



**The Trust Fund
for Victims**



Reviewing Rehabilitation Assistance and Preparing for Delivering Reparations

Programme Progress Report Summer 2011



ACKNOWLEDGEMENTS



This report is co-authored by *Kristin Kalla, Sr. Programme Officer* and *Peter Dixon, Research Fellow*.

We gratefully acknowledge the contributions and personal commitments made by the victims, families, affected communities and intermediaries who have worked tirelessly on behalf of the Trust Fund for Victims often under very challenging circumstances.

Our successes and lessons learned would not be achieved without the hard work of the other TFV Secretariat staff – especially those working in the field in both Uganda and the DRC. The information and photos presented in this report reflects the efforts of our partners and staff. All of the pictures in this report are of actual TFV beneficiaries and activities so thank you to the partners and field TFV field staff for thoughtfully documenting this important work.

We would also like to express gratitude for the support provided by the Board of Directors and cooperation from ICC – especially Registry staff who helps to support the TFV’s administration and operations. And finally, none of this work would be possible without the necessary support from the generous donors whose contributions ensure that the victims under the jurisdiction of the ICC are recognized, involved and have access to assistance.

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I. EXECUTIVE FOREWORD

This report shows that the Trust Fund for Victims (TFV) is rapidly maturing as a unique institution, not only increasing its footprint, but also developing its singular fingerprint in supporting victims of crimes that fall under the jurisdiction of the International Criminal Court (ICC).

Bucking the trend of the dire global economic situation, the Fund's income is steadily increasing. A notable donation was the contribution of half a million British Pounds by the United Kingdom, in March this year. We view this growing support to reflect the acknowledgment within the donor community of the TFV's important mission and performance. We can now build on four years solid experience of implementing our rehabilitation mandate, which has allowed the TFV to engage with victim survivors and their communities in situations recognised by the Court. We are preparing for our mandate related to the implementation of Court-ordered reparations to victims, which may soon be triggered once the ICC arrives at its first conviction.

Both of the TFV's mandates are without international precedent and have their own legal and operational dimensions. Yet, as they will come into play next to each other, we are confident that their interaction will strengthen the bond between the Trust Fund for Victims and the International Criminal Court – a partnership that can only be qualified a success when it delivers tangible and credible results to victims on the ground.

By now, the assistance provided through the TFV is reaching over 80,000 beneficiaries in two situations, northern Uganda and the Democratic Republic of Congo (DRC). We are preparing to start activities in the Central African Republic by early 2012. Our work would be impossible without the efforts of our intermediaries: local and international implementing partners. In consultation with these partners, the TFV's Secretariat has identified four areas where to demonstrate impact, across the two mandates: *justice and reconciliation, health and well-being, social support and integration, and material security*. The report richly describes on-going efforts and results being achieved in these areas, as well as in cross-cutting themes such as gender. I encourage you to read with special attention about the assistance provided by the TFV to victims of sexual and gender based violence, largely made possible by earmarked voluntary contributions by Norway, Finland and Germany.

Achieving visible results will always be important for the TFV. No less important is our ability to demonstrate what kind of difference we make. To the lives and hopes of our beneficiaries, indeed, but then always in consideration of the Rome Statute's ambition to take into account the particular rights and needs of victims of the most serious crimes, who often fall in between the cracks of mainstream assistance efforts. Chapter II of this report provides examples of the TFV's emerging singular institutional fingerprint, including economic empowerment and reconstructive surgery in northern Uganda and psychosocial support and psychological counselling in DRC.

The TFV's particular brand of operational intelligence should be useful when considering awards for Court-ordered reparations. The TFV Board of Directors, at their annual meeting in March 2011, recognised their responsibility for the sound and transparent financial management of the TFV's resources, including the reserve set aside to complement reparations awards. The Board also confirms its intent to build a strong and respectful collaborative relationship with the ICC.

As the Trust Fund for Victims strives to develop into an international beacon of reparative justice, it can only succeed in partnership with the ICC, with its donors, with national and local authorities, with civil society organisations – and in partnership with victims and their communities.

Pieter de Baan, Executive Director, Secretariat, Trust Fund for Victims

II. PROGRAMME UPDATES

(A) OVERVIEW OF REHABILITATION ASSISTANCE

The TFV's Performance Monitoring Plan (PMP) provides the programme framework for implementing the rehabilitation assistance mandate. A participatory programme planning process provides the basis for designing rehabilitation activities so that local partners and victim survivors are involved in designing local interventions. The PMP also links to the Rome Statute, key International Criminal Court (ICC) instruments, Regulations of the Fund, international human rights and humanitarian law, appropriate United Nations Resolutions, donor frameworks, and other applicable treaties, principles and transitional justice initiatives.

The TFV continued its practice of working with local grassroots organisations, victims' survivor groups, women's associations, faith-based organisations, village savings and loans associations, and international non-governmental organisations for administering the general assistance mandate.

The TFV's grant-making process emphasises: *participation* by victim survivors in programme planning, *sustainability* of community initiatives, *transparent* and *targeted*

granting according to the ICC's Financial Rules and Regulations, *and accessibility* for applicants that have traditionally lacked access to funding, addressing the *special vulnerability of girls and women*, *strengthening capacity* of local grantees and *coordinating* efforts to ensure that the selection and management of grants is strategic and coherent. Prior to issuing grants, field assessments are carried out to ensure projects directly address the harm caused by the conflict and target the most vulnerable victim survivors according to the ICC's jurisdiction.

During this reporting period, several monitoring visits were conducted by Fund staff to oversee programme development, strengthen local capacities, and support project monitoring, evaluation and reporting. All projects were subject to an administrative and technical review as part of this process. In February and May 2011, Fund staff conducted workshops with all implementing partners in northern Uganda and the Democratic Republic of the Congo (DRC), focusing on monitoring and evaluating project management, effectiveness and impact. The Fund has identified four areas for measuring impact: **justice**



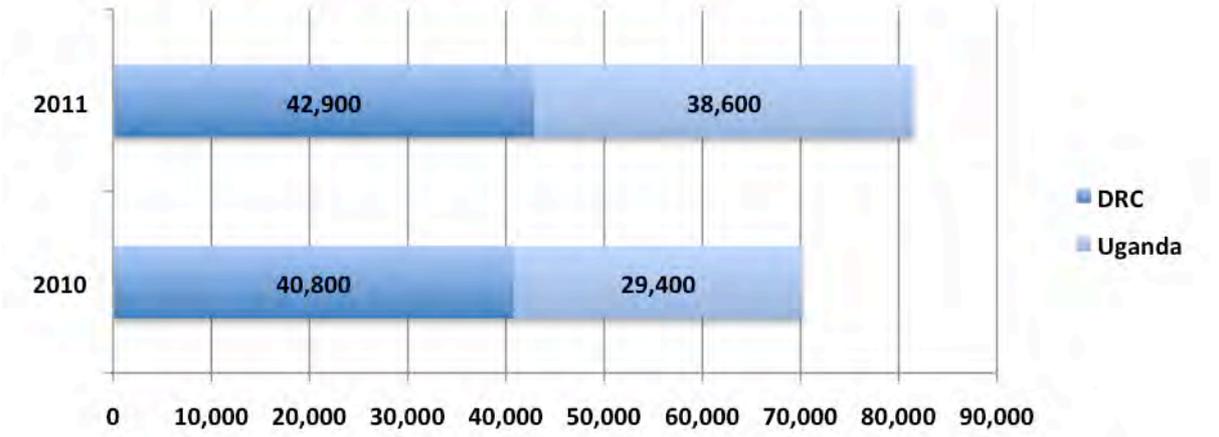
A poster designed by TFV partners at a recent workshop in Uganda during a discussion about informing affected communities about the Rome Statute and the TFV.

and reconciliation, health and well-being, social support and integration, and material security¹, ensuring that results also detail the gender dimensions related to conflict. The findings of the Fund’s research will be publicised before the end of 2011.

Between January-July 2011, the TFV continued to support tens of thousands of victims of crimes under the jurisdiction of the ICC at both the individual and community levels.² Through extensions of 27³ of its 28 active projects, the TFV increased its beneficiaries by approximately 11,000 victims.

In total, approximately 81,500 victim survivors have been reached by TFV rehabilitation assistance projects in the DRC and northern Uganda since the beginning of 2011. These victims include both newly identified beneficiaries and beneficiaries from last year who are still receiving support. The TFV generally issues year-long contracts to implementing partners, but due to the typically long-term effects of harm suffered as a result of the crimes under ICC jurisdiction, it has provided multi-year rehabilitation assistance to victims through cost- and no-cost project extensions depending on the availability of voluntary contributions.

FIGURE 2.1: DIRECT BENEFICIARIES - INDIVIDUAL VICTIM SURVIVORS & AFFECTED COMMUNITIES

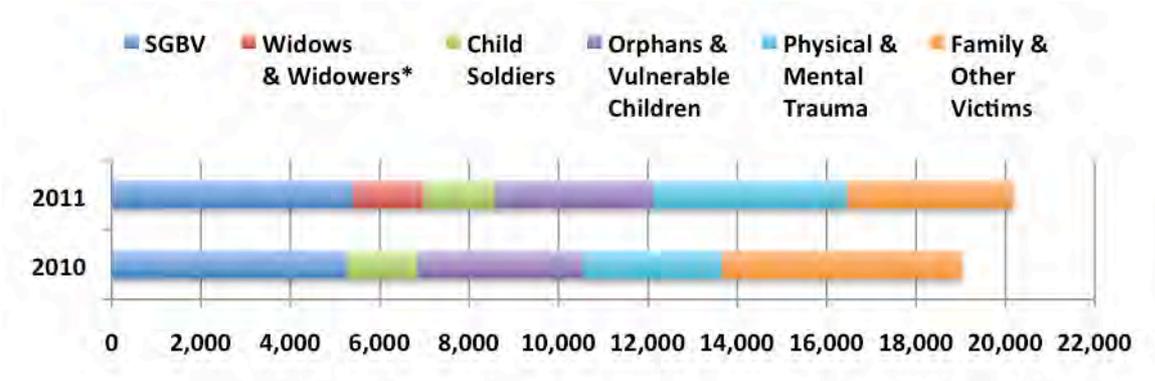


The TFV is reaching these beneficiaries through 28 active projects and 24 partners, including 12 projects in the DRC and 16 projects in northern Uganda. Since the TFV’s last Programme Progress Report (PPR) in Fall 2010, several changes have taken place. Project 004 in the DRC is currently suspended, pending review.

In northern Uganda, the TFV’s suite of projects⁴ managed by one international partner and implemented by several Ugandan organisations is undergoing review as well. Currently, KSWBO, NUCBACD, ACORD, FOKAPAWA and GWED-G are working with the TFV and its partner to provide integrated physical, psychological and material assistance to an estimated 6,300 victims throughout northern Uganda.

1 See Chapter V for a more detailed description
 2 “Victims” as defined in Rule 85, Rules of Procedure and Evidence
 3 DRC: CRS (001/036), Missionnaires D’Afrique (019), ALT (021), AMAB (022), [redacted] (031, 033, 043), RHA (027), COOPI (029), ACIAR (030), KAF (032); N. Uganda: [redacted] (003, 005, 006, 016, 020, 025, 035), Interplast (014a), CVT (014c), AVSI (018, 042), NECPA (038), DNU (039, 041), COOPI (040).
 4 “Harnessing Opportunities to Protect and End Violence” (HOPE) Project (003, 005, 006, 016, 020, 025, and 035).

FIGURE 2.2: INDIVIDUAL VICTIM SURVIVOR BREAKDOWN



TARGETING VICTIM SURVIVORS

The TFV utilises two strategies for reaching victims of crimes under the jurisdiction of the Court⁵ at both the individual and the community levels. While categories of victimisation are inherently problematic, given the multidimensional nature of such harm, the TFV has adopted the following categories to describe generally its beneficiary population at the individual level. All acts of violence described below must have occurred on or after 1 July, 2002 in the context(s) as described in Articles 6, 7, and 8 of the Rome Statute:

- **SGBV:** victims of sexual and gender-based violence, including rape, forced pregnancy, sexual slavery; also including girls abducted and/or recruited into armed groups and forcefully impregnated;
- **Widows/widowers:** those whose partners were killed; note that this is a relatively new category, and the project reporting is being reviewed to improve the reporting under this category;
- **Former child soldiers/abducted youth:** children and youth forced and/or recruited into armed groups under the age of 15 (regardless of their particular role(s) played during abduction or conscription);
- **Orphans and vulnerable children:** children whose parent(s) were killed or children otherwise made vulnerable by the violence;
- **Physical and mental trauma:** victims who suffered a physical injury and/or who were psychologically traumatised by violence;
- **Family and other victims:** family members of victims (except widows, widowers and orphans) and others who do not fall in the above categories but affected by violence.

⁵ Pursuant to Rule 85 of the Rules of Procedure and Evidence.

GLOBAL BENEFICIARY NUMBERS - 2010 TO 2011

VICTIMS OF CRIMES UNDER THE JURISDICTION OF THE ICC BENEFITTING FROM TFV ASSISTANCE COMMON BASKET AND EARMARKED PROJECTS*

	2010**			2011**		
	N. Uganda	DRC	TOTAL	N. Uganda	DRC	TOTAL
SGBVⁱ	2,368	2,895	5,263	2,611	2,781	5,392
Widows & Widowersⁱⁱ	--	--	0	1,589	--	1,589
Child Soldiers	1,025	550	1,575	1,057	550	1,607
Orphans & Vulnerable Childrenⁱⁱⁱ	793	2,912	3,705	698	2,817	3,515
Physical & Mental Trauma^{iv}	3,117	--	3,117	3,408	950	4,358
Family & Other Victims^v	4,351	1,017	5,368	3,118	589	3,707
Community Peace- builders^{vi}	17,732	33,394	51,126	26,144	35,204	61,348
TOTAL	29,386	40,768	70,154	38,625	42,891	82,756

* Please note that this table is for both common basket and earmarked/SGBV projects. The two tables can therefore not be added cumulatively.

** Please note that the majority of victims benefitting from TFV assistance in 2011 were also benefitting in 2010. These years cannot therefore be added cumulatively.

i Includes both male and female victims of SGBV, and child mothers.

ii The TFV only started counting widows and widowers as a separate category in 2011. In the DRC, all widows and widowers fall under the primary category of SGBV.

iii Children and youth made vulnerable by war that fall under the jurisdiction of the ICC-CPI, including children born out of SGBV.

iv Victims of torture and wounded civilians. This category used to include only victims of physical trauma who were receiving physical rehabilitation, but now also includes victims of mental trauma receiving counselling.

v Note that this category decreased from 2010 to 2011 due to a reclassification of the TFV victim beneficiaries

vi Traditional leaders and other community members reached through the TFV's reconciliation activities.

**VICTIMS OF CRIMES UNDER THE JURISDICTION OF THE ICC BENEFITTING
FROM TFV ASSISTANCE
EARMARKED PROJECTS FOR VICTIM SURVIVORS OF SEXUAL AND/OR GENDER-
BASED VIOLENCE***

	2010**			2011**		
	N. Uganda	DRC	TOTAL	N. Uganda	DRC	TOTAL
SGBVⁱ	1,670	2,158	3,828	1,999	2,188	4,187
Child Mothersⁱⁱ	--	187	187	--	43	43
Children of SGBVⁱⁱⁱ	--	907	907	--	850	850
Community Peace-builders^{iv}	17,732	725	18,457	26,144	725	26,869
TOTAL	19,402	3,977	23,379	28,143	3,806	31,949

* Please note that this table includes only victims of SGBV who are benefitting from the TFV's *earmarked* funding. Several of the TFV's common basket projects are also assisting victims of SGBV.

** Please note that the majority of victims benefitting from TFV assistance in 2011 were also benefitting in 2010. These years cannot therefore be added cumulatively.

i Includes both male and female victims of SGBV.

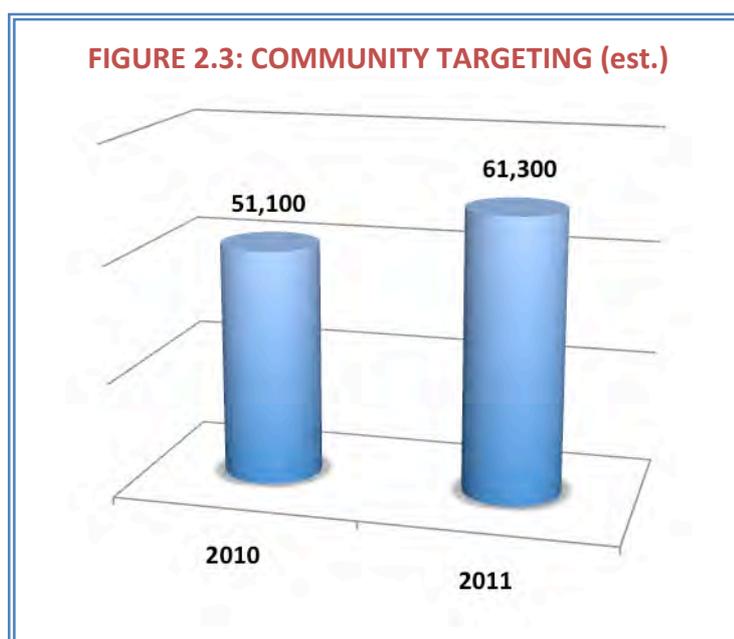
ii Girls recruited or conscripted (forcibly or otherwise) into armed groups who gave birth as a result of SGBV

iii Children born from SGBV.

iv Traditional leaders and other community members reached through the TFV's reconciliation activities designed specifically to combat SGBV and promote the rights of victim survivors.

TARGETING VICTIM SURVIVOR COMMUNITIES

The TFV also targets victim survivors at the community level through several peace-building and reconciliation projects. In total, about 61,300 victims have been reached since 2011, primarily through three projects: 019/Missionnaires D'Afrique and 027/ Reseau Haki na Amani (RHA) in the DRC, and 040/COOPI in northern Uganda.





A meeting of the Caravan de la Paix in Ituri District, DRC. The meetings bring together community representatives to discuss ongoing conflict and propose strategies for reconciliation.

For example, RHA has been working with 20 communities throughout Ituri district to support community groups around conflict resolution and peace-building. The “*Caravan de la Paix*” began in 2008 by bringing together different ethnic groups with community leaders to allow for opportunities to discuss the impact of the violence and plan ways to address the needs of the victim survivors.

This project has since expanded to provide integrated support to communities in an innovative approach to address land disputes and displacement/returnee issues. In addition to community meetings, RHA is providing material assistance through the distribution of rehabilitation kits to a selection of the most vulnerable beneficiaries such as women and youth; as well as, psychological counselling and referrals to medical services.

RHA has distributed a total of 227 kits, the majority of which have included goats for breeding. In the first quarter of 2011, the TFV also supported a physician to work with RHA to conduct a medical needs assessment of the victim survivors.

The assessment identified 390 victims in need of medical attention for injuries sustained during the war in Ituri, including machete injuries, bullet injuries, and mine injuries. The assessment also reviewed available medical facilities in the areas where the project has intervened. The TFV is currently in discussions with an international partner to identify the best means available to provide these victims with the appropriate form of physical rehabilitation.

Since the Fund’s last programme report in fall 2010, some changes have taken place in terms of project partners after an extensive project review process. Project 004 in the DRC is currently suspended due to concerns over programme quality and mismanagement pending the outcome of a final review. In northern Uganda, the Fund’s suite of projects⁶ managed by one international partner and implemented by several Ugandan organisations was reviewed and an open process was managed by the international partner to identify new grassroots organisations to complete the project cycle. These partners include KSWBO, NUCBACD, ACORD, FOKAPAWA and GWED-G who are now all working to provide integrated physical, psychological and material assistance to an estimated 6,300 victims throughout northern Uganda.

⁶ “Harnessing Opportunities to Protect and End Violence” (HOPE) Project (003, 005, 006, 016, 020, 025, and 035).

The Fund continued its approach of *mainstreaming a gender-based perspective* throughout all of its programming. The TFV considers women’s and girls’ empowerment a key step toward ending impunity for perpetrators, establishing durable peace and reconciliation in conflict settings and successfully implementing *United Nations Security Council Resolutions 1325, 1820, 1888 and 1889*. Both targeting victims of sexual and gender-based violence (SGBV), and mainstreaming a gender-based perspective for increasing access and targeting services, are key steps in achieving the Fund’s mission of addressing the harm resulting from crimes under the jurisdiction of the Court. The Fund has provided training and capacity strengthening of local partners towards this effort.

The TFV put the safety of its beneficiaries and partners at the top of its priorities, and has learned valuable lessons in this area over the last four years. Given the nature of its mandates, the TFV works in both conflict and post-conflict settings and because of ongoing ICC investigations and trials, security concerns are always a reality.

Some local partners in the DRC have expressed fear of retaliation if there are ICC convictions and the partners are asked to coordinate rehabilitation assistance with and/or implement Court-ordered reparations. The TFV examines the situation on a case-by-case basis and has full documentation as to why a partner requests confidentiality in some cases. Therefore, some partners are unable to publicly disclose their relationship with the TFV and ICC.

B) SITUATIONS

DEMOCRATIC REPUBLIC OF THE CONGO (DRC)



The TFV continued providing rehabilitation assistance to victims of crimes under jurisdiction of the ICC in the situation of the Democratic Republic of the Congo.

An estimated 42,900 victims are benefitting from TFV-funded material support and psychological rehabilitation. Of these, an estimated 35,200 people are benefitting at the community level, primarily through two projects: La Caravan de la Paix (027/RHA) and L’Ecole de la Paix (019/Missionnaires D’Afrique). However, the majority of the TFV’s active projects in the DRC are providing assistance to individuals, through both “individual” and “collective” approaches. An estimated 7,700 men, women, boys, girls and babies are receiving some form of direct assistance.

In the DRC, TFV direct assistance is primarily reaching three categories of victims of crimes under the ICC’s jurisdiction: *former child soldiers, victims of sexual and/or gender-based violence, and youth made vulnerable by conflict* (i.e. orphans). Projects for former child combatants always integrate a percentage of other vulnerable youth so as not to stigmatise those receiving support. Such a technique – considered best practice for disarmament, demobilization and reintegration (DDR) projects – has important implications for potential reparation orders for former child combatants.

Since the TFV's last Programme Report, seven projects were extended and scaled-up in the DRC to continue providing assistance to victim survivors: 001/036-CRS, 021-ALT, 022-AMAB, 027-RHA, 030-ACIAR, 032-KAF (see VI. Project Annexes for full descriptions).

As previously mentioned, Project 004 is currently suspended pending review and possible selection of a new partner. The majority of projects in the DRC will soon begin to implement a community savings scheme called "MUSO" (la mutuelle de solidarite), which will be integrated into the existing rehabilitation assistance projects. The TFV's experience with community savings in northern Uganda has shown that ensuring that victim survivors have a source of credit and income allows for locally sustainable responses and more lasting rehabilitation.

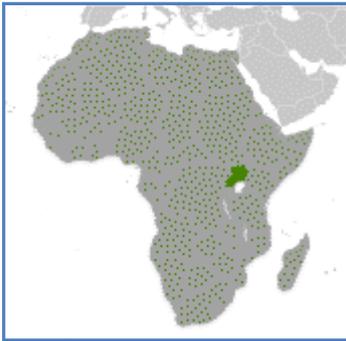


DRC Project Number(s)	Partner(s)	Location	Project Duration	Obligated	Funded by	Description and Comments
TFV/DRC/2007/R1/001 TFV/DRC/2007/R2/036	Catholic Relief Services and sub-grantees	South Kivu	11 Dec 2009 – 10 Mar 2012	\$470,000	Denmark	<ul style="list-style-type: none"> 1,500 victims of SGBV receiving material support and psychological rehabilitation; 725 Community peace builders trained to promote victims' rights;
TFV/DRC/2007/R1/004	<i>Project closed</i>	Ituri	30 Oct 2009 – 28 Feb 2012	\$78,701	Common basket	<ul style="list-style-type: none"> 450 beneficiaries of counselling and community reconciliation;
TFV/DRC/2007/R1/019	Missionnaires D'Afrique	Ituri & North Kivu	1 Nov 2008 – <i>under review</i>	\$302,863	Common basket	<ul style="list-style-type: none"> 1,900 children and youth associated with armed forces or made vulnerable by war reached through "School of Peace"; 12,700 children and community members reached through "School of Peace";
TFV/DRC/2007/R1/021	ALT	South Kivu	1 Nov 2008 – 30 Jun 2012	\$574,974	Denmark Finland Norway	<ul style="list-style-type: none"> 370 victims of SGBV receiving small grants and psychological rehabilitation; 784 of their children receiving education grants.
TFV/DRC/2007/R1/022	AMAB	Ituri	1 Dec 2008 – 30 Jun 2012	\$345,770	Finland Norway	<ul style="list-style-type: none"> 288 victims of SGBV receiving material support and psychological rehabilitation.
TFV/DRC/2007/R2/027	Réseau Haki Na Amani	Ituri	1 Nov 2008 – 31 Mar 2012	\$472,865	Common basket	<ul style="list-style-type: none"> 500 beneficiaries of counselling and 19,500 community members benefitting from community reconciliation activities.
TFV/DRC/2007/R2/029	Cooperazione Internazionale	Ituri	1 Nov 2008 – <i>under review</i>	\$607,257	Denmark Finland	<ul style="list-style-type: none"> 187 girls associated w/ armed groups, and 183 of their babies, who have received or are receiving accelerated education and material support to rejoin Ituri school system; 150 children and youth formerly associated with armed groups; 50 children and youth made vulnerable by war (e.g. orphans); Extended to continue providing accelerated education and to incorporate former child soldiers and vulnerable children from project 028, which was closed in early 2010.
TFV/DRC/2007/R2/030	ACIAR	Ituri	1 Nov 2008 – 30 Jun 2012	\$713,904	Common basket & Netherlands	<ul style="list-style-type: none"> 400 children and youth formerly associated with armed groups; 200 children and youth made vulnerable by war (e.g. orphans); 400 people from families caring for children orphaned by war; Extension incorporated former child soldiers and vulnerable children from project TFV/DRC/2007/R1/011, which was closed in late 2009 and project TFV/DRC/2007/R1/026, which was closed in early 2010.
TFV/DRC/2007/R2/032	KAF	South Kivu	1 Nov 2008 – 30 Jun 2012	\$191,647	Common basket	<ul style="list-style-type: none"> 117 victims of torture, SGBV and/or mutilation
TFV/DRC/2007/R2/031 TFV/DRC/2007/R2/033 TFV/DRC/2007/R2/043	International partner and sub-grantees	North Kivu, DRC	1 Nov 2008 – 31 Aug 2011	\$837,416 (\$350,000 earmarked)	Norway	<ul style="list-style-type: none"> 550 victims of SGBV receiving material support and psychological rehabilitation; Partner had been implementing projects 026 and 028, but these were closed and the beneficiaries transferred to projects 030 and 029, respectively.

TOTAL: 12 active projects (out of 16 approved)

42,891 direct beneficiaries (est)

NORTHERN UGANDA



The TFV continued providing assistance to victims of crimes under jurisdiction of the ICC in the situation of northern Uganda. An estimated 38,600 victims in Uganda have benefitted from TFV-funded material support, psychological rehabilitation and/or physical rehabilitation.

Of these, an estimated 26,100 people are benefitting at the community level through project 040-COOPI. This international partner implements large-scale outreach activities with traditional leaders, women's grassroots organisations and other community groups to sensitise about the plight and rights of victim survivors of sexual and gender-based violence (SGBV). An estimated 12,500 men, women, boys, girls and babies have also received some form of direct rehabilitation assistance through these projects.

In the DRC, the TFV's assistance is reaching two general categories of victims – former child soldiers and victims of SGBV – however, the TFV's assistance in northern Uganda is reaching more diverse beneficiary victim survivor groups. Whereas the great majority of northern Ugandans were at some point displaced during the conflict with the Lord's Resistance Army (LRA), virtually all have now left the camps and are re-establishing their lives in their communities. Some were able to return to the communities they originally left, while others are living in new communities.

Physical rehabilitation is a key aspect of the TFV's project portfolio in northern Uganda. Of the Fund's 18 approved projects, five pertain to victims' medical rehabilitation through identification, patient mobilization, general surgery, reconstructive plastic surgery, prosthetic and orthotic devices physiotherapy and counselling. An estimated 1,200 victims of torture, mutilation, disfigurement, amputation, burns and other crimes against civilians will have been assisted through the combined efforts of these projects by the end of this year in northern Uganda (from Nov. 2007 to Dec. 2011).



Preparing a prosthetic leg at the AVSI Grow Centre in Gulu, Uganda

During this reporting period, the project screened 170 patients and operated on 137 patients. The Fund employs a collaborative partnership of specialist organisations each contributing their talents to provide a holistic rehabilitation package to victims in partnership with Stitching Interplast Holland (performing reconstructive plastic surgery) and AVSI Foundation (managing patient mobilisation and post-operative care) at St. Joseph's hospital in Kitgum District. Throughout this process, AVSI provides counselling support services and physiotherapy to victim patients before, during, and after their hospitalization.

For those victims in need of medical rehabilitation, the TFV since 2007 has implemented several projects to provide surgery, prosthetic limbs and other forms of physical rehabilitation. As reported in more detail in SECTION II.C, the TFV conducted its last surgical camp in northern Uganda in June 2011 with partner Stichting Interplast Holland. Originally intended to provide victims of facial mutilation with reconstructive surgery otherwise unavailable in Uganda, this highly specialized medical project has been phased out to allow for more general surgery projects through project 014b-Watoto.

This year, burns and post-burn contractures constituted the major injury suffered by those treated and these types of injuries can be treated through more general surgery interventions. Thus, the TFV is closing project 014(a)-Interplast to focus on other physical rehabilitation initiatives in the north of Uganda, which can also build the capacity and utilise the expertise of Ugandan specialists. Since the TFV's Fall 2010 Programme Progress Report, one project in northern Uganda was extended (040-COOPI) and one closed (014(a)-Interplast). In total, 16 are active out of the original 18 approved.

The absence of violence in northern Uganda since at least 2005/2006 illustrates the point that some injuries and harm may no longer be disposed to rehabilitation. Therefore, this may be the final year of TFV rehabilitation support for some of the projects. Projects are being reviewed and TFV partners must structure and design their project accordingly taking into account the need to transition activities. Attention and emphasis will be given in the extension proposals to transition issues such as draw down, activity phase out, and handover to other national initiatives to ensure local sustainability.



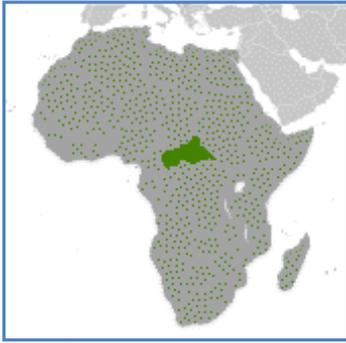
A happy TFV surgery patient from northern Uganda following surgery.

Uganda Project Number(s)	Partner(s)	Location	Project Duration	Obligated	Funded by	Comments
TFV/UG/2007/R1/003	KSWBO	Northern Uganda	2 Dec 2008 – 1 Dec 2011	UGX 2,117,430,104	Common basket	<ul style="list-style-type: none"> 7 projects managed by one international implementing partner based in Uganda currently under review as several Ugandan partnerships are shifted; project reaching estimated 6,300 victims through integrated physical, psychological and material assistance;
TFV/UG/2007/R1/005						
TFV/UG/2007/R1/006						
TFV/UG/2007/R1/016						
TFV/UG/2007/R1/020	NUCBACD					
TFV/UG/2007/R1/025	ACORD					
TFV/UG/2007/R2/035						
TFV/UG/2007/R1/14a	Interplast	Northern Uganda	11 Nov 2009 – 31 Jan 2011	€28,310	Common basket	<ul style="list-style-type: none"> TFV has been working with Interplast Holland since 2008 to provide victims with reconstructive surgery for cut lips, cut ears and other facial mutilations. Interplast completed last surgical camp in June 2011, as reduced number of victims in need of facial reconstruction is now far lower. Project now closed.
TFV/UG/2007/R1/014b	Watoto	Northern Uganda	1 Nov 2010 – 31 Oct 2011	UGX 417,000,000	Common basket	<ul style="list-style-type: none"> WATOTO selected as TFV partner in 2010 to provide medical rehabilitation to victims identified through other TFV projects, whose needs were too severe to be met by current interventions; project formally began on 1 November of last year. In first quarter of 2011, 7 women received 9 surgeries at CoRSU's hospital in Uganda.
TFV/UG/2007/R1/014c	Centre for Victims of Torture	Northern Uganda	30 Oct 2009 – 29 Oct 2011	UGX 769,001,981	Common basket	<ul style="list-style-type: none"> CVT has been providing capacity-building services for several of TFV's partners since 2009; under current contract, CVT stationed psychological counsellor in Lira, Uganda to work directly with 14 counsellors from 7 Uganda organisations (4 of which are current TFV grantees or sub-grantees);
TFV/UG/2007/R1/018	AVSI	Northern Uganda	1 Nov 2008 – 31 Oct 2011	€226,175	Common basket	<ul style="list-style-type: none"> implementing two projects with the TFV since 2008, one identifying and mobilizing victims for physical rehabilitation (with TFV partner Interplast) and one providing victims with prosthetic limbs at GROW Centre in Gulu, Uganda; in first quarter of 2011, AVSI admitted 31 new patients to the Center, making the total number of victims reached at the Center under the TFV's project 266 (169 male and 97 female).
TFV/UG/2007/R2/042						
TFV/UG/2007/R2/038	NECPA	Lira & Amuria Districts	1 Dec 2008 – 30 Nov 2011	UGX 618,380,000	Common basket	<ul style="list-style-type: none"> supporting estimated 2,600 victims in the Lango and Teso Sub-Regions of northern Uganda through agricultural assistance; in first quarter of 2011, NECPA procured and distributed 3,000kgs of sorghum, 150kgs of chilli seeds, 6 oxen and 150 bags of cassava stems; beneficiaries of these materials work together in "victims' cooperatives";
TFV/UG/2007/R2/039	DNU	Gulu & Amuru Districts	5 Nov 2008 – 4 Nov 2011	UGX 310,856,200	Common basket	<ul style="list-style-type: none"> DNU provides "healing of memories" sessions to several hundred victims, in which groups speak collectively of their experiences during the war; DNU also provides scholarships to children abducted or injured or whose parents were killed during the war; in the first quarter of 2011, DNU expanded into the new district of Nwoya in northern Uganda, held a new HOM session, and gathered all of its scholarship recipients together to reflect on their experiences returning to school after the war;
TFV/UG/2007/R2/041						
TFV/UG/2007/R2/040	COOPI	Oyam & Pader Districts	28 Nov 2008 – 27 Feb 2012	€225,000	Norway Finland	<ul style="list-style-type: none"> COOPI has provided several thousand women with medical and psychological care in response to SGBV; COOPI also conducts outreach sessions through northern Uganda to inform community leaders about the nature of SGBV and the rights of victims; in first quarter of 2011, COOPI, now working only in Pader, counselled 422 people, including 53 males; This project is now funded in its entirety by an earmarked contribution from the Government of Norway. It was previously co-funded with Finland.

TOTAL: 16 active projects (out of 18 approved)

38,625 direct beneficiaries (est.)

CENTRAL AFRICAN REPUBLIC (CAR)



The TFV launched a three month Call for Expressions of Interest (EOIs) from May-August 2011 to support the rehabilitation of victim survivors of sexual and gender-based violence (SGBV) in the Central African Republic. Implementing partners (intermediaries) may include interested states, intergovernmental organisations, national community-based groups, women's grassroots and victim survivor organisations, and international nongovernmental organisations working in close proximity with victims.

Although severely underreported, information from the United Nations and nongovernmental organisations indicate that incidents of rapes and other forms of sexual violence have been a critical concern in CAR.^{7,8}

All parties to the conflict have been responsible for rapes and other grave forms of sexual violence. The conflict has often involved aggravating aspects of cruelty such as rapes committed by multiple perpetrators, in front of third persons, and sometimes with relatives forced to participate. According to the U.N. Office for the Coordination of Humanitarian Affairs, over 15% of women and girls in CAR's north have been victims of sexual violence.⁹ Domestic violence is also of concern and remains linked to the conflict and the subsequent general breakdown of law and order.

Addressing sexual and gender-based violence has remained a challenge in CAR with little donor support targeting these types of crimes at the grassroots level. The social stigmatisation associated with SGBV, and cultural and traditional practices have prevented victims from reporting cases, or even discussing them, for fear of reprisals from the perpetrators and their families - particularly in a rural environment. The national authorities appear generally unable or unwilling to act in cases of sexual and gender-based violence or to hold the perpetrators accountable. These challenges have contributed to perpetuating a cycle of impunity with respect to cases of sexual and gender-based violence.¹⁰

The TFV has accepted applications from potential implementing partners. Once these submissions have been technically reviewed, the TFV Secretariat will submit the final list to the TFV Board of Directors for their approval and then a filing will be initiated with the Pre-Trial Chamber to allow for observations from all parties and for the approval of Chambers. A workshop in Bangui for shortlisted candidates will also be held to further guide organisations through the application and project-design process.

7 S/2009/66, United Nations Security Council, Distr.: General, 3 February 2009, Original: English

8 Report of the Secretary-General on children and armed conflict in the Central African Republic, UN Security Council, 3 February 2009.

9 UNOCHA IRIN Report 2008.

10 Report of the Secretary-General on the situation in the Central African Republic and on the activities of the United Nations Integrated Peace building Office in that country, UN Security Council, 19 November 2010

TYPES OF SUPPORTED SGBV INTERVENTIONS IN CENTRAL AFRICAN REPUBLIC

The overall goal of the TFV's call for Expression of Interest is to provide integrated rehabilitation assistance to victim survivors of SGBV, their families and affected communities so they are able to move from victim-hood to stability as survivors. In doing so, the TFV takes care to promote women and girls' empowerment and address the specific needs of victim survivors in different age groups – a fundamental requirement of any peace-building process.

One of the key aims of the Trust Fund for Victims' rehabilitation assistance is to ensure that local organisations have the financial resources, technical expertise and oversight capacity required to rehabilitate and support the needs of victims impacted by war crimes, genocide or crimes against humanity. The TFV will target interventions in various provinces most affected by sexual and gender-based violence and encourages international organisations to integrate local capacity strengthening in partnerships with women grassroots and victim survivor groups as part of the programme.

Each of the three programme responses (*physical and psychological rehabilitation, and material support*) will be designed to provide integrated services and may include:

- ❖ Providing medical and psychological assistance to victims, and facilitating their return to families and communities through psychosocial support, access to safe houses, and addressing stigma and discrimination in the community.
- ❖ Providing clinical management of rape including sanitary supplies, PEP, referrals to HIV and AIDS and other sexually transmitted infection treatment (STI) services, supporting youth-friendly services, and a special focus on men and boys who are raped and supporting their needs.
- ❖ Working with the health sector to actively screen clients for sexual violence in a way that is respectful and supportive; support for fistula repair, ensure same-sex interviewers for survivors; respond to the immediate health and psychological needs of the survivor, and, wherever possible, provide those services free-of-cost.
- ❖ Providing physical rehabilitation and medical assistance services for physically injured victims through surgical interventions coupled with post-operative care and physiotherapy rehabilitation.
- ❖ Providing trauma-based counselling, supportive and ongoing psychological assistance; confidentially collect, document, and analyze client care data, and adjust programming accordingly; and offer safe haven for victims.
- ❖ Material support initiatives may include livelihood activities, vocational training, or access to referral programmes that offer income generation and training opportunities to focus on longer-term economic empowerment as a means to address women's and girl's societal status. Material support may also include education grants for victim survivors and their children.

- ❖ Community awareness responses may include broad-based community education on sexual and gender-based violence and the links between peace, justice, reconciliation and rehabilitation. Activities could include enhancing citizens' access to locally developed and broadcasted news and information on gender-based violence and women's rights issues in remote communities.
- ❖ Special initiatives can provide support to children born as a result of rape because these children may be mistreated or even abandoned by their mothers and families. It is equally important to ensure that the family and the community do not stigmatise either the child or the mother. Support can include access to basic services, education, and nutrition support. Integrating inter-generational responses and stigma reduction programmes may also ensure these children are accepted and supported in their communities, thereby decreasing the likelihood of more disenfranchised youth creating instability in the community.

III. PROGRAMME EXCELLENCE

(A) MATERIAL SUPPORT THROUGH ECONOMIC COOPERATIVES

All of the TFV's programming (except 040 in northern Uganda) integrates some form of economic empowerment for victims. In the DRC, for example, Catholic Relief Services (CRS) is managing four local sub-grantees to provide material support and psychological rehabilitation to an estimated 1,500 women and girls who are victims under the jurisdiction of the ICC. The project is also targeting an estimated 725 community leaders in 75 communities across all three territories of eastern DRC through trainings and other workshops that sensitise leaders to the extent and consequences of SGBV and the rights of survivors.

In spring 2010, beneficiaries began receiving material support through start-up grants valued at \$60 per person (cash or in-kind), training in financial planning, and membership in *Savings and Internal Lending Communities* (SILCs), which are community-based savings and loan programmes similar to



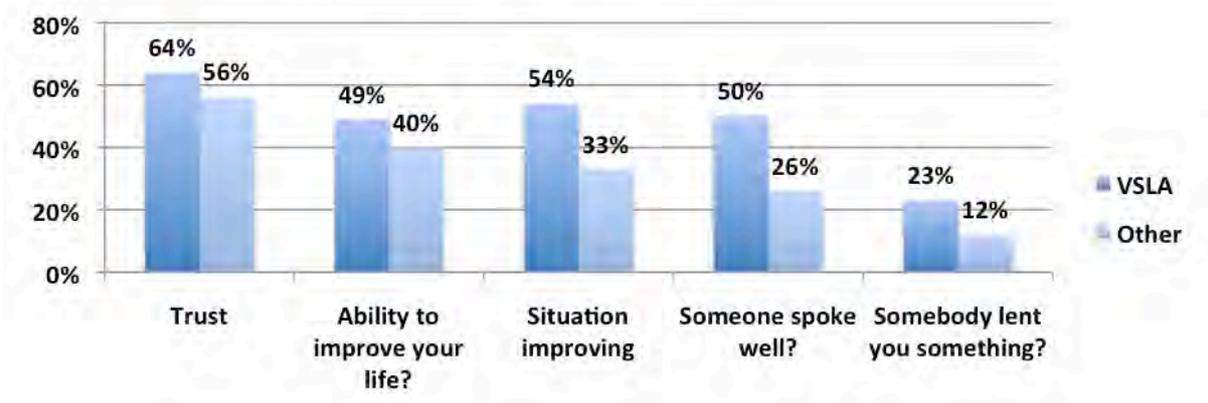
Cash boxes used in Village Savings and Loan Associations, with TFV and partner logos (NUCBACD), ready to be distributed to villages throughout northern Uganda.

the TFV's Village Savings and Loan Associations (VSLAs) in northern Uganda.

While CRS planned originally to train 500 women in its SILC methodology and 500 women in its *ACTIVITIES GENERATRICES DES REVENUS* (Income Generating Activities) training – but in response to demands from the projects' beneficiaries, both trainings were provided to the same groups. Starting in mid-2011, all project extensions in the DRC will now incorporate a village savings programme called MUSO which will also integrate a similar approach.

In addition to victims' increased interest in village savings groups, the TFV's monitoring and evaluation has highlighted the value of economic livelihood interventions and their impact on rehabilitation and reconciliation. As the TFV reported in the Fall 2010 Programme Progress Report, there is a positive correlation between participation in savings groups and different measurements of an improved social situation: trust of one's community ($p < 0.10$), a sense of being able to improve one's life ($p < 0.01$), a sense that the situation in ones community is improving ($p < 0.01$), feeling that others are speaking well of you ($p < 0.01$), and having been lent something by someone ($p < 0.01$).

FIGURE 3.1: CORRELATION BETWEEN VSLAS AND IMPROVED SOCIAL SITUATION (N. UGANDA)



Based on these Uganda results, the TFV will be closely monitoring the effects of these groups on victims' wellbeing not just in economic terms, but in terms of social support and solidarity.

(B) REHABILITATION THROUGH COUNSELLING & PSYCHOLOGICAL SUPPORT

The TFV provides support for comprehensive and integrated psychological rehabilitation which includes both, individual and group-based trauma counselling; music, dance and drama groups to promote social cohesion and healing; community sensitization workshops and radio broadcasts on victims' rights, information sessions and large-scale community meetings. Community awareness responses often include broad-based community education on sexual and gender-based violence and the links between peace, justice, and reconciliation and rehabilitation.

Rehabilitation is also recognised as a form of reparation. In the TFV's victim's survey, beneficiaries ranked rehabilitation as an important aspect of reparation, especially in the DRC where the majority of beneficiaries are victims of sexual and/or gender-based violence.

VICTIM TESTIMONY: THE POWER OF COMMUNITY REHABILITATION

This story comes from a 50 year-old woman who Catholic Relief Services reports has had 16 pregnancies and 11 living children. She was violently raped twice, first in 2005 by 8 soldiers, who also raped and killed her 14 year-old daughter. That same night her mother was raped and her father was killed.

She fled with her husband and surviving family to Walungu territory and was seen at Bukavu's Panzi Hospital for rape survivors and where TFV partner ALT runs a shelter and micro-loan centre for SGBV victim survivors. In September, 2009, during the "Kimya II" military operations of the Congolese army (FRDC), she was again raped by soldiers, this time in FRDC uniforms.¹ On this occasion her 16-month old baby was asphyxiated to death. And then her husband abandoned her, leaving her alone with her children.

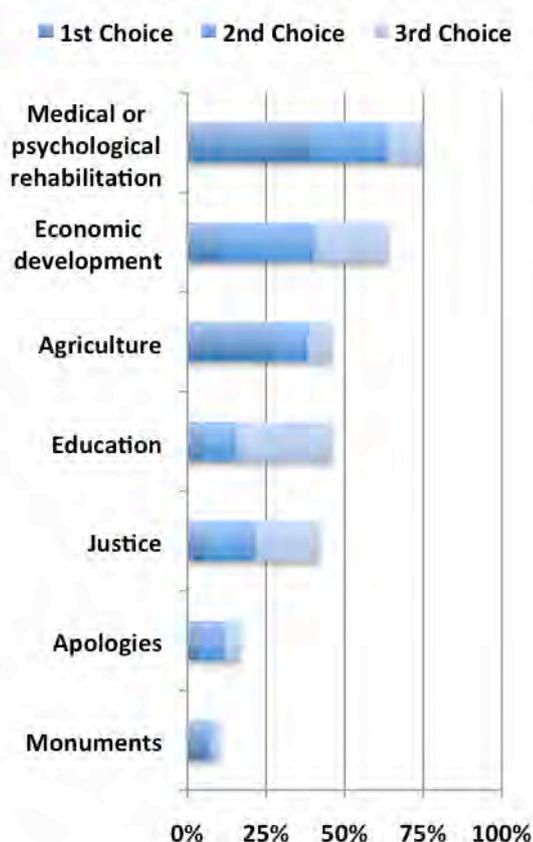
In early spring 2010, she was identified by the TFV's partner CRS's through their local sub-grantee and integrated into one of its SILC groups. She noted, "this was like a great weight that was removed because I thought the future of my children would be that they would never again study for lack of funds."

She has since been appointed chair of her SILC group: "The group involves women from my village who had problems like me with rape during the conflict. Our group helps me feel good because we console each other. We each agreed to regularly save 500 Fr for our own funds and 100 Fr for our emergency fund [for other women in the group]."

While Ugandans ranked access to agriculture as most important aspect of reparation. Almost three-quarters of Congolese respondents reported a preference for rehabilitation as one of their top choices when presented with a list of what should be given to victims.

As noted in the TFV's previous Progress Report (Fall 2010), in the DRC, victim survivors of SGBV, including child mothers or girls forced into sexual slavery in an armed group, consistently reported worse psychological and social wellbeing than former child soldiers/abducted youth and children made vulnerable by the conflict (which includes those who lost their parents).

FIGURE 3.2: WHAT SHOULD BE GIVEN TO VICTIMS IN YOUR COMMUNITY? (DRC)



Thus, the need and the preference by victim survivors for prioritising psychological rehabilitation for both TFV mandates are clear. The TFV has been working with the Centre for Victims of Torture (CVT) to help identify the types of locally relevant forms of psychological rehabilitation, and assist with building local capacity to deliver this type of support. While psychosocial support is important, and can have very positive benefits, especially for purposes of reintegration, what is found locally is often not suited to the kinds of trauma experienced for victims of mass atrocities.

In May, 2011, CVT’s lead counsellor in northern Uganda led TFV partners through an exercise to explore the main differences and constraints between counselling and psychosocial support.

EXAMPLE OF PSYCHOSOCIAL SUPPORT	EXAMPLES OF COUNSELLING
<ul style="list-style-type: none"> ▪ HIV/AIDS awareness campaign ▪ Tailoring training for women ▪ Pre-marital and marital education ▪ Peace-building project with returning adolescents ▪ Village Saving Loan Associations ▪ Voluntary cleaning of community areas ▪ Commemoration of the fallen from the war ▪ Sport / recreational events ▪ Religious or traditional related activities 	<ul style="list-style-type: none"> ▪ Help transform the suicidal thoughts of a young woman who contracted HIV via rape during the war ▪ Helping a husband and wife who no longer speak to each other after losing a child grieve and re-learn to communicate ▪ Help an old man who survived a bombing raid in relieving persistent flashbacks, nightmares, trembling, and noise-induced startle response ▪ Help client set his decisions / plans

While psychosocial support requires very little specific technical training and expertise, counselling requires a set of skills and resources: skilled and trained counsellors, a confidential and protective environment, outreach and initial screening for symptoms and needs, a clear definition of counselling that the client understands, informed consent, clarification that services provided are non-material, and regular follow up assessment.

- **Counselling is a practical skill, like playing an instrument or doing surgery. It needs to be studied and performed, performed...and studied again.**
- **The counsellor needs to have time to be trained, time for supervision, time to do the work, time to document the sessions, time to learn his or her personal style and personal difficulties which influence the counselling process.**
- **Counsellors must be able to practice self care to maintain quality clinical work and good mental health for themselves.**

One of the most challenging elements for partners working in circumstances where the need for counselling exceeds the resources available is securing the training their staff needs to be effective counsellors. CVT is thus providing this type of training to a select number of TFV partners and other local organisations in northern Uganda.

During the workshop, CVT stressed the importance of maintaining boundaries within the organisation, particularly between staff working as counsellors and staff working on the material activities of a project. This is especially important given that the TFV's assistance projects take place in settings of both *material* and *psychological* need.

MOST VICTIM SURVIVORS NEED SUPPORT AT BOTH LEVELS:

- **Material: Safety, Food, Shelter, Medicine, Money, Work, Schooling, Legal Advice**
- **Non-material: Trauma, Functioning, Coping, Social Support, Emotional Safety**

(C) SURGERY INITIATIVES IN NORTHERN UGANDA¹¹

For more than two decades northern Ugandans were caught in the middle of a protracted internal conflict between the Lord's Resistance Army (LRA) and Government of Uganda (GoU) security forces. Between 1996 and 2005, an estimated 1.2 million people in northern Uganda were displaced from their home. The conflict has been characterized by violence and brutality inflicted on the civilian population through abduction, forcible conscription, deliberate mutilation and disfigurement, burning of scores of people hiding in their thatched roof huts, and more.

Since 2006, northern Uganda has moved from emergency humanitarian assistance to post-conflict resettlement and now to a development phase. But the growing focus on infrastructure and other aspects of long term development is overlooking the acute needs of conflict injured persons that are not able to access services outside TFV supported programmes. Since the official closure of IDP camps in northern Uganda, a number of emergency oriented NGOs have left the region, and the few remaining NGOs and medical rehabilitation providers have been overwhelmed by the number of people seeking their services. Corrective medical treatment for conflict-related injuries is not within the technical capacity or pre-venue of local hospital and clinic staff.

Therefore, physical rehabilitation is a key aspect of the TFV'S project portfolio in northern Uganda. Of the TFV's 16 active projects in northern Uganda, five pertain to victims' medical rehabilitation through identification, patient mobilization, general surgery, reconstructive plastic surgery, prosthetic and orthotic devices, physiotherapy and counselling.

In June 2011, the TFV held its last reconstructive surgery camp in Uganda with Stichting Interplast Holland and AVSI. 42 patients received surgeries for burns and post-burn contractures.

An estimated 1,200 victims of torture, mutilation, disfigurement, amputation, burns and other crimes against civilians will have been assisted through the combined efforts of these projects by the end of this year (from Nov. 2007 to Dec. 2011). From 12-25 June 2011, the

¹¹ Contributions provided by Scott Bartell, Regional Programme Officer (Uganda/Kenya), TFV Secretariat.

TFV conducted, in partnership with Interplast Holland and AVSI, a reconstructive plastic surgery camp benefitting victims of facial disfigurement and burns (post-burn contractures). The TFV initiated the first medical rehabilitation project in November 2007 through a pilot partnership with three organisations: Caritas and AYINET (African Youth Initiative Network) mobilised victims and provided counselling, and Interplast Holland performed reconstructive plastic surgery on 30 patients. In the years since, the medical rehabilitation programme has expanded to respond to multiple civilian injuries including amputation, complex bullet and shrapnel wounds, orthopaedic injuries, facial mutilations, and serious burns.

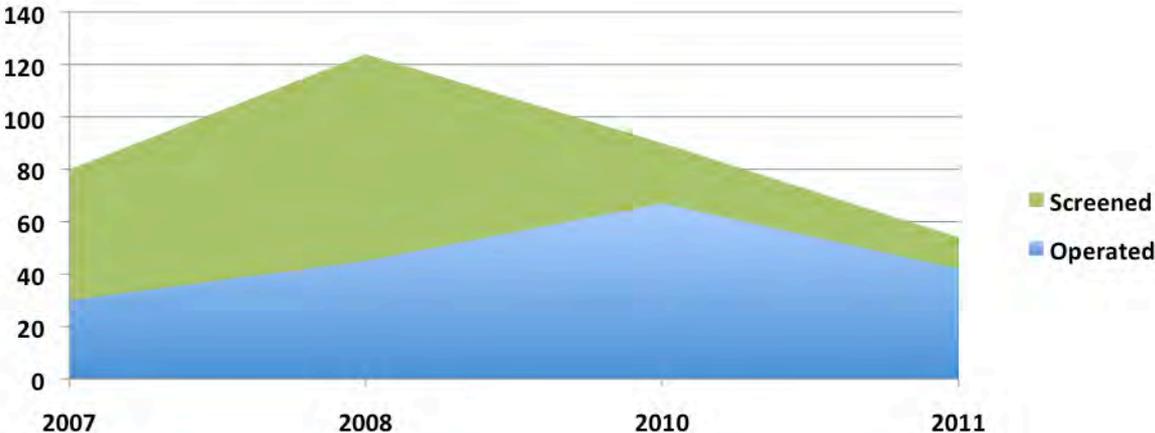
At present, the TFV’s medical rehabilitation partners in northern Uganda include:

1. **Stichting Interplast Holland** – reconstructive plastic surgeons lead by Dr. Rein Zeeman, a surgeon in Holland and a senior physician consultant at Mulago Hospital in Kampala. TFV partner since 2007.
2. **AVSI Foundation** – regional orthopaedic workshop (fabrication, fitting, and maintenance of prosthetic and orthotic devices), physiotherapy, plastic surgery patient mobilization, and trauma counselling. TFV partner since 2008.
3. **Watoto Childcare Ministries** – orthopaedic surgery, complex bullet and shrapnel surgery, plastic surgery, physiotherapy, counselling services, and operation of three medical clinics. TFV partner since 2010.

HOW DOES THE TFV CONDUCT ITS RECONSTRUCTIVE PLASTIC SURGERY INITIATIVE IN NORTHERN UGANDA?

The TFV utilises a collaborative partnership of specialist organisations, each contributing their talents to provide a holistic rehabilitation package to patients. For example, for the 2010 plastic surgery camp held at St. Joseph’s hospital in Kitgum District in Kitgum District, AVSI conducted patient mobilisation and screening efforts. AVSI used radio announcements to disseminate information about the type of injuries and people that may qualify for rehabilitation. The announcements also notified people as to where and when the AVSI medical team would be conducting patient screening visits in their community.

FIGURE 3.3: TFV SURGICAL BENEFICIARIES UGANDA, 2007-2011



LRA VICTIM SURVIVOR'S PERSONAL STORY

Santa aged 35, is a victim of one of a 2003 LRA attacks on her village outside Gulu in northern Uganda. She was severely burned when the rebels torched the hut in which she was sleeping. Santa sustained disfiguring burns on her face and a post-burn contracture neck. AVSI notes that she was avoided by community members after this ordeal by isolating her and depleting any sense of self-esteem or dignity.

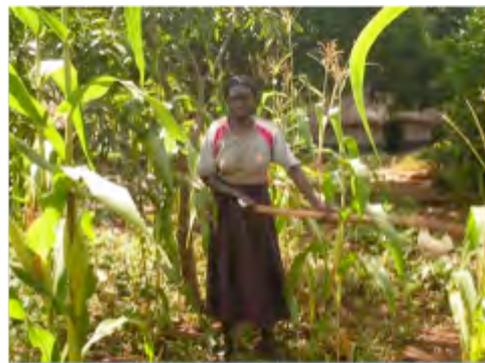
With support from the TFV, Santa received free plastic surgery from Interplast in 2008 at St. Mary's Hospital in Lacor, Gulu. She underwent skin grafting on her face, and the release of her neck contracture. She also returned to the TFV's 2011 surgical camp for surgical follow-up.

Before the surgical operation, Santa says, *"...my eyes could not see, my lips were twisted, and coupled with a stiff neck, I was unable to cook or dig ...but now I can happily cook, and dig and my eyes are just fine"*.

Today, Santa feels very proud and is more than grateful for the support offered by the TFV, AVSI and Interplast, which "turned her life around" when all hope was seemingly gone. She is now more engaged in the life of her village, and is able to support her family through work on her small plot of land.



BEFORE: Santa before the operation



AFTER: Santa working in her garden

Once the team assembled a list of 60-80 patient profiles consisting of injury photographs, diagnostic particulars, and basic medical history, the list was sent to Dr. Zeeman at **Interplast** Holland for review. Based upon the review of the initial patient profile, a patient may be placed on a list of patients invited for surgery other profiles, or may lack pertinent information and require additional follow-up by the medical team on the ground. Other patients may be invited for an in person examination of their condition before being placed on the list for surgery.

Interplast is composed of a group of surgeons and medical professionals specializing in plastic surgery. At the hospital in Uganda, Dr. Zeeman worked with an integrated medical team of

expatriates and local doctors. Dr. Zeeman has pioneered a reconstructive technique for the lips that is only rarely available within the medical profession and is currently beyond the skill of medical professionals in Uganda. Through his work at Mulago, Dr. Zeeman has been able to teach the technical to a selection of Ugandan doctors.

Following the surgeries, AVSI provides counselling support to victims before, during, and after their hospitalization; as well as follow-up care and physiotherapy, especially for post-burn contractor patients.

In 2007, the plastic surgery project screened 80 patients and operated on 30 patients. In 2008 the project screened 124 patients and operated on 45 patients. In 2010, the project screened 90 patients and operated on 67 patients. In June 2011, the project screened 80 patients and operated on 70 patients. This year will be the final surgical camp in partnership with Interplast Holland because the number of victims in need of facial reconstruction is today significantly lower than it was in 2007. Of the 42 patients operated on this year, all were victims of burns; therefore, the TFV is now focusing its physical rehabilitation on other areas, such as general surgery with WATOTO because of the significant need.

IV. REHABILITATING VICTIMS OF SEXUAL AND GENDER-BASED VIOLENCE

The ICC is at the forefront of the global movement to end impunity for sexual violence and gender-based crimes. Today, the majority of the accused before the Court are charged with sexual crimes, including rape both as a war crime and a crime against humanity.¹²

In 2008, the TFV Board of Directors issued a global appeal to obtain earmarked funding to support victim survivors of sexual and gender-based violence. To date, this appeal has raised €1.74 million from the Governments of Andorra, Denmark, Finland, Germany and Norway.



The TFV's support has made a significant difference for victim survivors of SGBV through providing integrated economic security, fostering reconciliation (at the personal, family and community levels), and access to physical and psychological rehabilitation. The TFV assisted over 5,000 victims of sexual crimes in the DRC and northern Uganda since 2008.

Local women at the International Women's Day, Bunia, DRC, March 2011

12 Danya Chaikel, *Does Gender Matter before the International Criminal Court?* Accessed 16 May, 2011: <http://www.haguejusticeportal.net/smartsite.html?id=12400>

These victim survivors include almost 200 girls abducted and/or conscripted and sexually enslaved by armed groups in north-eastern DRC; and 780 children of women victimised by campaigns of mass rape and displaced from their communities in the Kivus. The TFV has also reached almost 20,000 community grassroots leaders and peace builders in both the DRC and northern Uganda through sensitisation and information campaigns designed to promote healing and reconciliation.

Individual acts of rape, sexual slavery, enforced prostitution, forced pregnancy and any other forms of sexual violence constituting a grave breach or serious violation of the Geneva Conventions can be prosecuted as war crimes and crimes against humanity at the ICC.

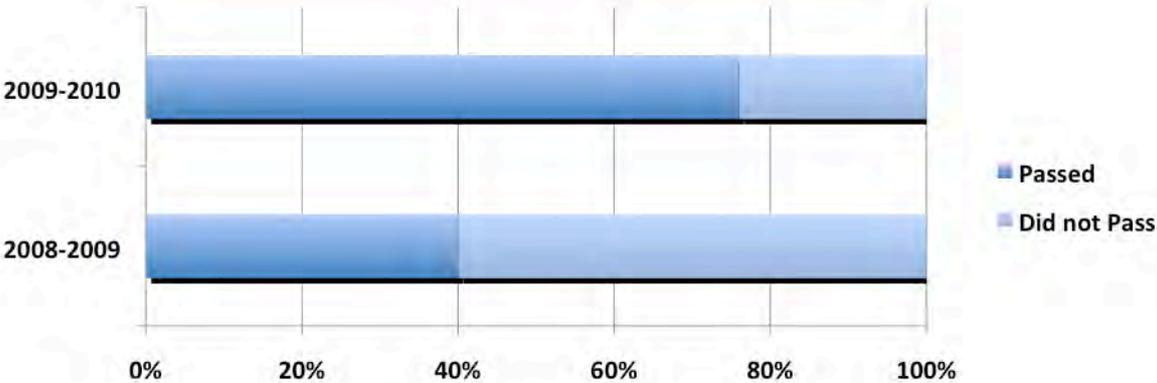
This section focuses on programme areas where TFV support has made a significant difference for victim survivors of SGBV: ***integrating economic security, fostering reconciliation (at the personal, family and community levels) and physical/psychological rehabilitation.***

IMPORTANCE OF MULTI-LEVEL RECONCILIATION

Reconciliation comes in many forms and at different levels: ***individual, family and community.*** Reconciliation is essential for victims of SGBV because of the stigma and discrimination that follows these victim survivors at all levels. The TFV projects working with victim survivors of SGBV help promote reconciliation at these levels.

For example, the TFV has been supporting COOPI in the DRC since late 2008 to run its accelerated learning programme and day care centre for young women who were abducted into fighting forces and who gave birth while in captivity. The school also runs a day care centre where the young mothers can leave their babies while at school. This coordinated approach enables the young women to regain the education they lost while in captivity and develop a bond with their children in a safe space.

FIGURE 4.1: CHANGE IN PASS RATE FOR FINAL EXAM FROM '08-'09 TO '09-'10



Last year, the project supported 67 girls and 26 (40%) passed the year’s final exams. This is a remarkable achievement for each one of these young women. Most others attended the COOPI school for the second round. This year, 77 girls were enrolled in the centre, and only

six of which dropped out over the course of the year (see below). Of the 71 who took the end-of-year exam, 59 passed (83%). This represents an enormous increase from last year's rates. For the 2010-2011 school years, COOPI has admitted 50 young women into the centre.

CHALLENGE OR SUCCESS?

In May 2011, the TFV hired a psychologist to conduct an evaluation of the COOPI crèche, focusing specifically on the XX girls who had become pregnant a second time, including both those who had graduated from the crèche and those still enrolled. At first, both COOPI and the TFV were alarmed and assumed it was in some way a fault of the project.

The evaluation, however, revealed that the situation was indeed more complicated. Several girls, for instance, spoke of their new baby with pride, and most spoke of the partner with whom they had the baby as their "mari" (husband), even if a temporary partner. Those who did not want a second baby also spoke of the pregnancy not as a rape, but as an "accident".

Still, the central hope of COOPI project is that the girls will return to and stay in school, which a second baby can complicate. Therefore, The TFV is now working with COOPI to ensure that its graduates are fully enabled to stay in school once they leave the crèche.

For these young women, their babies can be a source of stigma, an impediment to their education and a constant economic burden. Many are also rejected by their parents, which makes it difficult to facilitate their reintegration. Now in its third year, the project continues to see important outcomes while reconciling the relationship between mother and child(ren).

As they tend to their babies in the centre's day care, the young mothers learn that they are not alone and that their babies can be a source not of stigma and economic burden, but of pride. Several months into the school year, the girls begin to carry their children in public while wearing their school uniforms. This is a public statement that being a student and a mother is not a source of shame: rather, it is a sign of remarkable achievement.

As reported in the Fall 2010 PPR, the TFV's research also underscores how difficult this hurdle can be to overcome for child mothers in particular (compared, for example, to ex-child combatants generally). Girls forced into sexual slavery reported significantly worse social stigma than others in the TFV's sample. Only 11% of these girls reported that their family was caring "a lot" of the time, versus 45% and 51% for former child soldiers and vulnerable children, respectively (and compared to 26% of all other victims of SGBV).

The TFV has also been working with COOPI to incorporate additional measures to promote the sustainability of the centre's impact. In 2008-2009, of the 26 girls who passed the final exam, only half (13) remained in school. The rest dropped out due primarily to financial reasons. Thus, the TFV has supported COOPI to incorporate an income generating component for the parents of those who graduate. These parents are now in the beginning stages of establishing a small printing and copying business with which they hope to earn

enough income to keep their daughters in school. This effort is helping to ensure these young mothers are accepted back into their families and communities.

The TFV has been working closely with COOPI staff to better understand why some girls drop out of the centre before having a chance to take the final exam. The following three challenges were identified, which ultimately caused girls to drop out of the 2009-2010 school year. All three stem from poor of acceptance of the girls by their families:

1. **Poor health of the girls' babies, exacerbated by lack of care from the family;**
2. **Lack of care from family, forcing some girls to care almost entirely for themselves;**
3. **Lack of hope for the future, due largely to poor acceptance on the part of the family, who ultimately will be responsible for ensuring each girl can continue in school.**

Together with the TFV, COOPI has designed the parental economic cooperatives to help address these challenges, and to provide each girl with the hope that she will be able to continue in school after leaving COOPI's centre. Support will also be provided to address the stigma and discrimination attached to her victimization hoping to foster reconciliation within her family and community.

V. REHABILITATION PROJECT REVIEWS & PARTNER WORKSHOPS

In March and May of 2011, the TFV Secretariat engaged in a process of project reviews and partner workshops in both the DRC (Bunia) and northern Uganda (Gulu) to focus on monitoring and evaluating project effectiveness and programme impact.

Partner organisations were instructed to consider the discussions in directing rehabilitation assistance to victims in need, project transitions, possible hand-over of certain initiatives, and beneficiary selection criteria. Extension proposals will consider the programme quality and impact, financial management, current security situation, and social and economic circumstances prevalent within their area of responsibility. TFV partners were also instructed to re-examine the emphasis and proportion of material support, physical and psychological rehabilitation activities within present projects to ensure that resources are responding to the actual and current criminal injury and harm suffered by victims.

The TFV also used this opportunity to present the results from the victims' baseline survey completed in 2010 and use the findings as a basis for verifying the findings with partners. The workshop held in Bunia in March, brought together TFV partners from Ituri and the Kivus allowing for strategy discussions around implementing potential Court-ordered reparations. The TFV Secretariat presented the survey results along four categories: ***material security, social support and integration, health and wellbeing and justice & reconciliation.***

During the workshops, partners were invited to develop more effective programme indicators based on the findings of the research according to the four categories to highlight the multi-dimensional nature of the impact of conflict and the TFV's rehabilitation assistance. Examples included:



Partners at the March 2011 Workshop in Bunia learn how to use video to record and share project impact.

In Bunia and Gulu, partners were led through a *Mind Mapping* exercise to explore the place of their projects within transitional justice and the broader Rome Statute system.

The mapping placed the ICC and TFV's two mandates – reparations and assistance – in a relationship analysis framework, which gave partners an opportunity to also discuss the

differences between the two mandates, and raise lessons learned and constraints related to the operational and programme realities. The TFV also used this opportunity to engage in a field-driven process of evaluation. With two new local field staff hired in the DRC, the TFV initiated a series of internal evaluations, focusing on the strengths and weaknesses of particular activities, and proposing targeted solutions.

Project 022-AMAB in Bunia, DRC, for instance, was found to lack sufficient focus on discussing elements of justice and reparation with the victim survivor beneficiaries. The TFV considers its link to the ICC to be an essential element of all projects, as it is bound by the definition of victims of the Rome Statute.

The TFV recommended that the partner should further train its field staff in issues of justice, reconciliation and



Partners at the May 2011 Gulu Workshop work on a poster to explain the "Rome Statute System" to victims and affected communities.

reparation so they are able to more effectively communicate these issues to victims and affected communities.

Finally, the workshop focused on issues related to outreach and sensitisation in order to maximize the symbolic power of the TFV's role within the Rome Statute system. Partners focused generally on the distinct mandates of the ICC and the TFV and on their link under the Rome Statute.



In addition to issues of transparency and communication, the TFV also focused on visibility issues with partners, noting that the TFV's link to the ICC is one of its core symbolic assets, as it provides a valuable form of recognition to victims of the gravest international crimes. Below are recent examples of efforts at increased visibility from TFV implementing partners in northern Uganda (HOPE Project).



New signposts (above) and bicycles are ready for delivery to TFV implementing partners in northern Uganda for HOPE project, an integrated multi-partner project combining psychosocial support services (individual counselling and group reconciliation efforts), Village Savings and Loan Associations (VSLAs), and training in Income Generating Activities.

VI. PREPARING FOR COURT-ORDERED REPARATIONS¹³

The TFV's first mandate is linked to a case; and resources are collected through fines or forfeiture and awards for reparations¹⁴ and complemented with "other resources of the Trust Fund" if the Board of Directors so determines.¹⁵ The Court may order that an award for reparations against a convicted person be deposited with the TFV where at the time of making the order it is impossible or impracticable to make individual awards directly to each victim. The TFV shall take receipt of resources collected through awards for reparations and shall separate such resources from the remaining resources of the TFV in accordance with Rule 98 of the Rules of Procedure and Evidence.

This mandate will be activated once there is a conviction before the Court and a subsequent order for reparation. Within next year, the TFV may expect the first reparations orders as hearings in three cases are currently underway before the Court. During this reporting period, the Fund has consulted with technical experts, civil society, implementing partners in the Democratic Republic of the Congo (DRC), Chambers and other victims-related sections within the Court to prepare for operationalizing this mandate. The TFV has attended conferences and seminars in preparations for implementing reparations; and staff has provided technical support to other ad hoc tribunals and United Nations agencies on the methodologies for implementing rehabilitation assistance and reparations.

The TFV has ensured a learning environment by documenting programme and operational lessons learned from the rehabilitation mandate in preparation for Court-ordered reparations – especially focussing on scenario planning around delivering reparations to former child soldiers given the nature of the charges listed on the first two cases before the Court.

In general, the right of children to reparations is clearly stipulated in many instruments including the Convention on the Rights of the Child¹⁶ and its Optional Protocol on the involvement of children in armed conflicts.¹⁷ The UN Guidelines on Justice stipulate that "[c]hild victims should, wherever possible, receive reparation in order to achieve full redress, reintegration and recovery".¹⁸

Since "providing reparations to children is a relatively new area,"¹⁹ appropriate mechanisms have to be identified and developed accordingly. Furthermore, given the nature of the crimes and the status of former child soldiers, there is need to be creative and to come up with specific reparations which are not necessarily applicable to victims of other cases pending before the ICC.

Article 75 of the Rome Statute explicitly identifies three possible forms of reparation, namely restitution, compensation and rehabilitation. However, reparations are not necessarily

13 Contributions provided by Katharina Peschke, Legal Advisor, and Aude Le Goff, Regional Programme Officer (DRC/CAR), TFV Secretariat.

14 Regulations 43 to 46 of the Regulations of the Trust Fund for Victims

15 Regulation 56 of the Regulations of the Trust Fund for Victims

16 Article 39.

17 Article 6.

18UN Guidelines on Justice in Matters involving Child Victims and Witnesses of Crimes, par.35, chap XIII- The Right to Reparation.

19Ibid, p. 52.

limited to these three forms. It is generally acknowledged that guarantees of non-repetition and satisfaction measures are also forms of reparation even if these forms are less likely to be applied in the environment of judicial reparations.²⁰

With four years of experience administering rehabilitation assistance to former child soldiers in the DRC and northern Uganda, the TFV has reflected on these experiences in case convictions are issued and the Court includes rehabilitation as part of a reparation Court-order for former child soldiers.

The Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law do not actually define the concept of rehabilitation as a form of reparation, but rather include a non-exhaustive list of activities that could facilitate rehabilitation: "rehabilitation should include medical and psychological care as well as legal and social services".²¹

Provision is also made for this form of reparation in order to address the harm suffered by child victims who need "physical and psychological recovery and social reintegration".²² "This lack of a strict legal definition of rehabilitation could partly be explained by the fact that in its nature, rehabilitation requires multidisciplinary and interdisciplinary work to secure a holistic treatment of victims."²³

The consequences of victimisation, in particular for youth who were enlisted and conscripted are many and will vary depending on the situation, victim's age, gender, duties, length of service within the armed group and the type of violence suffered or committed. Compared to the compensation and restitution mechanisms, victim rehabilitation, which can be "defined around the aspirational notion of a functional life,"²⁴ would be more appropriate "to reflect the complex and diffuse nature of the harms victims experienced before, during and after the conflict."²⁵

The TFV has examples of rehabilitation programmes which could inspire reparation orders for child soldiers. For example, girls who leave the armed forces and groups with children, are given assistance to return to the normal school system.²⁶ This process is started by attending a special remedial class for one year, during which the teachers try to bring these former child soldiers up to an educational standard corresponding to their age. If they succeed, these girls will join the classes at their level.²⁷

²⁰ *Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law*; Adopted and proclaimed by General Assembly resolution 60/147 of 16 December 2005.

²¹ Principle 21, UN Basic Principles and Guidelines, supra.

²² Article 39, Convention on the Rights of the Child.

²³ Rehabilitation as a Form of Reparation Under International Law, December 2009, Redress, p.6.

²⁴ WHAT HAPPENED TO THE WOMEN? Gender and Reparations for Human Rights Violations, edited by Ruth Rubio-Marín, International Center for Transitional Justice, p.46.

²⁵ Ibid.

²⁶ TFV/RDC/2007/R2/029.

²⁷ In case of failure, the girls are reoriented towards vocational training.

In a bid to facilitate the return of these girls to school, the project also established a day-care centre for their children, the same children who are not accepted by the families and community. In this day-care centre, childcare workers help the girls to develop a motherly relationship with their babies – reconciling the bond between mother and child.

However, rehabilitation does not end with possible academic success and their return to the appropriate class within the normal school system. These girls, who have no value in their communities because they have been enlisted and raped, are often not supported by their parents. This raises the question of the sustainability of schooling. Under the project, the TFV secured three-year scholarships for each of the girls. However, rehabilitation has also focused on sensitising parents to their responsibilities, so that they become involved in the education and rehabilitation of their daughters and grandchildren – reconciling the bond between these girls, their children and their families. The TFV has also supported parent committees linked to these efforts to include an income-generating activity in order to generate the money needed to pay school fees. This long-term effort is accompanied by psychological support, outreach, peace education.

Physical rehabilitation could also be included as part of a reparation order in cases involving victims defined as former child soldiers. The TFV undertakes this type of initiative already through a community reconciliation project,²⁸ with referrals to medical institutions capable of providing prostheses to amputees or surgery to victims of physical mutilation. The goal is to address physical disabilities caused by physical violence committed against victims during conflicts as part of an integral package with reconciliation efforts.

It takes time to improve the quality of these forms of reparation and it is common knowledge that a single year of rehabilitation is generally not enough. According to the International Rehabilitation Council for Torture Victims (IRCT), "[r]ebuilding the life of someone whose dignity has been destroyed takes time and [...] long-term material, medical, psychological and social support is needed. Treatment must be a coordinated effort that covers both physical and psychological aspects."²⁹

Rehabilitation as a form of reparation also requires local capacity to deliver these services. These skills are unfortunately lacking in regions where the TFV operates, especially where psychological counseling capacity is virtually non-existent. "Although medical and psychological services might in principle be chosen to play a crucial role in the psychosocial rehabilitation of victims through reparations, they may arguably also be problematic for a number of reasons, including the fact that they often rely on existing service infrastructure which is often weak".³⁰

Therefore, the TFV would consider including a local capacity-building component as part of a reparations programme to ensure that technical expertise is programmed alongside the delivery of rehabilitation activities as part of Court-ordered reparations.³¹

28 TFV/RDC/2007/R2/027.

29 International Rehabilitation Council for Torture Victims on <http://www.irct.org/what-is-torture/rehabilitation.aspx>.

30 WHAT HAPPENED TO THE WOMEN? Gender and Reparations for Human Rights Violations, edited by Ruth Rubio-Marín, International Center for Transitional Justice, p.33

31 The TFV has made capacity-building a priority and cross-cutting strategy throughout the duration of its projects in order to ensure rehabilitation quality.

If reparation awards are to be administered to former child soldiers, it could also be argued that the female victims, because of the nature of their experience and because of their social and cultural surroundings, need distinct mechanisms that facilitate their recovery and reintegration in a different way than their male peers.

Hence, the importance of integrating a gender dimension to reparation orders should ensure that women are involved in the design, implementation and monitoring of the reparation process; and that reparations are responsive to the particularities of women's vulnerability and their roles vis-à-vis their communities.³² A gender sensitive approach to defining and administering reparations is further validated by the TFV's research conducted with victims in the situation.

³² In Pursuit of Justice, 2011-12 Progress of the World's Women, UN Women.

VII. FINANCIAL UPDATE: EARMARKED AND COMMON BASKET FUNDING

In 2010, the TFV recorded the highest level of cash contributions, with € 1,555,200 from 13 countries.

In total, twenty-eight countries have contributed to the TFV since 2004.³³ Contributions received as of June 2010-July 2011 were from States (€1,945,539.01); institutions and individuals (€9,900.61); in-kind and/or matching donations from implementing partner organisations (€450,040); and interest income (€26,097.06).

The TFV’s Euro account as of 30 June 2011 had a balance of €673,299.03; the US Dollar account had a balance of US\$67,481.42, and the savings account had a balance of €2,770,000.

FIGURE 7.1: COUNTRY CONTRIBUTIONS IN THOUSANDS OF € (est.)*

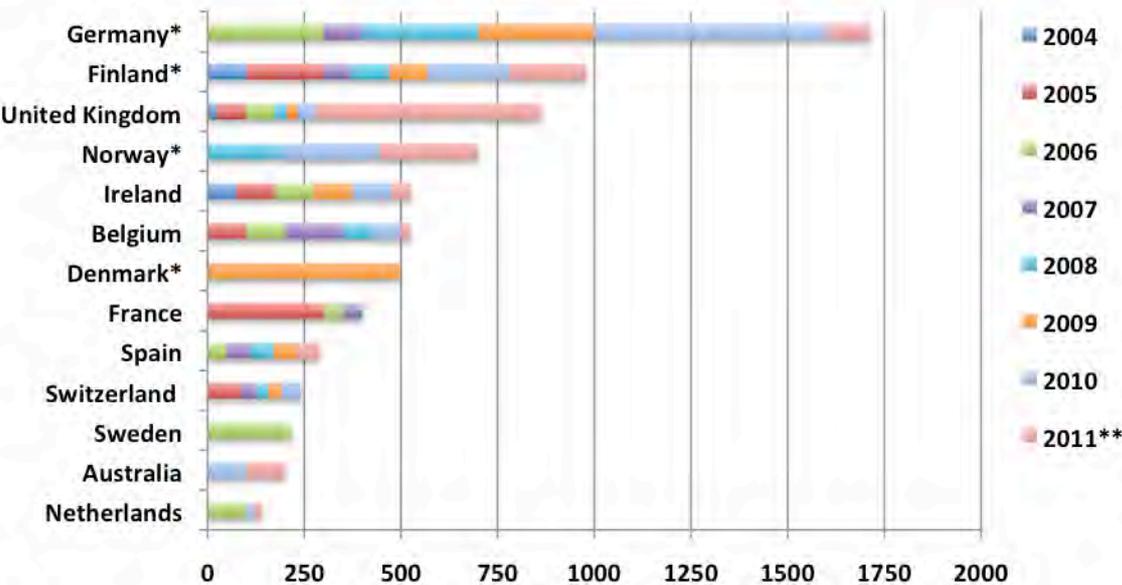


* TFV also receives private donations, which are not reflected in this figure.
 ** 2011 figures are as of 31 July 2011.

Germany is the TFV’s largest single contributing country with € 1,714,800 contributed since 2006. In early 2011, the United Kingdom contributed the TFV’s single largest contribution with € 584,500.

33 Andorra, Australia, Austria, Belgium, Dem. Rep. of the Congo, Denmark, Finland, France, Germany, Ireland, Jordan, Latvia, Liechtenstein, Luxembourg, Mexico, Namibia, Netherlands, Norway, Poland, Senegal, Slovenia, South Africa, South Korea, Spain, Sweden, Switzerland , Trinidad and Tobago, United Kingdom.

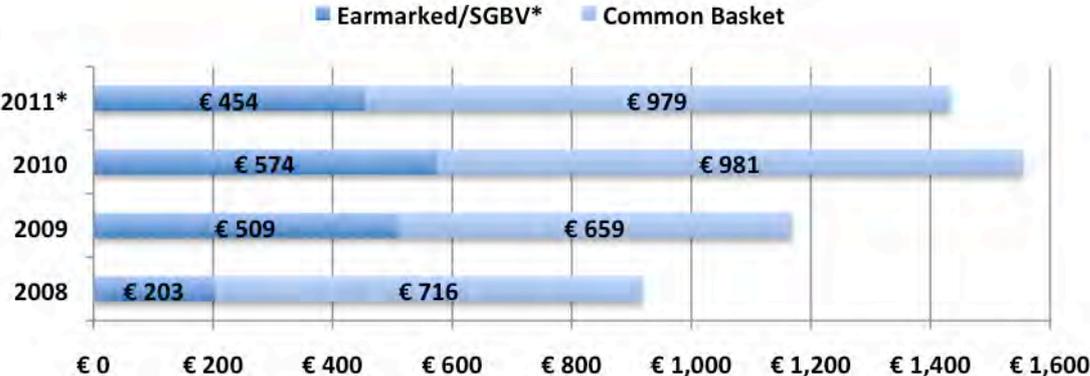
FIGURE 7.2: COUNTRY CONTRIBUTIONS IN THOUSANDS OF € (est.)



* Some or all of these countries' contributions have been earmarked to support victims of sexual and/or gender-based violence
 ** 2011 figures are as of 31 July 2011.

The TFV also continued to see substantial contributions earmarked specifically for sexual violence in 2010 with € 574,000 from three countries: Norway, Finland and Germany.

FIGURE 7.3: BASKET VS. EARMARKED SGBV CONTRIBUTIONS (THOUSANDS OF €)

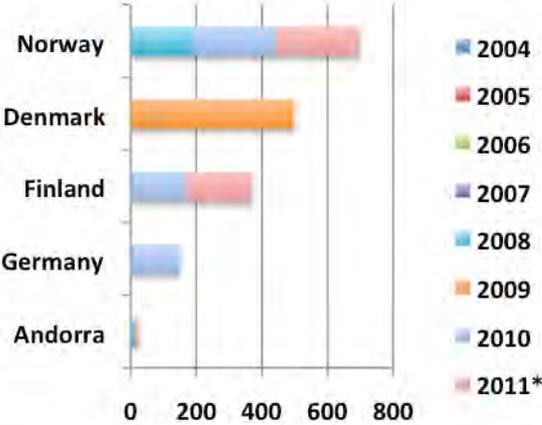


* 2011 figures are as of 31 July 2011.

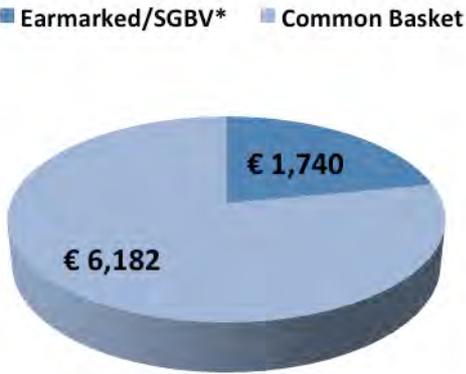
In 2008, the TFV issued a global appeal to raise earmarked funding to support victim survivors of sexual crimes under the jurisdiction of the ICC. To date, this appeal has raised €1.74 million from the Governments of Andorra, Denmark, Finland, Germany and Norway.

With its third pledge of €253,500 provided in April, 2011, the Kingdom of Norway recently became the TFV's largest supporter of SGBV initiatives with €698,400 since 2008. In both 2009 and 2010, a third of contributions were provided specifically for projects earmarked to support victims of SGBV in both DRC and northern Uganda.

FIGURE 7.4: SGBV CONTRIBUTORS AND EARMARK/Common BASKET RATIO



* 2011 figures are as of 31 July 2011



* 2011 figures are as of 31 July 2011

VIII. PROJECT ANNEXES

Assistance for victims of sexual and/or gender-based violence

Project(s)	TFV/DRC/2007/R1/001 and TFV/DRC/2007/R2/036 *EARMARKED*
Partner(s)	Catholic Relief Services (CRS) and sub-grantees
Amount	USD 470,000
Location(s)	South Kivu, DRC
Description	<ul style="list-style-type: none"> • 1,500 victims of SGBV receiving material support and psychological rehabilitation; • 725 Community peace builders trained to promote victims' rights;

Project(s)	TFV/DRC/2007/R1/021 *EARMARKED*
Partner(s)	Action for Living Together (ALT)
Amount	USD 574,974
Location(s)	South Kivu, DRC
Description	<ul style="list-style-type: none"> • Safe shelter for victims of SGBV seen at Bukavu's Panzi Hospital • 370 victims of SGBV receiving small grants and psychological rehabilitation; • 784 of their children receiving education grants. Radio broadcasts to inform community about SGBV & rights of victims

Project(s)	TFV/DRC/2007/R1/022 *EARMARKED*
Partner(s)	AMAB
Amount	USD 345,770
Location(s)	Ituri, DRC
Description	<ul style="list-style-type: none"> • 288 victims of SGBV receiving material support and psychological rehabilitation

Project(s)	TFV/DRC/2007/R2/029 *EARMARKED*
Partner(s)	Cooperazione Internazionale (COOPI)
Amount	USD 607,257
Location(s)	Ituri, DRC
Description	<ul style="list-style-type: none"> • 187 girls associated w/ armed groups, and 183 of their babies, who have received or are receiving accelerated education and material support to rejoin Ituri school system; • 150 children and youth formerly associated with armed groups; • 50 children and youth made vulnerable by war (e.g. orphans); • Extended to continue providing accelerated education and to incorporate former child soldiers and vulnerable children from project 028, which was closed in early 2010.

Project(s)	TFV/DRC/2007/R2/031, TFV/DRC/2007/R2/033 and TFV/DRC/2007/R2/043 *EARMARKED*
Partner(s)	CONFIDENTIAL
Amount	USD 350,000
Location(s)	DRC
Description	<ul style="list-style-type: none"> • Counselling, vocational training, and vocational equipment for 550 victims of SGBV • Partner had been implementing projects 026 and 028, but these were closed and the beneficiaries transferred to projects 030 and 029, respectively.

Project(s)	TFV/UG/2007/R2/040 *EARMARKED*
Partner(s)	Cooperazione Internazionale (COOPI)
Amount	EUR 225,000
Location(s)	Oyam District, Lango Sub-Region, Uganda
Description	<ul style="list-style-type: none"> • COOPI has provided several thousand women with medical and psychological care in response to SGBV; • COOPI also conducts outreach sessions through northern Uganda to inform community leaders about the nature of SGBV and the rights of victims; • This project is now funded in its entirety by an earmarked contribution from the Government of Norway. It was previously co-funded with Finland.

Assistance for children & youth

Project(s)	TFV/DRC/2007/R1/011 *CLOSED*
Partner(s)	CONFIDENTIAL
Amount	USD 70,573 (USD 59,987 were disbursed in total. Following an internal review and a monitoring report, the project was closed in December 2009)
Location(s)	DRC
Description	<ul style="list-style-type: none"> • Counselling, vocational training and reintegration kits for about 250 ex-child combatants, former abductees and/or children made vulnerable by war • Counselling and material support for about 400 family members caring for children who lost their parents during the war

Project(s)	TFV/DRC/2007/R1/019
Partner(s)	Missionnaires D'Afrique
Amount	USD 302,863
Location(s)	DRC
Description	<ul style="list-style-type: none"> • 1,900 children and youth associated with armed forces or made vulnerable by war reached through "School of Peace"; • 12,700 children and community members reached through "School of Peace";

Project(s)	TFV/DRC/2007/R1/026 and TFV/DRC/2007/R2/028 *TRANSFERRED*
Partner(s)	CONFIDENTIAL
Amount	<i>Now integrated into TFV/DRC/2007/R2/030 and TFV/DRC/2007/R2/029, respectively</i>
Location(s)	DRC
Description	<i>Now integrated into TFV/DRC/2007/R2/030 and TFV/DRC/2007/R2/029, respectively</i>

Project(s)	TFV/DRC/2007/R2/030
Partner(s)	ACIAR
Amount	USD 713,904
Location(s)	DRC
Description	<ul style="list-style-type: none"> • 400 children and youth formerly associated with armed groups; • 200 children and youth made vulnerable by war (e.g. orphans); • 400 people from families caring for children orphaned by war; • Extended to incorporate former child soldiers and vulnerable children from project TFV/DRC/2007/R1/011, which was closed in late 2009 and project TFV/DRC/2007/R1/026, which was closed in early 2010.

Assistance for victims of torture and/or mutilation

Project(s)	TFV/DRC/2007/R2/032
Partner(s)	KAF
Amount	USD 191,647
Location(s)	DRC
Description	<ul style="list-style-type: none"> • Counselling, micro-credit, and vocational training for 117 victims of torture and mutilation

Project(s)	TFV/UG/2007/R1/14(a) *CLOSED* and TFV/UG/2007/R1/14(b)
Partner(s)	Interplast *CLOSED* and Watoto
Amount	14(a): USD 28,310 14(b): UGX 417,000,000
Location(s)	northern Uganda
Description	<ul style="list-style-type: none"> • Victims of torture, mutilation and/or attack who are receiving or will receive medical care, including reconstructive surgery; • TFV has been working with Interplast Holland since 2008 to provide victims with reconstructive surgery for cut lips, cut ears and other facial mutilations. • Interplast completed last surgical camp in June 2011, as reduced number of victims in need of facial reconstruction is now far lower.

Project(s)	TFV/UG/2007/R1/14(c)
Partner(s)	Centre for Victims of Torture (CVT)
Amount	UGX 769,001,981
Location(s)	northern Uganda
Description	<ul style="list-style-type: none"> • Initiated in October 2009 to provide certified trauma-counselling training to TFV implementing partners;

Project(s)	TFV/UG/2007/R1/018 and TFV/UG/2007/R2/042
Partner(s)	The AVSI Foundation
Amount	EUR 226,175
Location(s)	northern Uganda
Description	<ul style="list-style-type: none"> • 563 victims of torture, mutilation and/or attack who are receiving or will receive medical care, including prosthetic limbs; • Integrated projects to identify, transport, care for and follow-up medical patients;

Project(s)	TFV/UG/2007/R2/039 and TFV/UG/2007/R2/041
Partner(s)	Anglican Diocese of northern Uganda
Amount	UGX 310,856,200
Location(s)	Gulu and Amuru Districts, northern Uganda
Description	<ul style="list-style-type: none"> • "Healing of Memory" sessions for about 100 victims of torture and mutilation to express their trauma in small groups and help each other reach a point of forgiveness and reconciliation • Vocational training and school fees for about 100 victims of torture or mutilation • Referrals to healthcare services for victims who are still in need of physical rehabilitation

Assistance to help victims rebuild their communities

Project(s)	TFV/DRC/2007/R1/004 *CLOSED*
Partner(s)	Africa Initiative Programme (AIP)
Amount	USD 78,701
Location(s)	DRC
Description	<ul style="list-style-type: none"> • 450 beneficiaries of counselling and community reconciliation;

Project(s)	TFV/DRC/2007/R2/027
Partner(s)	Réseau Haki na Amani (RHA)
Amount	USD 472,865
Location(s)	Irumu, Djugu, and Mahagi Territories, Ituri District, DRC
Description	<ul style="list-style-type: none"> • 500 beneficiaries of counselling and 19,500 community members reached through large scale "Peace Caravan";

Project (s)	TFV/UG/2007/R1/003, TFV/UG/2007/R1/005, TFV/UG/2007/R1/006, TFV/UG/2007/R1/016, TFV/UG/2007/R1/020, TFV/UG/2007/R1/025 and TFV/UG/2007/R2/035
Partner(s)	International NGO overseeing seven small grants
Amount	UGX 2,117,430,104
Location(s)	northern Uganda
Description	<ul style="list-style-type: none"> • 5,900 victims of war receiving integrated support, including vocational training, medical care, village savings training and more; • This set of integrated projects is overseen by one international partner; • Additional UGX 51,000,000 obligated and disbursed for 8 surgeries that were too expensive for the original budget;

Project(s)	TFV/UG/2007/R2/038
Partner(s)	Northeast Chilli Producers Association (NECPA)
Amount	UGX 618,380,000
Location(s)	Lira and Amuria Districts, Uganda
Description	<ul style="list-style-type: none"> • Counselling, training, seeds, animals, and farm tools for about 2,700 victims in the process of rebuilding their communities. • Victims work through farmers' collectives to sell their crops and establish durable sources of livelihood

IX. OVERVIEW OF THE TRUST FUND FOR VICTIMS

The Trust Fund for Victims is the first of its kind in the global movement to end impunity and promote justice. At the end of one of the bloodiest centuries in human history, the international community made a commitment to end impunity, help prevent the gravest crimes known to humanity and bring justice to victims with the adoption of the Rome Statute.

This treaty - voted for by 120 nations in 1998 - created the International Criminal Court to prosecute those responsible for genocide, crimes against humanity and war crimes. For the people who suffer most from these crimes, and who too often are forgotten, it set forth the mandates of the Trust Fund for Victims. In 2002, the Rome Statute came into force and the Assembly of States Parties established the TFV. The TFV works in partnership with national and international implementing partners to fulfil a global promise of justice, assisting victims and their families in rebuilding their lives and communities.

Civilians often bear the brunt of the crimes of war. Adults and children witness their loved ones being killed, tortured, and raped. Children are forced to join fighting forces. Women and girls, and sometimes men and boys, are victims of sexual violence. People see their property and livelihoods destroyed. Victims feel stripped of their dignity and may be shunned by their communities. Conflict tears apart the social and economic fabric of societies.

Marginalisation makes it harder for victims to be heard, to get help, and rebuild their lives. Those who are stigmatised and vulnerable even in times of peace suffer more acutely in times of conflict. Widows returning to their villages, for example, have to struggle to get their homes back because women rarely hold title to the family property. Crimes may compound existing vulnerabilities, or may lead to victims being ostracised from their societies. Rape victims often refrain from mentioning their plight to avoid being shunned by their families. Victims of mutilation can be rejected by their communities. Often, people are victims of multiple crimes.

The TFV listens to the most vulnerable victims of genocide, crimes against humanity and war crimes, and amplifies their voices in the international arena. It raises public awareness and mobilizes people, ideas and resources. It funds innovative projects through intermediaries to relieve the suffering of the often forgotten survivors. The TFV works closely with NGOs, community groups, experts, governments, and UN agencies at local, national, and international levels.

The TFV aims to directly address and respond to victims' physical, psychological, or material needs. It develops its activities with the victims themselves as partners. The TFV does not dispense charity; it provides the tools for victims to help themselves regain their dignity, livelihoods, and place within their families and communities. By focusing on local ownership and leadership, the TFV empowers victims as main stakeholders in the process of rebuilding their lives.

The basis for the Trust Fund for Victims is laid down in article 79 of the Rome Statute of the International Criminal Court which provides for a "Trust Fund...for the benefit of victims of crimes within the jurisdiction of the Court, and of the families of such victims."³⁴ The TFV supports activities which address the harm resulting from the crimes under the jurisdiction of the ICC by assisting victims to return to a dignified and contributory life within their communities.³⁵ The TFV develops its activities with victims themselves as partners, helping them rebuild their families and communities and regain their place as fully contributing members of their societies.

To do this, the TFV fulfils two mandates: (1) administering reparations ordered by the Court against a convicted person³⁶, and (2) using other resources for the benefit of victims subject to the provisions of article 79 of the Rome Statute.³⁷ Both mandates provide support to victims of genocide, crimes against humanity and war crimes committed since 1 July, 2002.³⁸

REPARATIONS MANDATE

The TFV's first mandate is linked to a case. Resources are collected through fines or forfeiture and awards for reparations³⁹ and complemented with "other resources of the Trust Fund" if the Board of Directors so determines (see figure below).⁴⁰

Reparations to or in respect of victims can take many different forms, including restitution, compensation and rehabilitation. This broad mandate leaves room for the ICC to identify the most appropriate forms of reparation in light of the context of the situation and the wishes of the victims and their communities. Reparation is in no way limited to individual monetary compensation; it could instead include collective forms of reparation and symbolic or other measures that could promote reconciliation within divided communities.

The Court may order that an award for reparations against a convicted person be deposited with the TFV where at the time of making the order it is impossible or impracticable to make individual awards directly to each victim. The TFV shall take receipt of resources collected through awards for reparations and shall separate such resources from the remaining resources of the TFV in accordance with Rule 98 of the Rules of Procedure and Evidence.

REHABILITATION ASSISTANCE MANDATE

The dual mandate of the TFV envisions the possibility for victims and their families to receive assistance separate from and prior to a conviction by the Court, using resources the TFV has raised through voluntary contributions. While this support is distinct from awards for reparations, in that it is not linked to a conviction, it is key in helping repair the harm that victims have suffered, in particular for two reasons. First, the TFV can provide assistance to victims in a more timely manner than may be allowed by the judicial process. Second,

³⁴ For more information on the TFV's legal basis, please see <http://trustfundforvictims.org/legal-basis>.

³⁵ Victims are defined in Rule 85 of the Rules of Procedure and Evidence.

³⁶ Rule 98 (2), (3), (4) of the Rules of Procedure and Evidence

³⁷ Rule 98 (5) of the Rules of Procedure and Evidence.

³⁸ As defined in Articles 6, 7, and 8 of the Rome Statute.

³⁹ Regulations 43 to 46 of the Regulations of the Trust Fund for Victims

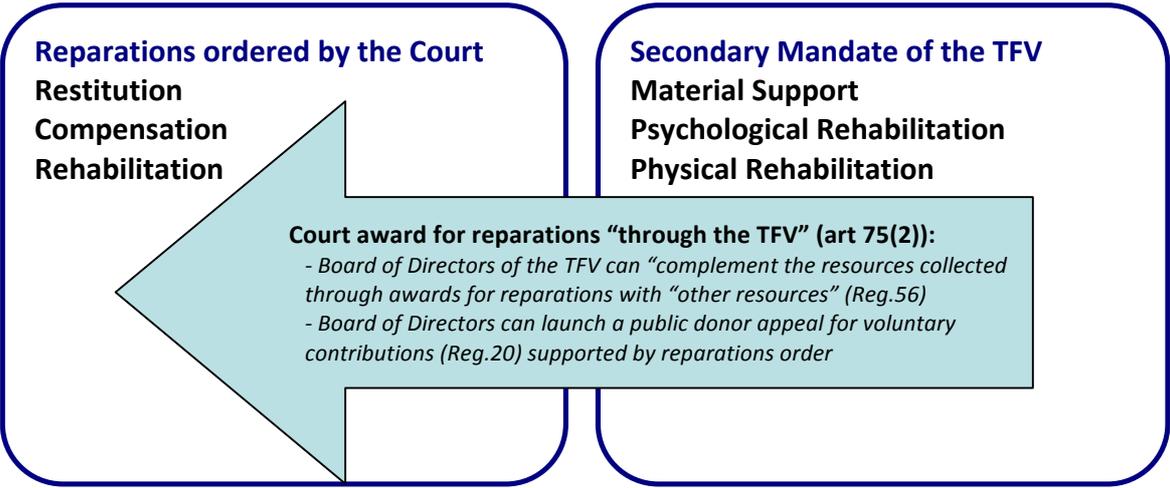
⁴⁰ Regulation 56 of the Regulations of the Trust Fund for Victims

assistance is targeted to victims of the broader situations before the ICC, regardless of whether the harm they suffered stems from particular crimes charged by the Prosecutor in a specific case.

The resources used for the TFV's second mandate are "resources other than those collected from awards for reparations, fines and forfeitures," as defined in Regulation 47 of the Regulations of the Trust Fund for Victims. They are used in accordance with Regulation 48, to benefit "victims of crimes as defined in Rule 85 of the Rules, and, where natural persons are concerned, their families, who have suffered physical, psychological and/or material harm as result of these crimes."

Regulation 50 provides that "the TFV shall be considered to be seized" when the Board of Directors considers it necessary to provide physical or psychological rehabilitation and/or material support for the benefit of victims and their families, and has consulted with any relevant Chamber of the Court in accordance with the procedure specified. The main objectives relating to TFV-issued reparations and assistance is to ensure that as many victims as possible are able to exercise their rights in relation to these provisions and to benefit from them as active stakeholders.

Under its non-Court ordered assistance, the TFV is presently employing two targeting strategies to ensure victims fall within the jurisdiction of the ICC: (1) assistance to specific categories of victims, including victims of sexual violence and children and youth associated with armed forces; and (2) assistance to affected communities, including villages victimized by pillage, massacre, and/or displacement. This category also includes community leaders reached through sensitization activities: o further support reconciliation and healing at the individual and community levels, the TFV supports projects that reduce the added stigma and discrimination often faced by victims of grave human rights abuses.



MAKE A DONATION TO THE TRUST FUND FOR VICTIMS

The survivors of the gravest human rights crimes need your help. We welcome financial contributions from private individuals, foundations, corporations and other entities, and we will use these voluntary contributions to fund projects to the benefit of victims.

You can make a financial contribution through the following TFV accounts:

€ account	US \$ account
Bank Name: ABN AMRO	Bank Name: ABN AMRO
Account Holder: Trust Fund for Victims	Account Holder: Trust Fund for Victims
Currency: Euro (€)	Currency: US dollar (US \$)
Account Number: 53.84.65.115	Account Number: 53.86.21.176
IBAN: NL54ABNA0538465115	IBAN: NL87ABNA0538621176
Swift: ABNANL2A	Swift: ABNANL2A

Bank address:
Postbus 949
NL-3000 DD Rotterdam
Netherlands



For more information, please visit www.trustfundforvictims.org
or contact us at trust.fund@icc-cpi.int.