“[...] District and referral hospital budgets slightly increased, while RBC budget decreased in 2023/24. The analysis of the budget allocations by spending agencies shows that [...] The Ministry of Health (central) budget was allocated around FRW 65 billion in 2023/24, while the budget for referral hospitals [...] amounts to FRW 21 billion from approximately FRW 19 billion [...]”

(Source: United Nations Children’s Fund (UNICEF) Rwanda: [Health Budget Brief, Investing in Health in Rwanda](#), December 2023, pages 3 and 9, last accessed: 3 June 2024)

In 2022, IOM Rwanda provided mental health and psychosocial support (MHPSS) to 6,140 beneficiaries:

“[...] IOM Rwanda supports the Government of Rwanda’s efforts to respond more effectively to diverse migration and governance management challenges. In 2022, we continued to support national efforts to improve border management procedures in line with development and trade policies and practices. Furthermore, through crosscutting activities we provided mental health and psychosocial support (MHPSS) to over 6,000 beneficiaries in border communities.”



(Source: International Organization for Migration (IOM) (Rwanda): [IOM Rwanda 2022 Year in Review](#), 11 July 2023, page 4, last accessed: 2 June 2024)

“Senators have called for the incorporation of Rwandan solutions into the country’s efforts towards addressing mental health challenges. They said this during a session to examine a report from the Senate’s Committee for Social Affairs and Human Rights. [Report not available online]”

“[...] The report highlighted some challenges including the fact that an exceedingly high percentage of mental health patients is handled by Ndera Neuropsychiatric Hospital. According to the report, 83.2 percent of the mental health patients were being treated at Ndera when the senators toured the hospital early this month. The commission appreciated that the Ministry of Health is aware of the problem of the large number of mental patients and has taken steps to solve it by building a specialized hospital in Kinyinya sector that will support Ndera.”

“[...] the Deputy Chairperson of the Human Rights Committee, Cyprien Niyomugabo said that research on culture and human behavior has shown that poetry, spoken word and music can be supportive therapy for relieving mental health issues. Here, he cited that responsible people should look into how Rwandan music, poems and instruments like inanga can be used in this regard. Senator Jean Pierre Dusingizemungu said due to stigma around mental illness some people in Rwanda don’t seek treatment.”

“[...] Adrie Umuhire, the chairperson of the committee emphasized that **there is a need for more psychiatrists since they will help a lot in curbing mental illness.** [...] The National Public Prosecution Authority (NPPA) staff and doctors will be trained to increase their knowledge in medical services provided to people with mental health problems, while they are being prosecuted.”

(Source: The New Times: [Senators root for ‘Rwandan solutions’ in dealing with mental health issues](#), 24 February 2023, last accessed: 7 June 2024 [emphasis added])

1.3 International and civil society operational support for enforcement of mental health laws, policies and procedures

In 2023, the United Nations Population Fund Rwanda reported on a Summit in Kigali. This was a high-level session on Sexual and Reproductive health and Mental Health organised by Imbutu Foundation and the UNFPA:

“From 13th to 15th October 2022, UNFPA East and Southern Africa Regional Director, Ms. Lydia Zigomo attended the 5th Youth Connekt Africa Summit in Kigali Rwanda where, together with the First Lady of Rwanda, H.E Mrs Jeannette Kagame, met and discussed with over 2500 young people from different countries across Africa, in a high-level session on Sexual and Reproductive health and Mental Health organized by Imbutu Foundation and the UNFPA.”

(Source: United Nations Population Fund - UNFPA (Rwanda): [East and Southern Africa Regional Director, Ms. Lydia Zigomo visits Rwanda during the 2022 Youth Connekt Africa Summit](#), 22 October 2023, last accessed: 4 June 2024)

Laws, policies and procedures	Geographical access and availability	Mental health conditions	Women and children	Alcohol and substance abuse	Criminal justice system	LGBTQI+	Migrants, refugees and asylum seekers	People with disabilities	Rwandan diaspora	COI sources
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The Aegis Trust works in countries where people are at risk of mass atrocities, or still confronting a legacy of genocide. Aegis is headquartered in the UK, where it developed from the work of the National Holocaust Centre. Its largest presence is in Rwanda, where in 2004 it established the Kigali Genocide Memorial. It reports on the mental health services provided to communities, including Youth Safe Minds, a Suicide Prevention Campaign and a Peace and Values Education, content on mental health training on the Ubumuntu Digital Platform, a platform supported by the Embassy of Belgium in Rwanda:

“In Rwanda, high rates of psychiatric illness are one of the continuing legacies of the 1994 Genocide against the Tutsi. [...] Aegis addresses this by conducting workshops to improve literacy in mental health; providing psychotherapy support; encouraging people it trains in peacebuilding to address mental health issues and seek treatment when needed; and introducing initiatives that contribute to mental wellbeing in communities. On June 6th, Aegis conducted a Mental Health Workshop for 24 youth champions who were trained on Peace and Values Education in February in the Community Peace Centre at the Kigali Genocide Memorial. The youth champions acquired a better understanding of how mental illness can affect a person’s life, and gained knowledge on how to better manage their own mental health, as well as how to support others. Together they developed ideas to address problems which persist in this arena. [...]

Youth Safe Minds will provide a platform for young people to discuss their personal experiences with mental health issues and drug abuse, as well as the challenges they face in accessing support and treatment. It will also explore strategies for caring for one’s mental health and preventing drug abuse among young people, such as increasing awareness of the risks associated with drug use and promoting healthy coping mechanisms. A Suicide Prevention Campaign has also been developed by Aegis youth champions in Rwanda. Introduced in September 2022 at an event titled ‘Talk to a Friend’ at the Kigali Community Peace Centre, this campaign is raising awareness about rates of suicide and how people can take action to prevent suicide by addressing untreated long-term depression. Forming part of Peace and Values Education, content on mental health training can be found on the Ubumuntu Digital Platform, a platform supported by the Embassy of Belgium in Rwanda.”

(Source: AEGIS (Preventing Crimes Against Humanity): [Addressing mental health challenges in a post-genocide society](#), 8 June 2023, last accessed: 8 June 2024)

In October 2022, the United Nations Population Fund Rwanda reported on a campaign designed to reach community members. During the campaign counselling and services were provided in the Rusizi District:

“As part of the World Contraception Day celebration this year, UNFPA in partnership with Health Development Initiative, USAID/Ingoyi Activity, Society for Family Health and Clinton Health Access Initiative, organized a Family Planning outreach campaign from 19th to 23rd September in Rusizi District. The campaign was designed to reach community members with information on family planning to explain the benefits of family planning use, as well as encourage community members to always consult nearby health facilities for future services. During the campaign, healthcare providers from various facilities in Rusizi District provided counseling and services to District communities.”

(Source: United Nations Population Fund - UNFPA (Rwanda): [Empowering women and girls to better plan their pregnancies](#), 2 October 2022, last accessed: 4 June 2024)

In October 2022, one source documented reported on mental health service delivery, including on public and private hospitals. According to reports, public hospitals face challenges and private hospitals are very expensive as people cannot use community-based health insurance:

“Mental health activists have called for improved service delivery in public hospitals that offer mental health services under the community-based insurance ‘Mutuelle de Santé.’ Rwanda has made progressive efforts towards awareness and addressing of mental health issues by, among other initiatives, easing access to services covered by community-based insurance in all public hospitals. However, challenges are still present especially in terms of service delivery. Prince Uwizeye, a Clinical Psychology student and founder of Life Shift, an organisation that provides mental health services, noted that although these services are provided in almost all public hospitals, some health centres are underserved. “There are mental health nurses at health centres but they sometimes become overwhelmed because they are also engaged in providing other medical services. Hence,

Laws, policies and procedures	Geographical access and availability	Mental health conditions	Women and children	Alcohol and substance abuse	Criminal justice system	LGBTQI+	Migrants, refugees and asylum seekers	People with disabilities	Rwandan diaspora	COI sources
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they can only get medicines but not therapy sessions,” he said. “And there is a geographical hindrance for people who want to seek these services at district hospitals –where they can meet psychologists –depending on how far they could be residing,” he added. “Meanwhile, Uwizeye also noted that accessing these services in private hospitals is very expensive as people can’t use community-based health insurance, “on average, one session can cost around Rwf30,000 and one needs at least between five to seven sessions to reach a certain level in the healing process.””

“There was also a recent development of a partnership between one private psychiatric clinic and the Rwanda Social Security Board to facilitate affordable access to mental health services. Dr. Chaste Uwihoreye, Psychotherapist at Uyisenga Ni Imanzi, a mental health organisation based in Kigali, highlighted the need for public hospitals to understand that mental health services come in a package of not only providing medicines but also psychotherapy sessions that require a different set of environment. He added: “We also need a conceptualised approach to delivering these services. Many of us have studied related courses in foreign languages which often makes it difficult to help patients as this is a service that requires extensive communication.” Yvonne Uwamahoro, a Psychologist based in Kigali, emphasised on eliminating stigma around mental health disorders which often pushes people to consult traditional doctors instead of seeking help in health facilities on time. There are different mental illnesses prevalent among Rwandans including depression, PTSD (Post Traumatic Stress Disorder), trauma, anxiety, bipolar disorder and schizophrenia. The government also introduced a mental health programme in schools in an effort to address mental health problems early among young people. [...]”

(Source: The New Times: [Mental health: Calls grow for improved services in hospitals](#), 11 October 2022, 7 June 2024)

2. Mental health provision in geographical locations

2.1 Access and availability across Rwanda

The Immigration and Refugee Board of Canada compiled sources which report on the operation of accessibility and availability of mental health provision for people with individual circumstances:

“Sources state that the government operates 44 Isange One Stop Centres (IOSC) around the country which provide survivors of GBV with medical, psychological, and legal assistance (US 2023-03-20, 29; Rwanda 2022-11-25; UN 2023-07-31). Human Rights First Rwanda stated that “most” IOSC lack sign language for deaf or hard of hearing victims (2023-09-29). [Human Rights First Rwanda. 2023-09-29. Correspondence with the Research Directorate.]”

“Human Rights First Rwanda states that individuals who are socioeconomically disadvantaged “may face greater challenges” accessing medical, support, and legal resources, and upper-class survivors “may face different societal expectations or concerns about reputation” (2023-09-29). The same source stated that victim with psycho-social disabilities are “rarely” believed and that people with diverse SOGIESC also face challenges and “rarely” report the violence they face (Human Rights First Rwanda 2023-09-29).”

(Source: Research Directorate, Immigration and Refugee Board of Canada: [Rwanda: Gender-based violence \(GBV\), including domestic violence; state protection and support services available \(2021–October 2023\)](#), 13 October 2023, last accessed: 2 June 2024)

In May 2023, a source detailed how the Rwanda Biomedical Centre reportedly warned that there was a persistent shortage of psychiatrists to meet the growing demand for mental illness treatment in the country:

“The Rwanda Biomedical Centre (RBC) has sounded a warning about the persistent shortage of psychiatrists to meet the growing demand for mental illness treatment in the country. Despite the requirement of at least one psychiatrist per district hospital, there are currently only 15 professionals available nationwide, creating a significant deficit. According to a survey conducted in 2018, the prevalence of mental health disorders among Rwandans was estimated to be 20.5 percent. In October 2022, Ndera Neuro-Psychiatric Teaching Hospital recorded a substantial increase in patients seeking treatment for depression, with 7,817 cases compared to 1,743 in 2021. [...] Dr. Jean Damascène Iyamuremye, Director of the Psychiatric Care Unit in the Mental Health Division, expressed concern about the shortage of psychiatrists, attributing it to the escalating mental health issues in the country.”

(Source: The New Times: [Shortage of mental health professionals persists, warns RBC](#), 17 May 2023, last accessed 7 June 2024 [emphasis added])

A study in 2018, and published on 5 October 2022, in BMC Public Health, an open access, peer-reviewed journal found:

“In order to respond to the dearth of mental health data in Rwanda where large-scale prevalence studies were not existing, Rwanda Mental Health Survey was conducted to measure the prevalence of mental disorders, associated co-morbidities and knowledge and utilization of mental health services nationwide within Rwanda.”

“Methods

This cross-sectional study was conducted between July and August 2018, among the general population, including survivors of the 1994 Genocide against the Tutsi. Participants (14–65 years) completed the Mini-International Neuropsychiatric Interview (Version 7.0.2), sociodemographic and epilepsy-related questionnaires. General population participants were selected first by random sampling of 240 clusters, followed by systematic sampling of 30 households per cluster. Genocide survivors within each cluster were identified using the 2007–2008 Genocide Survivors Census.”

“Results

Of 19,110 general survey participants, most were female (n = 11,233; 58.8%). Mental disorders were more prevalent among women (23.2%) than men (16.6%) (p < 0.05). The most prevalent mental disorders were major depressive episode (12.0%), panic disorder (8.1%) and post-traumatic stress disorder (PTSD) (3.6%). Overall, 61.7% had awareness of mental health services while only 5.3% reported to have used existing services. Of the 1271 genocide survivors interviewed, 74.7% (n = 949) were female; prevalence of any mental disorder was 53.3% for women and 48.8% for men. Most prevalent disorders were major depressive episode (35.0%), PTSD (27.9%) and panic disorder (26.8%). Among genocide survivors, 76.2% were aware of availability of mental health services, with 14.1% reported having used mental health services.”

“Conclusions

Despite high prevalence of mental disorders among the general population and genocide survivors, utilization of available mental health services was low. A comprehensive approach to mental health is needed for prevention of mental illness and to promote mental healthcare services.”

“[...] Mental health service utilization Reported utilization of mental health services for the general population stands at 5.3%. Among those who reported utilization of mental health services, just over three quarters utilized healthcare facility services, followed by 32.8% who used services provided by religious healers. Approximately 29% of participants sought services from traditional healers while only around one in four were served by community health workers. In most individuals who met the criteria of having mental disorders there was very little utilization of available resources. Just 25.0% of respondents who met the criteria of psychotic disorder reported to utilize mental health support and only 11.5% of those meeting the criteria of PTSD reported utilization of mental health support. The proportion was even lower for other mental disorders, whereby only 6.1% of those meeting the criteria for alcohol use disorder reported utilization of mental health support.”

“Reasons for not utilizing mental health services

Among participants who met the criteria for one or more mental disorders, the most common reason given for not seeking mental health support was that the individual did not know that mental health is a problem that required medical treatment (40.5%; n = 722). Other reasons given for not seeking support were lack of money (39.6%; n = 277), unable to get to location of services (32.5%; n = 117) and fear of being stigmatized (27.1%; n = 108).”

(Source: Yvonne Kayiteshonga, Vincent Sezibera, Lambert Mugabo & Jean Damascène Iyamuremye: [Prevalence of mental disorders, associated co-morbidities, health care knowledge and service utilization in Rwanda – towards a blueprint for promoting mental health care services in low- and middle-income countries?](#), BMC Public Health volume 22, Article number: 1858 (2022), 5 October 2022, last accessed: 11 June 2024)

2.2 Access and availability regionally and locally

ARCT-RUHUDA, a National Organization of professional Trauma Counselors, formed in 1998 and officially registered as a non-governmental organisation in 2004, published an article by the Dufatanye Urumuri Social Cohesion (DUSC) Activity. DUSC reported on its aims:

“[...] to improve unity, resilience, intergenerational relationships, and social cohesion efforts through healing of historical wounds and facilitation of open and inclusive dialogue on contemporary sensitive issues in communities, secondary and high schools, universities, civil society forums in 30 Districts as well as at the national level over the next five years and eight months (April 10, 2021, to 31st December 2025).”

DUSC reported that it achieved the following in 2023:

“Geographically, the project extended its activities from 30 to 60 sectors, growing its physical presence from 5 to 10 district offices. 270 more facilitators, including 120 schoolteachers and 150 community facilitators were identified and equipped with skills and knowledge to reach out project target communities with improved support. As result, 374 Urumuri therapy

groups and 259 Urumuri forums were created to offer psychosocial support services and nurture harmonious relationships respectively. Urumuri therapy groups are meant to offer safe spaces where genocide affected people can overcome their haunting memories from experienced heinous acts of their neighbors; and forums allow participant to engage into dialogues on challenges and contemporary issues affecting unity and resilience and build self-efficacy to relate well with their historical past.

Enhanced self-efficacy among project participants to impact positive changes in community: The project data revealed a high self-efficacy percentage of 88.95% among project participants versus 66% baseline. This underscores the transformative capacity of community healing spaces (therapy groups and forums) to empower genocide affected people in nurturing their capabilities to resist negative influence on any form of division or discrimination while instilling attitudes towards peaceful conflict resolution approaches.

Decrease of traumatic symptoms: The MHPSS assessment shows a noteworthy increase of the number of participants who reported the decrease of instances of trauma symptoms to the average of 83.7% from 72.6% previously achieved (FY22) to 83.7% (FY23) which led to the increase 17.9% compared to the baseline data (65.8%). As a result, this change has had a multiplier effect to pave the way for relationship building as evidenced by 95.8 % (from 81% baseline) of participants who reported positive inter-group interactions expressed through active collaboration. This is also explained by notable increase of 26.3% (from 43% baseline to 69.3%) of participants with readiness to share sensitive stories. One of key responsible factors to this change as analysed by the project is the empathetic environment which allow participants to lower their guards and express their emotional vulnerabilities and feelings with hope to be heard.

Enhanced psychosocial resilience: The coping mechanism of Urumuri participants has improved as shown by the increased number of participants (65.9% from 47% baseline) who reported having got capacities to cope with their trauma and associated social effects. Evidence to this are notable cooperation among participants through joint activities and mutual support; thereby, responding simultaneously to livelihood and emotional well-being needs with effects to nurturing sustainable peace and resilience.”

(Source: ARCT- RUHUKA: [USAID Dufatanye Urumuri “Light”](#), 2 January 2024, last accessed: 7 June 2024)

In May 2023, the Rwanda Psychological Society reported that psychologists working at the National Rehabilitation Centers in Iwawa, Gatare and Gitagata were trained:

“From May 22nd to 26, 2023, the Rwanda Psychological Society (RPS) in partnership with Imbuto Foundation and Rwanda Biomedical Centre (RbC) trained psychologists working with the National Rehabilitation Service (NRS) and Groupe des Anciens Etudiants et Elèves Rescapés du Genocide (GAERG) on the Baho Neza Mental Health program. The Training of Trainers (ToT) equipped trainees with necessary knowledge and skills inspired by the Narrative Therapy and Community work.”

(Source: Rwanda Psychological Society (RPS), [Training of Psychologists working at the National Rehabilitation Centers - Iwawa, Gatare and Gitagata](#), 29 May 2023, last accessed 7 June 2024)

Fieldwork conducted in Rwanda in 2019 involved 30 interviews conducted in Kigali and Ngoma. This was published in September 2022, in a double-blinded peer-reviewed journal, Health Policy and Planning, from the London School of Hygiene and Tropical Medicine and Oxford University Press reported on challenges:

“Based on fieldwork conducted in Rwanda in 2019, the study focuses on the implementation of this African country’s post-genocide mental health policy, which relies primarily on strategies of decentralization and integration into the primary health care system. The results are based on 30 interviews conducted in Kigali and Ngoma with primary stakeholders including government officials, representatives from nongovernmental organizations, service providers and academics. These stakeholders held a positive view of the main strategies of the policy as they resulted in increased accessibility and availability of care for Rwandans. However, they also noted the institutionalization and individualization of mental health care as gaps in the implementation that do not respond to the Rwandan context. Building on complexity theory, the analysis found that many

of these gaps, as well as opportunities to address them, are missed by the government due to top-down implementation and a lack of collaboration with local organizations and service providers working in the domain. The research results suggest that although it is possible to prioritize mental health in low-resource, complex settings, the implementation of such reform requires collaborative, adaptive and horizontal approaches in order to adequately address and respond to citizen needs and ensure quality mental health care for all.”

“The largest gap raised by participants was that mental health care in Rwanda is institutionalized rather than community and family-based. This critique came primarily from academics, psychologists and NGO representatives. These participants explained that rather than incorporating the community in the healing process, people suffering from mental illness typically receive individualized treatment in hospitals and health centres. Participants expressed that this approach is a form of crisis management relying heavily on medication rather than holistic healing. In addition, participants from various sectors explained that Rwanda only has access to first generation anti-psychotics, which do not always provide the best patient outcomes. [...] many participants working in medical institutions and within the government expressed that they did not have access to a sufficient supply of medication to treat patients. [...] mental illness is still not widely understood as a neurological disorder in Rwanda and continues to be associated with possession, demons and witchcraft. Many stated that beyond paranormal beliefs, stigma around mental health also originates from the local culture, and that sharing sufferance or hardships is often equated to weakness in Rwanda. [...] Many participants pointed to a lack of financial resources as a challenge, explaining how infectious diseases, due to high prevalence, morbidity and mortality, have been prioritized financially over noncommunicable diseases. [...] Lack of financial resources was identified as a challenge at the government level and at the hospital and patient level, with this challenge being especially prominent in Ngoma. Participants explained that patients have difficulty covering the expenses of mental health care and that the burden often falls on the family. In cases where the family cannot afford to pay for the treatment or the family has abandoned the patient, the burden falls on the hospital or the district. [...]”

“Despite the increase of available mental health professionals in Rwanda as a result of generalist training and psychology-based programmes, some stated that there are still not enough specialists in the country and that not all providers are properly trained. Others, mainly those working outside of the government, offered a different story, explaining that there is an abundance of well-trained professionals, but they are unemployed. Some attributed this to a lack of will from the university to advocate for their employment and a lack of initiative from the government to recruit them. The explanation for this issue, however, remains unclear. Participants, overall, and especially those in Ngoma, did agree that most available services and providers are concentrated within the capital and that it is difficult to receive specialized care beyond Kigali.”

(Source: Courtney S Sabey, Health Policy and Planning: [Implementation of mental health policies and reform in post-conflict countries: the case of post-genocide Rwanda](https://doi.org/10.1093/heapol/czac074), 5 September 2022, Volume 37, Issue 10, December 2022, Pages 1248–1256, <https://doi.org/10.1093/heapol/czac074>, Last accessed: 7 June 2024)

A study of the Kabutare District Hospital, Southern Province of Rwanda, reports the most common barriers are fear of stigmatisation, lack of awareness of mental health services, sociocultural scarcity, scarcity of financial support, and lack of geographical accessibility, which limit the patients to utilise mental health services. The source explains:

“[...] this research aims to investigate these barriers to mental health service utilization in depth at the Kabutare District Hospital of the Southern Province of Rwanda. The qualitative approach was adopted with a cross-sectional study design. The participants were patients with mental illnesses seeking mental health services at the hospital. Ten interviews were conducted in the local language, recorded, and transcribed verbatim and translated by the researchers. Thematic analysis was applied to analyze the data collected. The results revealed that the most common barriers are fear of stigmatization, lack of awareness of mental health services, sociocultural scarcity, scarcity of financial support, and lack of geographical accessibility, which limit the patients to utilize mental health services. Furthermore, it was revealed that rural gossip networks and social visibility within the communities compounded the stigma and social exclusion for patients with mental health conditions. Stigmatization should be reduced among the community members for increasing their empathy. Then, the awareness of mental disorders needs to be improved. Further research in Rwanda on the factors associated with low compliance to mental health services with greater focus on the community level is recommended.”

“[...] Kabutare Hospital serves the entire population of Huye District which consists of 328,605 inhabitants in an area of 581.5 km². Its density is 510.3 inhabitants per km². This health facility has all the services of a district hospital except ophthalmology service.”

“[...] The population of our research was the patients with mental disorders at the Mental Health Department of Kabutare District Hospital. The study included 10 subjects who were aged 18–59 years. The average age was 41 years. All the research participants were recruited from the Department of Mental Health of the recruited medical setting. All recruited participants were Rwandans.”

(Source: Oliviette Muhorakeye and Emmanuel Biracyaza, *Frontiers in Psychology*, [Exploring Barriers to Mental Health Services Utilization at Kabutare District Hospital of Rwanda: Perspectives From Patients](#), 22 March 2021, [Front Psychol. 2021; 12: 638377. PMCID: PMC8019821. doi: 10.3389/fpsyg.2021.638377. PMID: 33828506] last accessed: 2 June 2024)

3. Mental health provision for bipolar disorder

An article on the level of care for outpatients with bipolar disorder in Rwanda was published on 10 October 2023, in PLOS Global Public Health, an open access journal (the Editors-in-Chief and Executive Editor partner with an international board of Academic Editors to thoroughly review each submission).

“This cross-sectional study explored the level of care for outpatients with bipolar disorder and their help-seeking patterns at the two national referral hospitals in Rwanda. The study found that the majority, 93%, of outpatients with bipolar disorder in Rwanda were on prophylactic psychopharmacological treatment, but mainly first-generation antipsychotics and just 3% received lithium treatment. Furthermore, there was a lack of psychosocial intervention; consequently, 44% were not aware that they had bipolar disorder. Moreover, 1 in 5 participants utilized or had previously used traditional medicine. Awareness of own diagnostic status was not associated with educational level or use of traditional medicine. The study’s sample size of 154 patients is relatively small, and the cross-sectional design does not provide causal inferences. The results demonstrate a considerable unmet need for improved mental health care services for individuals with bipolar disorder in Rwanda, including access to optimal medication and psychosocial interventions. Psychoeducation could be a possible starting point for improving the standard of care, informing the individual on their diagnosis and medication while empowering them to engage in their treatment plan. [...]”

“In Rwanda, a Sub-Saharan country with approximately 14 million citizens and just 15 psychiatrists in 2023, access to formal mental health services often begins at health centers. From there, one may be referred to district hospitals and, if needed, referred to specialized care at the national referral hospitals. In cases of self-payment or involuntary hospitalizations, direct access to service at referral hospitals is also possible. [...]”

“Participants were enrolled in the study from January 2021 through March 2021. They were recruited from either one of the only two established referral hospitals with mental health treatment capabilities in the capital city of Rwanda, Kigali: CARAES-Ndera Hospital and The University Teaching Hospital of Kigali (CHUK). CARAES-Ndera Hospital is a mission health facility, yet the government of Rwanda supports the hospital by providing human resources to the hospital and assisting in its management, and the singular neuropsychiatric hospital in the country with inpatient care that offers specialized healthcare in psychiatry and neurology. The hospital is located 17 kilometers from Kigali City, while CHUK is the largest referral hospital in Rwanda, located in Kigali City. This hospital does not provide inpatient care for psychiatric patients, despite it being the second biggest outpatients’ mental health clinic. [...]”

“Outpatient adults, 18 years or older, diagnosed with bipolar disorder type I or II in a current euthymic state, were included in the study. [...] When asked if a health professional ever told them that they have BD or manic-depressive illness, 44% answered no and said they did not know they had a BD diagnosis at enrollment. Many respondents did not know that what they experienced had a term, or they thought they had a diagnosis of schizophrenia.”

“When asked about help-seeking behavior, four out of five reported that they first sought help from their families and that family members or friends initiated the first contact with professional treatment services. Ninety-three percent of the participants enrolled reported receiving psychopharmacological treatment, of which 81% received antipsychotics, 60% used anticonvulsants, and 3% received lithium. Of participants receiving antipsychotics, the greater majority equating to 90%, were on first-generation antipsychotics, and only 20% were on second-generation antipsychotics. Both valproate and carbamazepine were administered to a similar extent in the treatment of participants, while lamotrigine was not prescribed to any of the enrolled participants. Of the 42 participants receiving valproate, only 11 were females of reproductive age [...]”

“Exploring the use of alternative treatment, half of the study population reported that they had visited a religious leader because of their BD, and around one-third had visited a traditional healer. Twenty-three percent have or are still using traditional medicine for their BD. None of the participants had received any structured psychosocial intervention as it was an exclusion criterion. Yet, when assessing how many were excluded during enrollment for that reason, only five out of 170 with BD had received any structured psychosocial intervention [...] findings of this study may only represent a small subset of individuals with BD in Rwanda who have access to specialist care in urban settings.”

(Source: Caroline Juhl Arnbjerg, Emmanuel Musoni-Rwililiza, Nelly Umulisa Rurangwa, Maja Grønlund Bendtsen, Chantal Murekatete, Darius Gishoma, Jessica Carlsson, Per Kallestrup: [Help-seeking patterns and level of care for individuals with bipolar disorder in Rwanda](https://doi.org/10.1371/journal.pgph.0002459), 10 October 2023, PLOS Global Public Health, <https://doi.org/10.1371/journal.pgph.0002459>, last accessed: 2 June 2024)

4. Mental health provision for suicide ideation and behaviour

In September 2023, the Rwanda Psychological Society (RPS) reported its intention to study parents’s and young people’s attitudes to suicidal ideation, suicidal behaviour, and self-harm in young people in Rwanda. Further information regarding the study was not available online during the research period of this Asylos report.

“In collaboration with Cardiff University and University of Rwanda Centre for Mental Health, the Rwanda Psychological Society (RPS) is conducting a study “Investigating parents’ and young people’s attitudes to suicidal ideation, suicidal behaviour, and self-harm in young people in Rwanda” [...] Our project builds an international collaboration and addresses the lack of research about youth and parents’ experiences in sub-Saharan Africa through a qualitative project in Rwanda. We will conduct interviews and focus group discussions with parents and youths, both unaffected and directly impacted by youth suicidality, with key informant interviews with clinicians and community leaders. Findings will generate hypotheses relating to risk and protective factors, to be tested in future quantitative studies, and inform design of interventions to support youth and their parents.”

(Source: Rwanda Psychological Society (RPS): [Investigating parents’ and young people’s attitudes to suicidal ideation, suicidal behaviour, and self-harm in young people in Rwanda](#), 11 September 2023, last accessed: 11 June 2024)

5. Mental health provision for women

In May 2024, the Center for Reproductive Rights, the Health Development Initiative, and the Great Lakes Initiative for Human Rights and Development, all non-governmental organisations, made the following points as part of its submission to the Committee on the Elimination of Discrimination against Women regarding the fulfilment of state obligations by Rwanda, as provided for in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The non-governmental organisations stressed that the Committee has highlighted the obligation to remove restrictions on accessing safe abortion, including removing the requirement for mandatory counselling.

“The CEDAW Committee has reiterated that the criminalization of abortion is a form of SGBV against women, in line with general recommendation No. 35, and has connected it to the resulting high number of women and girls seeking unsafe abortions and preventable maternal mortality. In line with its general recommendation No. 24 (1999), **the Committee highlighted the obligation to ensure access to abortion and to remove the restrictions to access to safe abortion services, such as the requirement for mandatory counseling**, medically unnecessary waiting periods and third-party authorization, **in line with the recommendations of the World Health Organization.**”

(Source: The Center for Reproductive Rights, the Health Development Initiative, and the Great Lakes Initiative for Human Rights and Development, [Supplementary Information for the Review of the Republic of Rwanda during the 88th Session of the Committee on the Elimination of Discrimination against Women \(13 May 2024 - 31 May 2024\)](#), May 2024, page 9, last accessed: 2 June 2024 [emphasis added])

“In partnership with TROCAIRE/ Rwanda under women’s empowerment program, ARCT-Ruhuka is implementing UMURYANGO UTEKANYE PROJECT by providing psychosocial support to Women and older adolescent girls and GBV Survivors to meet their needs and preferences and their families at risk of family conflict and gender-based violence. This project intends to support psychosocial wellbeing strategies for women and older adolescent girls for smooth reintegration and resilience building. In six Sectors RULINDO, NYAMAGABE AND NYARUGURU DISTRICTS. Will last the five years from January 2023 to 31st December 2027.”

(Source: ARCT- RUHUKA, [Umuryango Utekanye Project](#), 3 January 2024, last accessed: 13 June 2024)

Through the Rwanda Organization of Trauma Counselors (ARCT-RUHUKA), training was held for female cross-border traders to help them improve their psychosocial well-being and deal with trauma. Group and individual counselling sessions for women were provided.

“[...] To help facilitate mobility and promote cross-border trade, the International Organization for Migration (IOM) and TradeMark Africa are constructing a one-stop border post (OSBP) at the Rusizi II/Ruzizi II border crossing between Rwanda and the DRC with financial support from the European Union. The initiative is designed to reduce the number of stops made at the border by bringing border officers from both countries under one roof. By bringing border officers together and reducing the number of stops at the border, the one-stop border post makes it easier for women living in border communities to cross and continue trading, whilst securing the cross-border social, economic, and commercial activities not only between the two countries but for the Great Lakes region. [...] With the construction still underway, IOM along with its partners is turning to more immediate ways to empower border communities by providing mental health and psychosocial support services. [...] Through the Rwanda Organization of Trauma Counselors (ARCT-RUHUKA), trainings were held for 210 female cross-border traders to help them improve their psychosocial well-being and develop coping mechanisms for dealing with trauma resulting from their encounters with nefarious trade brokers. Group and individual counseling were organized within safe spaces for women to share their experiences, challenges and needs, and come together in solidarity. The counseling sessions have helped improve the confidence of the women to speak up for their rights. [...] Story written by Robert Kovacs, IOM Rwanda’s Communications Officer.”

(Source: International Organization for Migration (IOM) (Rwanda): [In Rwanda, Female Cross-border Traders Find Solidarity in the Face of Adversity](#), 23 October 2023, last accessed: 2 June 2024)

6. Mental health provision for gender-based violence (GBV), domestic violence (DV), and in the prevention of sexual exploitation and abuse (PSEA)

As part of the Committee on the Elimination of Discrimination against Women, Eighty-eighth session Geneva, 13–31 May 2024, The Government of Rwanda, Ministry of Gender and Family Promotion (MIGEPROF), stated the following services are available to gender-based violence victims.

“Rwanda provides substantial financial and technical support to address gender-based violence (GBV). 44 Isange One Stop Centers countrywide offer comprehensive services to GBV victims free of charge, including medical care, psychosocial support, legal assistance, and forensic services.”

(Source: The Government of Rwanda, Ministry of Gender and Family Promotion (MIGEPROF): [Rwanda Opening Statement Presented to the Committee on the Elimination of Discrimination against Women \(CEDAW\)-2024](#), 24 May 2024, page 4, last accessed: 2 June 2024)

The Lutheran Church of Rwanda reported that there is a need to strengthen the effectiveness of the Isange One Stop Centers (IOSCs), which face significant challenges hindering effective service delivery.

“The **government established Isange One Stop Centres (IOSCs) in 2009** and **later the Rwanda Investigation Bureau (RIB)** to address the **problem of SGBV**. **IOSCs provide** comprehensive services to GBV survivors, including medical care, **psychosocial support**, and legal assistance, all under one roof. The RIB plays a crucial role in GBV investigations ensuring that perpetrators face justice. According to National Public Prosecution Authority (NPPA) quarterly reports, **From July 2021 to March 2022**, 7,106 GBV cases were received, with 3,593 cases filed and 3,198 cases closed, resulting in 95.6% of cases being handled. **From July to September 2022**, 2,135 GBV cases were received, leading to 958 cases being filed and 845 cases closed, indicating an 84.4% handling rate, with 332 cases remaining pending.”

“The Ministry of Gender and Family promotion Annual Narrative Report of 2021-2022, published in December 2022, reported that there are 4 safe shelters and 16 safe rooms across the country.”

“While these efforts to respond to GBV and support survivors are commendable there is a **need to strengthen the effectiveness of the Isange One Stop Centers (IOSCs)** and to invest more in violence prevention. The IOSCs face **significant challenges hindering effective service delivery**. These include understaffing leading to **limited operational hours, unpaid GBV-related bills affecting hospital services, delays in budget allocation for non-medical services, and inadequate operational funds at health centers**. Moreover, there are **collaboration issues between hospitals regarding payment for medical services**, ineffective management of forensic evidence, limited provision of legal services at IOSCs due to budget constraints, and **deficiencies in the referral system between health facilities and IOSCs**.”

“There is also a **notable gap in data collection and conducting comprehensive evaluations to measure the long-term effectiveness of initiatives** aimed at instigating transformative changes in societal perceptions and behaviors towards gender equality.”

(Source: The Lutheran Church of Rwanda, in collaboration with the Lutheran World Federation, [Rwanda Shadow Report to the Convention on the Elimination of All Forms of Discrimination against Women \(CEDAW\) Committee](#), April 2024, page 3, last accessed: 2 June 2024 [emphasis added])

In its report in 2023, the US Department of State reported:

“The government operated one-stop centers throughout the country, providing free medical, psychological, legal, and police assistance to survivors of domestic violence.”

(Source: US Department of State (USDOS), [Annual report on human rights in 2023](#), 23 April 2024, last accessed: 2 June 2024)

The United Nations Population Fund Rwanda reported on insufficient or limited access to comprehensive information on Sexual and Reproductive Health and Rights. UNFPA Rwanda embarked on a project to tackle service gaps however it is unclear whether the services gaps included mental health services. The source documented a quote from the head of ‘The Rubengera Health Center’ which offers mental health counselling:

“Insufficient or limited access to comprehensive information on Sexual and Reproductive Health and Rights (SRHR) presents a critical concern, creating a scenario where young individuals encounter increased vulnerabilities. This inadequacy significantly hampers endeavours to reduce the risk of youth exposure to various threats, such as Sexually Transmitted Infections (STIs) including HIV, early and unintended pregnancies, unsafe abortions, and the looming spectre of gender-based violence (GBV).”

“Amidst challenges stemming from inadequate access to information, UNFPA Rwanda embarked on a project dubbed the ‘Healthy and Empowered Youth Project.’ This initiative, aimed at bridging critical knowledge and service gaps in sexual and reproductive health (SRH), as well as combat GBV among adolescents and youth in select regions and refugee camps in Rwanda.”

“Funded by the Government of the Republic of Korea through the Korea International Cooperation Agency (KOICA) began in July 2020 and ended June 30, 2023 and encompassed three districts – Rusizi, Karongi, Nyamasheke – and several refugee camps, namely: Kigeme, Kiziba, Mahama, Mugombwa, and Nyabiheke, along with their respective host communities. [...] Innocent Dusabimana, the head of Rubengera Health Center, expressed the positive impact of the youth corner initiative, emphasising its contribution to the community. “There’s an increased engagement of youth since the establishment of the youth centre. We offer various valuable services, including educating youth about their bodies, providing medical assistance, offering access to high-speed internet, and delivering essential mental health counselling.””

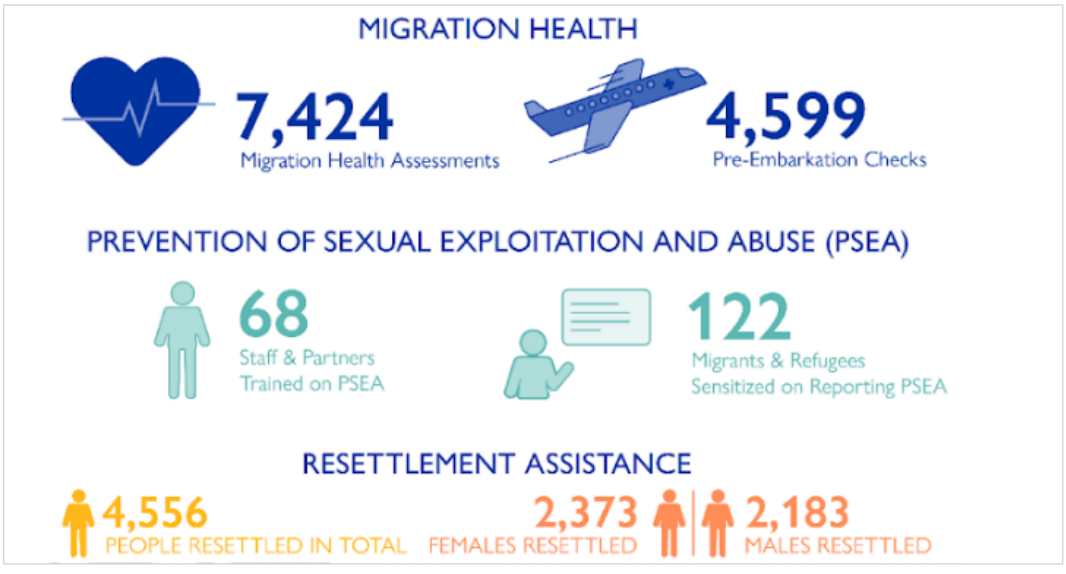
(Source: United Nations Population Fund - UNFPA (Rwanda): [Breaking barriers: Road to reshaping sexual, reproductive health for Rwandan youth](#), 6 February 2024, last accessed: 2 June 2024)

The Presbyterian Church in Rwanda (EPR) reported on the operation of the Rubengera health center:

“located in Karongi District, Rubengera Sector, it serves a population of 29,389 inhabitants.”

(Source: The Presbyterian Church in Rwanda: [Health Department](#), Undated [website dated 2023], last accessed 17 June 2024)

The International Organization for Migration reported on migration health assessments and prevention of sexual exploitation and abuse (PSEA):



Laws, policies and procedures	Geographical access and availability	Mental health conditions	Women and children	Alcohol and substance abuse	Criminal justice system	LGBTQI+	Migrants, refugees and asylum seekers	People with disabilities	Rwandan diaspora	COI sources
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(Source: International Organization for Migration (IOM) (Rwanda): [IOM Rwanda Newsletter Quarter 2 2023](#), 4 August 2023, last accessed: 2 June 2024)

In 2022, the IOM worked with partners and female crossborder traders received individual and group counselling.

“In 2022, IOM and its implementing partners continued to work to strengthen social cohesion and psychosocial wellbeing of the most vulnerable actors at the border through by conducting awareness-raising campaigns, developing Standards Operating Procedures (SOP) for gender based violence interventions. Additionally, female crossborder traders received training, individual and group counseling to help reduce emotional distress and develop coping mechanisms.”

(Source: International Organization for Migration (IOM) (Rwanda): [IOM Rwanda 2022 Year in Review](#), 11 July 2023, page 4, last accessed: 2 June 2024)

“Mainstreaming the prevention of sexual exploitation and abuse (PSEA) across our work is a global priority. This week, we held an awareness raising session on PSEA at the transit center in Kigali for 33 refugees in the process of being resettled.”

(Source: International Organization for Migration (IOM) (Rwanda): [\[Post on platform X\]](#), 23 June 2023, last accessed: 2 June 2024)

7. Mental health provision for family planning

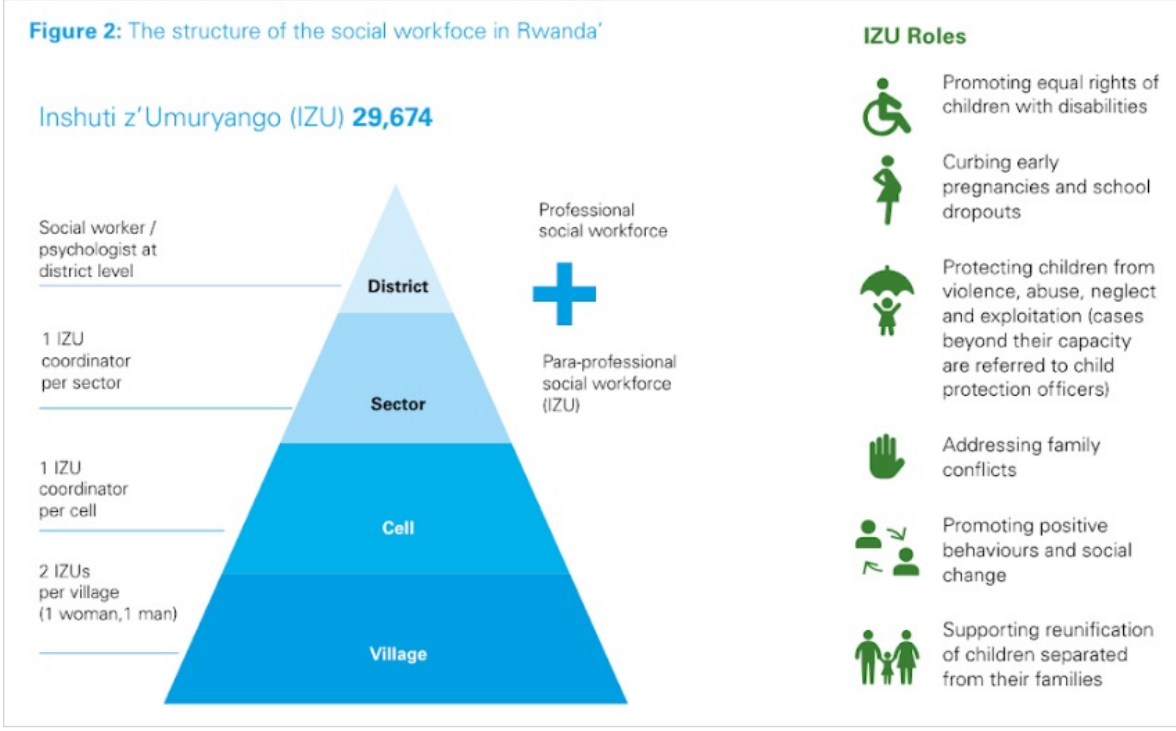
In May 2024, the United Nations Population Fund Rwanda reported on counselling in family planning:

“Over 208 healthcare providers across 10 Districts trained on approaches to catalyse the adoption of new and underutilized FP emphasizing Postpartum Family Planning (PPFP) and building competencies to offer a comprehensive range of FP methods. Enhanced the capacity of 108 Catholic-managed health facilities to improve quality counseling on all FP methods and referral. Over 60 professionals in these facilities were validated to provide the permanent methods.”

(Source: United Nations Population Fund - UNFPA (Rwanda), [UNFPA Rwanda 2023 Annual Report](#), Page 5, 2 May 2024, last accessed: 4 June 2024)

8. Mental health provision for children

In January 2024, the United Nations Children’s Fund (UNICEF) Rwanda reported on mental health provision for children, including the structure of the social workforce:



“The child protection workforce is still developing. Rwanda developed its first professional child protection workforce as part of care reform and this workforce has now successfully transitioned to be available for all child protection work (see Figure 2). However, the workforce is yet to be integrated into government structures, and remains inadequate to implement key strategies like the National Child Protection Case Management Framework. Rwanda’s community child protection workforce – the **Inshuti z’Umuryango (Friends of the Family, or IZU)** – has been a major success. Established in 2016, there are **now 29,674 IZU volunteers, 50 per cent of whom are female. Two IZUs are available in each village in Rwanda.**”

“Among other tasks, the IZUs are charged with monitoring and following up with affected children and their families. **In their communities, IZUs promote positive parenting, raise awareness of child rights** issues and how to report child protection issues and **provide basic counselling** that can prevent conflict and limit the risk of violence. The IZUs also interact with foster carers to support the reintegration of children into communities, including children with disabilities. Use of existing community events increases their capacity to reach a larger number of people. IZUs also refer children and families to government **child protection welfare officers (CWPOs)** or the relevant service providers.”

“However, there is still a **major gap when it comes to professional workforce**, as CPWOs do **not yet have a statutory role** in the public service structure, **weakening their role and position, and in turn reducing their effectiveness** and increasing turnover. Child protection is **underfunded. Budgetary allocations for child protection have remained very low and continue to decline.** There is no child protection budget tagging in all sectors that include child protection within their mandates, making it difficult to trace and produce analytical work on child protection financing. However, UNICEF research has found that only **6 per cent of financing** for the two child protection-focused sub-programmes **in the government’s 2022-2023 budget came from domestic resources, and the rest was funded by international partners.**”

“Violence against children is slightly above the regional average – 60 per cent of boys and 37 per cent of girls in Rwanda experience physical violence. Sexual violence rates are also high, with 24 per cent of girls and 10 per cent of boys experiencing sexual violence before age 18. School-based violence is an issue of concern as 10 per cent of first incidence of sexual violence

Laws, policies and procedures	Geographical access and availability	Mental health conditions	Women and children	Alcohol and substance abuse	Criminal justice system	LGBTQI+	Migrants, refugees and asylum seekers	People with disabilities	Rwandan diaspora	COI sources
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for girls takes place in a school setting. [...] Violence-related risks are on the increase due to threats posed by online violence. **Any form of violence against children often leads to emotional trauma for children, with lifelong implications on mental health**, early pregnancy, sexual risk taking and perpetration of violence. **57 per cent of young women who had experienced emotional abuse as children had considered suicide compared to 30 per cent who had not.**"

"[...] Social norms contribute to creating an environment in which some forms of violence against children and gender-based violence (GBV) are tolerated or even accepted. Episodes of violence are often kept within the family while patriarchal rules can at times condone the use of violence by men. **The community volunteer workforce for childcare and Isange One Stop Centres provide free multisectoral services to victims of GBV and child abuse. During 2022, 13,340 children (of whom 12,005 were girls) were referred for professional services through Isange centres and health centres after they experienced violence.** [...] this number represents only a **small proportion of the child protection violations** that occur and that the child protection and **welfare workforce available in the country is insufficient**. There are **limited services with specialized professionals** to prevent and respond to violence – including violence against children and GBV, particularly at **local level** – and to **provide mental health and psychosocial support**. However, the IZU for childcare, and Isange One Stop Centres, provide free multisectoral services to victims of GBV and child abuse. The **Isange centres are present in all referral hospital and provide medical, psychological, legal services and referrals.**"

"The reasons boys are overrepresented in the juvenile prison could include peer influence and pressure, societal expectations and influence of patriarchy, mental health and other factors."

"Most children in prison are not visited by relatives, sometimes because they lack money for transportation, which can affect them psychologically over time and complicates their reintegration back into society at the end of their sentence."

(Source: United Nations Children’s Fund (UNICEF) Rwanda: [Child Protection in Rwanda](#), January 2024, page 4, last accessed: 3 June 2024 [emphasis added])

The United Nations Population Fund (UNFPA) Rwanda reported on mental health of adolescent mothers and a Safeguard Young People Program in the Western province:

"Born from a financially struggling family in rural Rusizi, Adeline was forced to abandon school, leave her home and her aspirations behind when she found out she was pregnant at the age of 15. She started living a life of wandering as she struggled to support herself and her unborn baby, seeking ways to secure their livelihood. Adeline’s story mirrors the widespread issue of school dropouts and sometimes family detachment due to teenage pregnancies, a persistent challenge not just in her home district, Rusizi, but in all parts of Rwanda where the national prevalence of teenage pregnancy is at 5.2% according to the latest Rwanda Demographic Health Survey, released in 2020. For many teen mothers, the inability to provide basic necessities for themselves and their children forces them to forego education, perpetuating a cycle of limited opportunities and economic struggles. In addition, Social stigma amplifies the isolation and mental strain on these individuals and their families."

"Recognizing these challenges, UNFPA Rwanda, thanks to the support of the Swiss Agency for Development and Cooperation, through the Safeguard Young People Program in the Western province, embarked on a transformative initiative to help out-of-school teen mothers regain hope and economic resilience by helping them to return to school or start technical and vocational education. In the program’s first phase, 471 young mothers and 101 boys from the districts of Rusizi, Nyamasheke, and Karongi graduated from a six months' training in different vocational trades including welding, carpentry, tailoring, hairdressing, and masonry. Among them, Adeline stands as a testament to the program’s success. Going back to school not only restored her confidence and courage to return home but also provided her with the knowledge necessary to bring her child up. [...]"

"The SYP programme has been implemented in Rwanda since May 2021, at national level and in the 3 UNFPA’s supported districts – Rusizi, Nyamasheke and Karongi. The programme intends to greatly contribute to improved Sexual Reproductive Health and Rights of adolescents and young people by promoting inclusive access to integrated adolescent and youth friendly SRHR services and information, including menstrual Health and Comprehensive Sexuality Education."

Laws, policies and procedures	Geographical access and availability	Mental health conditions	Women and children	Alcohol and substance abuse	Criminal justice system	LGBTQI+	Migrants, refugees and asylum seekers	People with disabilities	Rwandan diaspora	COI sources
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(Source: United Nations Population Fund – UNFPA (Rwanda): [A Ray of Hope: Adeline’s Journey to Empowerment as a Young Mother](#), 16 January 2024, last accessed: 4 June 2024)

In October 2022, one source reported that the Government of Rwanda introduced mental health programmes for young people:

“The government also introduced a mental health programme in schools in an effort to address mental health problems early among young people. At least 20 per cent of mental health patients are children aged 19 and below, according to reports.”

(Source: The New Times: [Mental health: Calls grow for improved services in hospitals](#), 11 October 2022, 7 June 2024)

9. Mental health provision for alcohol and substance abuse

According to one source, drug abuse rehabilitation was available in 2024. However, there no was no report found on mental health provision for people who use drugs:

“The Rwanda Biomedical Center (RBC), and partners, organised a month-long national drug awareness campaign which started on May 2, ahead of the International Day against Drug Abuse and Illicit Trafficking, which is marked on June 26 every year, to strengthen action and cooperation in achieving a world free of drug abuse. On May 13, the national campaign was held at IPRC Kicukiro where students from schools in Kicukiro District gathered to watch artists perform in a bid to raise awareness about drug abuse and illicit trafficking in an educational manner. Valens Buhura Ntukanyagwe, an official in the Ministry of Justice in charge of fighting drug abuse, said that the rate of drug abuse among the youth is alarming. [...] “Youth are exposed to illicit trafficking. We currently have 6,460 youth in rehabilitation centers due to drug abuse. Those in courts due to drug abuse and related crimes are 4,000,” he added. [...] Ntukanyagwe said that the campaign could expand access to quality prevention, treatment, and rehabilitation services for individuals and communities affected by drug abuse, reducing barriers to care and increasing the likelihood of successful outcomes.”

(Source: The New Times: [Recovering from drug abuse is possible – former addicts](#), 16 May 2024, last accessed: 3 June 2024)

In October 2023, ‘Safe Mind’ Youth Conference was held in Rwanda:

“On 26 October, the Aegis Trust partnered in convening the ‘Safe Mind’ Youth Conference at the African Leadership University (ALU) with Solid Minds, the Rwanda Biomedical Center (RBC), the ALU and various youth-led organizations. This event was dedicated to addressing pressing issues of mental health, alcohol dependence, and behavioral addictions which exert a profound influence on people’s well-being and counter the value of our peacebuilding work.

Approximately 250 students from different Rwandan universities attended the conference, demonstrating their commitment to mental well-being.”

“[...] Representatives from youth-led organizations discussed their efforts in promoting mental wellness on campuses and in communities. Cynthia Mugwaneza, the founder of U-Love Club, stressed the importance of creating safe spaces for youth to access mental health care and encouraged seeking therapy when needed.”

“Mental health specialists commended the work of youth-led organizations and recognized their potential to transform mental wellness in the community. Dynamo Ndacyayisenga, Director of drug abuse prevention at the Rwanda Biomedical Center, highlighted the importance of platforms where young people can openly discuss mental health and seek help, given high rates of alcohol addiction and drug abuse [...] The ‘Safe Mind’ Conference highlighted the collective determination of youth-led organizations and mental health experts to address mental health challenges and promote understanding and empathy in Rwanda.”

(Source: Aegis Trust: [Breaking mental health stigma: ‘Safe Mind’ Youth Conference](#), 30 October 2023, 17 June 2024)

10. Mental health provision for people in the penal and criminal justice system

In April 2024, United Nations experts, including Tlaleng Mofokeng, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, wrote to the Government of Rwanda regarding the criminal prosecution and detention of journalists and human rights defenders: two journalists, Dieudonné Niyonsenga and Théoneste Nsengimana, and a Dalfa-Umurinzi member, Théophile Ntirutwa:

“We have the honour to address you in our capacities as Working Group on Arbitrary Detention; Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Special Rapporteur on the situation of human rights defenders and Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, pursuant to Human Rights Council resolutions 51/8, 52/9, 51/21, 52/4 and 52/7. In this connection, we would like to bring to the attention of your Excellency’s Government information we have received regarding the criminal prosecution and detention of journalists and human rights defenders Mr. Théoneste Nsengimana and Mr. Dieudonné Niyonsenga and opposition politician Mr. Théophile Ntirutwa. Mr. Théoneste Nsengimana is a journalist and human rights defender who runs the YouTube Channel Umubavu TV. Umubavu Online TV publishes reporting and commentary on Rwandan politics, including interviews with opposition figures. Mr. Dieudonné Niyonsenga, also known as “Cyuma Hassan”, is a human rights defender and owner of Ishema TV, a YouTube channel that critically covers a wide range of topics, including local politics, culture, and human rights. Ishema TV is since November 2022 no longer available online. Mr. Théophile Ntirutwa is an opposition politician and former member of the unregistered Dalfa-Umurinzi opposition party. He is also a vocal critic of the current Rwandan Government. [...]”

“As per article 12 and 2.2 of the International Covenant on Economic Social and Cultural Rights, ratified by Rwanda on 16 April 1975, States parties recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination and take steps to achieve the full realization of this right, including those necessary for the creation of conditions which would assure to all medical service and medical attention in the event of sickness. These articles enshrine the right of everyone, including people prisoners and detainees, to the enjoyment of the highest attainable standard of physical and mental health. This includes an obligation on the part of all States parties to ensure that health facilities, goods and services are accessible to everyone, especially the most vulnerable or marginalized sections of the population, without discrimination.”

(Source: Office of the United Nations High Commissioner for Human Rights: [AL RWA 1/2024](#), 3 April 2024, last accessed 17 June 2024)

In January 2024, the United Nations Children’s Fund published a report which stated that mental health could be one factor leading to overrepresentation of boys in juvenile prison in Rwanda:

“The reasons boys are overrepresented in the juvenile prison could include peer influence and pressure, societal expectations and influence of patriarchy, mental health and other factors.”

(Source: United Nations Children’s Fund (UNICEF) Rwanda: [Child Protection in Rwanda](#), January 2024, page 4, last accessed: 3 June 2024)

According to a report published by United Nations Children’s Fund in January 2024, most children in prison are not visited by relatives which can affect the children psychologically:

“Most children in prison are not visited by relatives, sometimes because they lack money for transportation, which can affect them psychologically over time and complicates their reintegration back into society at the end of their sentence.”

(Source: United Nations Children’s Fund (UNICEF) Rwanda: [Child Protection in Rwanda](#), January 2024, page 4, last accessed: 3 June 2024)

In January 2024, Human Rights Watch reported that the Rwandan prison authorities have been accused of denying a person access to adequate medical care. A Judge ordered a medical examination into the person’s mental health, which concluded that the person suffers from depression:

“The trial of blogger and commentator Aimable Karasira continued, on charges of genocide denial and justification and of divisionism. He has spoken about losing family members to both Hutu extremists and the RPF during and after the 1994 genocide. Judges ordered a medical examination into Karasira’s mental health, which concluded that he suffers from “depression.” Karasira and his defense lawyers accused Rwandan prison authorities of intercepting their communications and denying him access to adequate medical care and his medication, and they requested an independent examination by an international medical team.”

(Source: Human Rights Watch (HRW): [Annual report on the Human Rights Situation in 2023](#), 11 January 2024, last accessed 12 June 2024)

In February 2023, one source reported that the chairperson of the Senate’s Committee for Social Affairs and Human Rights stated a need for more psychiatrists. The word “commission” in the source below appears to be used for this Committee. The commission set out a plan to monitor so-called “mental patients” prosecuted for crimes and provide medical services while prosecuted:

“[...] Adrie Umuhire, the chairperson of the committee [Senate’s Committee for Social Affairs and Human Rights] emphasized that **there is a need for more psychiatrists since they will help a lot in curbing mental illness**. The commission also presented the roadmap for the establishment of a special unit in charge of monitoring mental patients who are prosecuted for crimes in order to help them get justice, within a period of not more than three months. The National Public Prosecution Authority (NPPA) staff and doctors will be trained to increase their knowledge in medical services provided to people with mental health problems, while they are being prosecuted.”

(Source: The New Times, [Senators root for ‘Rwandan solutions’ in dealing with mental health issues](#), 24 February 2023, last accessed: 7 June 2024)

11. Mental health provision for LGBTQI+

The US Department of State reported that it found no reports of involuntary or coercive psychological practices specifically targeting LGBTQI+ person in its 2023 human rights report on Rwanda:

“Involuntary or Coercive Medical or Psychological Practices: There were no reports of involuntary or coercive medical or psychological practices specifically targeting LGBTQI+ persons, but there was social pressure on individuals to conform to traditional gender norms. There were no reports of surgeries performed on children or on nonconsenting adult intersex persons.”

(Source: US Department of State (USDOS), [Annual report on human rights in 2023](#), 23 April 2024, last accessed: 2 June 2024)

12. Mental health provision for migrants, refugees and asylum seekers

12.1 Sexual and reproductive health

In February 2024, the United Nations Population Fund (UNFPA) Rwanda reported:

“Insufficient or limited access to comprehensive information on Sexual and Reproductive Health and Rights (SRHR) presents a critical concern, creating a scenario where young individuals encounter increased vulnerabilities. This inadequacy significantly hampers endeavours to reduce the risk of youth exposure to various threats, such as Sexually Transmitted Infections (STIs) including HIV, early and unintended pregnancies, unsafe abortions, and the looming spectre of gender-based violence (GBV).”

“Amidst challenges stemming from inadequate access to information, UNFPA Rwanda embarked on a project dubbed the ‘Healthy and Empowered Youth Project.’ This initiative, aimed at bridging critical knowledge and service gaps in sexual and reproductive health (SRH), as well as combat GBV among adolescents and youth in select regions and refugee camps in Rwanda.”

“Funded by the Government of the Republic of Korea through the Korea International Cooperation Agency (KOICA) began in July 2020 and ended June 30, 2023 and encompassed three districts – Rusizi, Karongi, Nyamasheke – and several refugee camps, namely: Kigeme, Kiziba, Mahama, Mugombwa, and Nyabiheke, along with their respective host communities. [...] Innocent Dusabimana, the head of Rubengera Health Center, expressed the positive impact of the youth corner initiative, emphasising its contribution to the community. “There’s an increased engagement of youth since the establishment of the youth centre. We offer various valuable services, including educating youth about their bodies, providing medical assistance, offering access to high-speed internet, and delivering essential mental health counselling.””

(Source: United Nations Population Fund – UNFPA (Rwanda), [Breaking barriers: Road to reshaping sexual, reproductive health for Rwandan youth](#), 6 February 2024, last accessed: 2 June 2024 [emphasis added])

12.2 Pre-departure for the purpose of resettlement

IOM Migration health assessments are provided at the request of receiving country governments. This includes evaluation of the physical and mental health status of migrants prior to their departure for the purpose of resettlement, international employment, enrolment in specific migrant assistance programmes, or for obtaining a temporary or permanent visa. The following source sets out the services provided by IOM Rwanda’s migration health assessment center (MHAC) in Kigali. This is the medical clinic that provides services for refugees travelling temporarily or permanently to the United States, Canada, Australia, the United Kingdom and various countries across Europe:

“Within its Migration Health Division (MHD), IOM delivers and promotes comprehensive, preventive and curative health programmes which are beneficial, accessible, and equitable for migrants and mobile populations. Bridging the needs of both migrants and IOM member states, MHD contributes towards the physical, mental and social wellbeing of migrants, enabling them and host communities to achieve social and economic development. [...]”

“At the request of receiving country governments, IOM provides an evaluation of the physical and mental health status of migrants prior to their departure for the purpose of resettlement, international employment, or enrolment in specific migrant assistance programmes. They include taking medical history, physical examination, mental health evaluation, pre- and post-test counselling, radiological and laboratory investigations, specialist referrals and vaccinations. Prior to departure final pre-embarkation checks are conducted for refugees to ensure they are healthy enough to travel safely. [...]”

“The number of pre-migration health assessments conducted at the MHAC in Kigali increased by 84 per cent in 2022.”



(Source: International Organization for Migration (IOM) (Rwanda): [IOM Rwanda 2022 Year in Review](#), 11 July 2023, page 8, last accessed: 2 June 2024)

“Migration health assessments are among the most well-established migration management services offered by IOM. At the request of receiving country governments, IOM provides an evaluation of the physical and **mental health status of migrants prior to their departure for the purpose of resettlement, international employment, enrolment in specific migrant assistance programmes, or for obtaining a temporary or permanent visa.** Migration health assessments involve a review of the migrant’s medical history, a physical examination, additional investigations, such as imaging studies, laboratory tests and specialist referrals, if required, documentation of findings and confidential transfer of relevant information to appropriate immigration or public health authorities. Related services include preventive and/or curative treatment or **referral for treatment, counselling,** health education, public health interventions, including, but not limited, to surveillance, outbreak response, vaccinations, and **travel assistance.** [...] **IOM Rwanda’s migration health assessment center (MHAC) in Kigali is the medical clinic that provides health assessment and travel assistance services for migrants and refugees traveling temporarily or permanently to the United States, Canada, Australia, the United Kingdom and various countries across Europe.** The health assessments are conducted by **highly trained and experienced migration health physicians and migration health nurses based on the protocols defined by receiving countries.** In 2022, IOM Rwanda conducted over 10,400 health assessments and 4,027 pre-embarkation checks. [...] **PRE-DEPARTURE EVALUATION IOM offers pre-departure travel health services** [...] IOM also offers an array of **specialized** counseling services ensuring the safe and dignified travel of refugees to their destination countries.”

(Source: International Organization for Migration (IOM) (Rwanda): [Migration Health Assessment Center](#), 25 May 2023, pages 1-2, last accessed: 2 June 2024 [emphasis added])

13. State mental health provision for people with disabilities

In May 2024, three non-governmental organisations - Rwanda National Association of Deaf Women (RNADW “Umucyo”), Hope for Single Mothers with Disabilities (HSMD), Afro Ark – provided the following recommendations to the Government of Rwanda on mental health in Rwanda. This source was from a report submitted to the Committee on the Elimination of Discrimination against Women, as part of the eighty-eighth session in Geneva, 13–31 May 2024:

“The in relation to CEDAW article 7, the consortium calls upon the CEDAW Committee to recommend the Government of Rwanda to:

[...] 3. Repeal restrictions to be elected and to vote in the article 8 (3) and 24 (4) of Organic Law of 2019 Governing elections, which deny persons with intellectual or psychosocial disabilities their rights to vote and to run for election; [...]

HEALTHCARE AND FAMILY PLANNING (Article 12 of CEDAW) [...]

We reiterate the UNCRPD concluding observation of 2019 review that there remains a concern that persons with disabilities cannot effectively, participate in the judicial system, especially persons who are deaf and persons with, intellectual or psychosocial disabilities due to lack of knowledge about disability rights within the judicial sector, including among court staff, judges, prosecutors, magistrates, lawyers, law enforcement officials and staff of corrective facilities; the lack of accessibility of judicial premises and proceedings, especially to women and girls with disabilities, and the absence of procedural accommodation.”

“[...] In relation to CEDAW article 12, the consortium calls upon the CEDAW Committee to recommend the Government of Rwanda to:

[...] 2. Ensure that women and girls with disabilities, including through economic support and inclusive social protection, receive equitable and accessible information and services, with full consent, on sexual and reproductive healthcare without stigma and discrimination;

3. Ensure that women and girls with disabilities are protected from sexual and gender-based violence (SGBV) and are provided with rehabilitation, psychosocial support and access to justice and judicial systems.

[...] 6. Adopt the legislative and other measures necessary to protect the integrity of persons with disabilities in all settings, including institutional settings in which persons with psychosocial disabilities are still placed, and to prevent and stop forced treatment and forced sterilization of persons with disabilities, particularly those with psychosocial disabilities and women and girls with disabilities.”

(Source: The Rwanda National Association of Deaf Women (RNADW “Umucyo”), Hope for Single Mothers with Disabilities (HSMD), and Afro Ark, [Shadow Report to the Committee on the Convention on the Elimination of all Forms of Discrimination Against Women \(CEDAW\)](#), April 2024, pages 9, 12, and 13, last accessed: 2 June 2024)

In April 2024, the National Union of Disability Organizations in Rwanda reported:

“Access to disability support and rehabilitation in correction facilities continue to allow discrimination on the grounds of disability. Regarding Sexual and Reproductive Health services, information and communication tools at the reception and in medical, legal and psychosocial services are not accessible for deaf women.”

(Source: The National Union of Disability Organizations in Rwanda, [Parallel Report On The Convention On The Elimination Of Discrimination Against Women: Situation Of Women And Girls With Disabilities In Rwanda, Rwanda, 88th Session \(May 2024\)](#), April 2024, page 12, last accessed: 2 June 2024)

In April 2024, the National Union of Disability Organizations in Rwanda reported:

“NUDOR calls upon the CEDAW Committee to recommend the Government of Rwanda to take all appropriate and effective measures to:

1. Put in place accessible and effective mechanism to detect and report disability-based violence cases for women and girls with disabilities and pay a specific attention to those with intellectual and psychosocial disabilities and deaf blind;

Laws, policies and procedures	Geographical access and availability	Mental health conditions	Women and children	Alcohol and substance abuse	Criminal justice system	LGBTQI+	Migrants, refugees and asylum seekers	People with disabilities	Rwandan diaspora	COI sources
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2. Develop awareness-raising program on the rights of women and girls with disabilities and accessible procedures and services in particular for women and girls with intellectual and psychosocial disabilities to facilitate their access to services and property. [...] access to disability support and rehabilitation in correction facilities continue to allow discrimination on the grounds of disability [...]"

(Source: The National Union of Disability Organizations in Rwanda, [Parallel Report On The Convention On The Elimination Of Discrimination Against Women: Situation Of Women And Girls With Disabilities In Rwanda, Rwanda, 88th Session \(May 2024\)](#), April 2024, page 12, last accessed: 2 June 2024)

Access to free services which provide psychosocial support (amongst other health services) for Gender-Based Violence (GBV) and child abuse victims are not accessible to more than 40% of Rwandan women and girls with disabilities. This data is reportedly from a survey carried out by the Rwandan Organization of Women with Disabilities (UNABU), the data of the survey is unclear. The source below citing the survey is dated April 2024 and produced by The National Union of Disability Organizations in Rwanda:

"Women with disabilities are not only experiencing financial and physical barriers in access to health care, but they also face discriminatory and disrespectful behaviors from health professionals. Health care systems need to have respect for the inherent dignity of women with disabilities pay attention to their preference and choices, provide non- discriminatory and respectful treatment, work on attitudinal changes and update the training of health care staff for working with women with disabilities, families and communities also should participate in the advocacy efforts supporting women with disabilities in their desired Access to health care."

"Isange One Stop Centres (IOSCs) countrywide are operational and they provide free and comprehensive services to GBV and child abuse victims. The research conducted by UNABU found that more than 40% of Rwandan women and girls with disabilities surveyed had experienced some form of violence and yet could not access services for survivors at IOSCs; and as for **SRH services [Sexual and Reproductive Health services], information and communication tools at the reception and in medical, legal and psychosocial services are not accessible for deaf women**, facilities' pathways are accommodated for wheelchair users and staff are not trained in inclusion and accessibility for women and girls with disabilities. NUDOR is also concerned with women and girls with intellectual or psychosocial disabilities who face numerous challenges in accessing justice for GBV cases where police and health service providers do not take their cases seriously and do not know how to handle them to ensure they communicate effectively and offer the required services. In most cases, they are not seen as competent witnesses; for instance, the article 2 of the Law N° 21/2016 of 20/05/2016 relating to human reproductive health defines an incapable person as "a child or a person with mental disability"

NUDOR calls upon the CEDAW Committee to recommend the Government of Rwanda to take all appropriate and effective measures to:

[...] 2. Train law enforcement authorities and health professionals to ensure accessible information and communications, awareness raising and information campaigns that are designed with the participation of women-led OPDs to ensure that women and girls with disabilities are protected from SGBV and provided with rehabilitation and psychosocial support [...]"

(Source: The National Union of Disability Organizations in Rwanda, [Parallel Report On The Convention On The Elimination Of Discrimination Against Women: Situation Of Women And Girls With Disabilities In Rwanda, Rwanda, 88th Session \(May 2024\)](#), April 2024, pages 9 and 11, last accessed: 2 June 2024 [emphasis added])

14. Civil society mental health provision for people with disabilities

Hope for Single Mothers with Disabilities (HSMD) provides counselling for single mothers with disabilities in Rwanda:

“Hope for Single Mothers with Disabilities (HSMD) is another non-profit organization that focuses on supporting single mothers with disabilities in Rwanda. The organization provides various services such as financial assistance, vocational training, and counseling to help these women become self-sufficient and independent. Additionally, the organization works to break down the stigma surrounding disability and single motherhood in Rwanda.”

(Source: The Rwanda National Association of Deaf Women (RNADW “Umucyo”), Hope for Single Mothers with Disabilities (HSMD), and Afro Ark, [Shadow Report to the Committee on the Convention on the Elimination of all Forms of Discrimination Against Women \(CEDAW\)](#), April 2024, page 3, last accessed: 2 June 2024)

15. Civil society mental health provision for Rwandan diaspora

In July 2023, the International Organization for Migration reported on its work during the year of 2022:

“In the health sector, 11 Rwandan diaspora professionals living in Europe were engaged to support 10 hospitals across the country. These highly skilled medical professionals specialized in areas such as: anesthesiology, clinical psychology, general surgery, nursing, neurology, and physiotherapy.”

(Source: International Organization for Migration (IOM) (Rwanda): [IOM Rwanda 2022 Year in Review](#), 11 July 2023, page 6, last accessed: 2 June 2024)

COUNTRY OF ORIGIN INFORMATION SOURCES

This section is a list of sources checked for the production of this report.

International organisations

- [International Labour Organization \(ILO\) \(Rwanda\)](#)
- [International Organization for Migration \(IOM\) \(Rwanda\)](#)
- [United Nations Committee on Economic, Social and Cultural Rights](#)
- [United Nations High Commissioner for the Coordination of Humanitarian Affairs](#)
- [United Nations International Children’s Emergency Fund \(UNICEF\)](#)
- [United Nations Development Programme Rwanda](#)
- [UNHCR Global Compact \(Rwanda\)](#)
- [United Nations Office of the United Nations High Commissioner for Human Rights \(UN OHCHR\)](#)
- [United Nations Population Fund \(UNFPA\) \(Rwanda\)](#)
- [United Nations Reports of the UN Secretary General](#)
- [United Nations High Commissioner for Refugees \(UNHCR\) Refugee Statistics](#)
- [United Nations Rwanda](#)
- [United Nations High Commissioner for Refugees Rwanda](#)
- [United Nations Special Rapporteur on Extreme Poverty and Human Rights](#)
- [United Nations World Food Programme](#)
- [United Nations World Health Organisation](#)
- [The World Bank in Rwanda](#)

(Inter)governmental sources

Intergovernmental

- [European Commission \(annual asylum statistics\)](#)
- [European Union Agency for Asylum](#)

Governmental

- [Belgian COMMISSARIAT GÉNÉRAL AUX RÉFUGIÉS ET AUX APATRIDES](#)
- [Danish Immigration Service](#)
- [Dutch Ministry of Foreign Affairs \(Ambtsbericht\)](#)
- [Dutch Immigration and Naturalisation Service](#)
- [French Ministry of Foreign Affairs - dossiers pays](#)
- [Immigration and Refugee Board of Canada \(IRBC\)](#)
- [IRBC - Responses to Information Requests](#)
- [IRBC - National Documentation Packages](#)
- [National Institute of Statistics Rwanda](#)
- [Norwegian Country of Origin Information Centre - Landinfo](#)
- [Rwandan Ministry in Charge of Emergency Management \(MINEMA\)](#)

Laws, policies and procedures	Geographical access and availability	Mental health conditions	Women and children	Alcohol and substance abuse	Criminal justice system	LGBTQI+	Migrants, refugees and asylum seekers	People with disabilities	Rwandan diaspora	COI sources
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[Rwandan Ministry of Gender and Family Promotion \(MIGEPROF\)](#)

[Rwandan Ministry of Foreign Affairs and International Cooperation \(MINAFFET\)](#)

[UK Asylum Statistics](#)

[UK Foreign & Commonwealth Development Office](#)

[UK Home Office](#)

[U.S. Department of State Country Reports on Human Rights Practices \(Rwanda 2023\)](#)

(I)NGOS and think tanks

[AEGIS Trust \(Preventing Crimes Against Humanity\)](#)

[Amnesty International](#)

[Danish Refugee Council \(DRC\) \[Denmark\]](#)

[Dutch Council for Refugees \(DCR\) \[The Netherlands\]](#)

[European Council on Refugees and Exiles](#)

[Freedom House](#)

[Global Detention Project \(Rwanda\)](#)

[Human Rights Watch](#)

[International Refugee Rights Initiative](#)

[International Rescue Committee](#)

[Kiva](#)

[Legal Aid Forum Rwanda](#)

[Never Again Rwanda](#)

[Prison Fellowship Rwanda](#)

[Refugees International](#)

[Samuel Hall](#)

ARCT- RUHUKA

National Organization of professional Trauma Counselors formed in 1998 and officially registered as a non-governmental organisation in 2004.

The Rwanda National Association of Deaf Women (RNADW “Umucyo”)

Rwanda National Association of Deaf Women (RNADW) is a non-governmental entity, and an Organization of People with Disabilities (OPD) which is fully registered with Rwanda Governance Board (RGB). Founded in 2005. Location: Kigali.

Hope for Single Mothers with Disabilities (HSMD)

HSMD is a local non-profit non-governmental entity in Rwanda, providing emotional and psychological support among single mothers most especially those with disabilities. Founded in 2016 and established in 2018. Location: Kigali.

Afro Ark

Afro Ark is a non-profit women-led organisation which aims to address challenges faced by women, girls, and children in Rwanda and the rest of Africa. Inspired by the Sustainable Development goals (SDGs 2016-2030), The African Union Agenda 2063 and Rwanda’s Vision 2050. Founded in 2018. Location: Kigali.

The National Union of Disability Organizations in Rwanda

The National Union of Disability Organizations in Rwanda (NUDOR) is a non-governmental organisation and was established by eight organisations of persons with disabilities namely: AGHR, Collectif Tubakunde, NOUSPR, NPC Rwanda, RNADW, RNUD, RUB and THT. Established in 2010. Location: Kigali.

Laws, policies and procedures	Geographical access and availability	Mental health conditions	Women and children	Alcohol and substance abuse	Criminal justice system	LGBTQI+	Migrants, refugees and asylum seekers	People with disabilities	Rwandan diaspora	COI sources
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Center for Reproductive Rights

The Center for Reproductive Rights is a global human rights organisation. Founded in 1992. International.

Health Development Initiative

Health Development Initiative (HDI) is an independent, non-profit organisation registered with the Rwandan government. Location: Kigali.

Great Lakes Initiative for Human Rights and Development

Great Lakes Initiative for Human Rights and Development is a National Non-Governmental Organisation that is registered in accordance with Rwandan law. Location: Nyarugenge.

Rwanda Psychological Society (RPS)

The Rwanda Psychological Society (RPS) is a national professional organisation and regulatory body of Psychologists in Rwanda that was established 1 August 2015 in conformity with the Law No 04/2012 of 17/02/2012 governing the organisation and the functioning of national non-governmental organisations, especially in its articles 3, 5, 6, 10, 11 and 28. As a background, and following the 1994 genocide perpetrated against Tutsi in Rwanda, the government resolved in 1998 to start the training of clinical psychologists as a response to the mass traumas from the genocide. The first clinical psychologists graduated from the National University of Rwanda, currently University of Rwanda, and placed in the community to assist those requiring psychological service. In addition to clinical psychologists, the country gained from other universities abroad availing training in other orientations in psychology like social psychology, school psychology, psychological counselling, and others.

Media

[African News Agency](#)

[Agence France Presse](#)

[The New Times](#)

[The Rwandan](#)

Academic sources

*Only open sources were reviewed as part of this research.

[BMC Public Health](#)

[Health Policy and Planning](#)

[PLOS Global Public Health](#)

[Frontiers in Psychology](#)

Other

The Lutheran Church of Rwanda

The Lutheran Church preaches gospels of Jesus Christ to Rwandan people. Established in 1994. Location: Kigali.

The Presbyterian Church in Rwanda (EPR)

The Presbyterian Church in Rwanda (EPR) bases its actions on the plans of God. Established date is unknown. Location: Kigali.

Laws, policies and procedures	Geographical access and availability	Mental health conditions	Women and children	Alcohol and substance abuse	Criminal justice system	LGBTQI+	Migrants, refugees and asylum seekers	People with disabilities	Rwandan diaspora	COI sources
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Interviews

Please note that these experts have not been vetted by us and each database/source will have its own vetting process.

- [EIN Experts Directory](#) – The Electronic Immigration Network Directory of Experts gives access to detailed information from a wide variety of experts in a fully searchable database.
- Rights in Exile Programme’s [“Country of Origin Information Experts database”](#)
- The Centre for Gender and Refugee Studies’ [Expert Witness database](#) [requires registration]
- Country experts cited in relevant UK [country guidance determinations](#)
- Interlocutors cited in [EUAA COI products](#)
- Interlocutors cited in fact-finding mission (FFM) reports. These are published by a range of country of asylum/receiving country’s governments. You can find them through a Google search or on [ecoi.net](#)
- Academics and/or (I)NGOs who may be cited in this COI compilation
- Ask an expert who you have worked with in the past to suggest other relevant individuals who may be in a position to comment
- Global Experts – [Global Experts](#) is a UN database of academics, analysts, former officials, faith leaders, civil society activists, private sector/business and media experts around the world. You can search for experts by area of expertise as well as by geographical area
- Expertise Finder – [Expertise Finder](#) is a directory of experts in a variety of subjects. Search by keywords, for instance country, to find experts and their contact details
- [SheSource](#) – Same concept as the two sources above, except that this website only lists female experts
- [Google Scholar](#) / [Microsoft Academic](#) – Google Scholar and Microsoft Academic are search engines for academic publications, although you will find media articles on there as well. On Google Scholar, clicking on an author’s name will typically take you to his / her profile page. Contact details are not provided, but affiliation is; you can then search on his / her institution’s website

**We stand for asylum
decisions based on
evidence.**



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