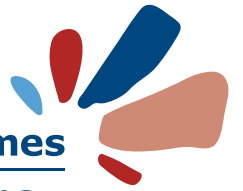




Fonds au Profit des Victimes
The Trust Fund for Victims



ANNUAL REPORT 2016



Foreword

by the
Executive Director



The past year has been of crucial importance for the development of the Trust Fund for Victims (TFV) at the International Criminal Court (ICC). With a new Board of Directors at the helm since December 2015, the TFV charted new terrain in its reparations and assistance mandates, taking on an unprecedented work load while undergoing significant organisational change. Mindful of its mission to respond to the harm suffered by victims of crimes under the jurisdiction of the ICC, the TFV is making great strides towards delivering tangible reparative value to victims, their families and their communities.

This is reflected in the set-up of this report, which builds on the Summary published last November at the time of the Assembly States Parties meeting. In consideration of donor feedback as well as the roll-out of the TFV's comprehensive Performance Monitoring Plan, approved by the Board in 2016, the TFV has adopted an annual progress reporting frequency. This allows for a more in-depth analysis of results achieved, across the projects and programmes supported by the TFV. At the same time, the annual progress report provides more detailed information about the individual projects carried out by our locally based implementing partners.

The combined analytical and narrative reporting presents our donors, the States Parties and the general public with a more complete and a more insightful account of the TFV's aspirations, impact and lessons learned, demonstrating the strength and relevance of the TFV's interventions for the benefit of the victims of ICC crimes.

The work of the TFV is closely associated with the work of the ICC. Even when not directly linked to judicial proceedings, such as in the assistance mandate activities aiming to provide psychological and physical

rehabilitation and material support, they are embedded in the Rome Statute system. Substantially, they are inspired by international legal instruments, such as the UN Basic Principles on the Right to a Remedy and Reparation. Hence the TFV's stated ambition to create, and to deliver, reparative value to victims in both its reparations and assistance mandates.

The TFV depends on voluntary contributions and donations to finance its activities and programmes. In recent years, annual revenue has declined from €5 million to around €2 million. This is a matter of serious concern for the TFV – as it should be for States Parties and for anyone else who recognises that international justice is incomplete, if not presenting meaningful benefits for victims and their families.

The expansion of the TFV assistance programmes from two to six countries and the taking on of an increasing number of Court-ordered reparations programmes, most of which featuring a financial complement from the TFV's resources, will actually require a significant and sustained increase in contributions and donations, as well as of efforts by the Court and States Parties in asset recovery from persons convicted by the ICC.

International justice, remedy and recovery are part of the same package, as is foreseen in the Rome Statute. Making this a reality for victims requires the fullest moral, political and financial support by States Parties and the international community at large.

Pieter de Baan
TFV Executive Director



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“There can be no complete justice without consideration for the victims of the war crimes themselves, and the practical assistance they need to move on with their lives and overcome the harm they have suffered.

That is why the work of the Trust Fund is important and must be supported and strengthened over time”

Angelina Jolie



Creating Reparative Value for Victims

In 2002, the International Criminal Court ('ICC' or 'Court') and the Trust Fund for Victims (TFV) were created under the Rome Statute. While the ICC is responsible for trying criminal cases involving the crime of genocide, war crimes, crimes against humanity, and the crime of aggression, the TFV's mission is to respond to the harm resulting from the crimes under the ICC's jurisdiction by ensuring the rights of victims and their families through the provision of reparations and assistance. To achieve its mission, the TFV fulfils two unique mandates:

- 1) providing **assistance** to victims and their families in ICC situations through programmes of psychological rehabilitation, physical rehabilitation, and material support; and*
- 2) implementing **reparations** awards ordered against a convicted person by the Court.*

In 2014, the TFV adopted and published the 2014-2017 Strategic Plan, in which it identified four key strategic goals to guide and focus its upcoming activities:

- **Reparative justice for victims:**
Overcoming harm and transforming lives;
- **Facilitating assistance and reparations:**
Financial growth and sustainability;
- **Advocacy for victims:**
Positioning the TFV in the global public domain; and
- **Good governance, accountability, and transparency:**
Creating an effective organizational structure.

This is an expanded version of the Summary of the Annual Report 2016, which was launched at the 15th Assembly of States Parties in The Hague in November 2016. It provides detailed information of the TFV's activities and progress made towards achieving these four strategic goals in 2016.

PROGRAMMATIC PRINCIPLES:

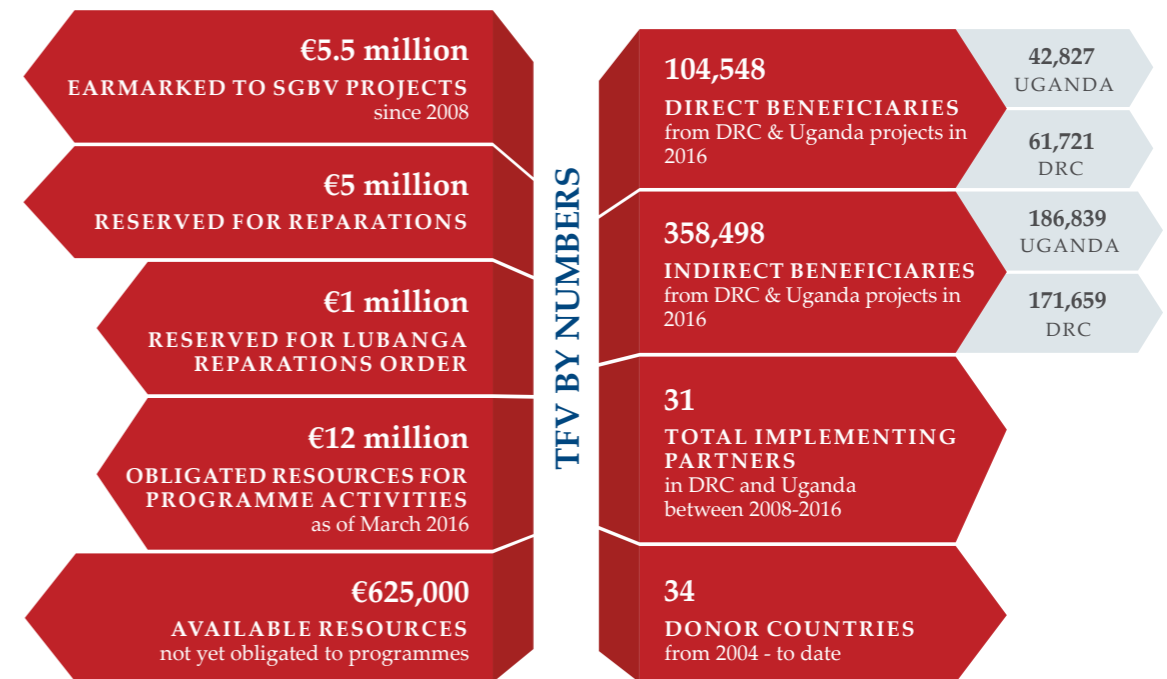
- 1 Gender mainstreaming, addressing impact of gender-based violence and other sexual violence towards women, men, and children
- 2 Support the rights of children affected by armed conflict, including support of intergenerational responses
- 3 Environmental compliance and integration into assistance and reparation programmes
- 4 Promote peacebuilding, community reconciliation, acceptance, and social inclusion
- 5 Communications and outreach
- 6 Capacity building to strengthen quality and sustainability
- 7 Ensure a participatory approach in planning, research, programming, monitoring & evaluation
- 8 Ensure a conflict-sensitive approach in programme design, development and implementation

SG1: Victims and their families overcome harm, lead a full dignified life, and contribute towards reconciliation and peacebuilding within their communities.

SG2: States Parties and donors ensure financial growth and sustainability.

SG3: The TFV is a powerful advocate of the rights of victims and their families in the public domain, in particular the global justice system and humanitarian sector.

SG4: The TFV, acting in a collaborative partnership with its strategic partners, ensures good governance, accountability, and transparency throughout its activities.

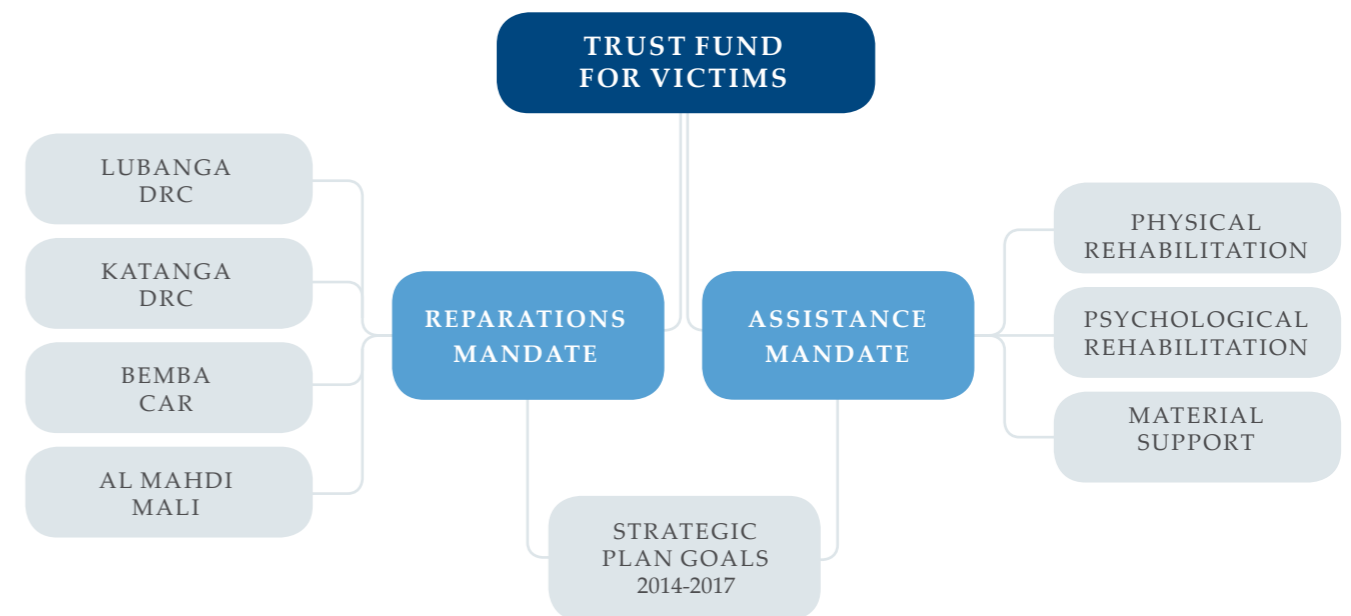


VISION

We envision a world where the rights of individuals are fulfilled and where survivors of the gravest human rights violations are empowered to live a life of hope, dignity and respect.

MISSION STATEMENT

The TFV responds to the harm resulting from the crimes under the jurisdiction of the ICC by ensuring the rights of victims and their families through the provision of reparations and assistance.





STRATEGIC GOAL 01

REPARATIVE JUSTICE FOR VICTIMS

Victims and their families overcome harm, lead a dignified life, and contribute towards reconciliation and peace-building within their communities. The TFV carries out its assistance and reparations mandate in a manner responsive to the rights and needs of victims of crimes under the jurisdiction of the ICC.

The design and implementation of all TFV-supported activities incorporate three common features, which are that the activities are:

- trauma-sensitive;
- gender-sensitive; and
- context-sensitive, particularly in terms of recent or on-going conflicts.

ASSISTANCE MANDATE

Using voluntary contributions from donors, the TFV provides assistance to victims and their families in ICC situation countries through programmes of psychological rehabilitation, physical rehabilitation, and material support. Because it is not linked to any particular case before the ICC, the assistance mandate permits the TFV to provide an immediate response, at the individual, family and community level, to the urgent needs of victims who have suffered harm from crimes within the ICC's jurisdiction. It also permits the TFV to assist a wider victim population than only those who have suffered harms connected to specific cases before the Court.

During the reporting period, the TFV supported 13 locally-based implementing partners that work directly with victims under the TFV's supervision in the Democratic Republic of the Congo (DRC) and northern Uganda. Many of these victims were subjected to physical and psychological violence and continue to live with trauma associated with unaddressed mental health conditions.

In both the DRC and Uganda, victims include *inter alia* survivors of sexual and gender-based violence, child mothers, former (male and female) child soldiers, girls formerly associated with armed groups, returnee communities, disabled persons and amputees, disfigured and tortured persons, and other vulnerable children and young people, including orphans.

A. Psychological Rehabilitation

The TFV's psychological rehabilitation activities take place at both the individual and community level. Through its implementing partners, the TFV provides a holistic response to the trauma experienced by victims, including how that trauma extends to the broader community. To ensure that victims and their families have access to a continuum of comprehensive psychological care, the TFV's psychological rehabilitation strategy supports a range of services, including:

- Training and development of counsellors' skills;
- Provision of individual trauma-based counselling and other psychosocial support services;
- Involving local authorities and community officials to raise awareness regarding victims' needs and how they can be supported; and
- Conducting radio programmes and community events to raise awareness on the impact of crimes and to promote peace-building, reconciliation and community coexistence.

Regarding community events focussed on peace-building, the TFV's implementing partners' use of artistic and dramatic performances, as well as interactive games, has shown positive results among communities members who have stated that they gained awareness of the scope and impact of the crimes and developed compassion for the victims of those crimes. In return, victims have testified that this community awareness and support has relieved their pain and helped to alleviate their trauma.

A.1. Capacity Building for Counsellors

To respond to the needs of victims, the TFV facilitates the training of trauma-based counselling techniques for professionals from a variety of institutions and communities. In 2016, trauma-based counselling trainings were conducted in close collaboration with health institutions to train social workers at local hospitals and health clinics. Through the program, trainees developed cognitive skills to manage day-to-day mental health care programmes, received technical support, and were mentored by a professional counsellor following the training. Trainees also underwent a competency assessment to ensure that they had successfully acquired the necessary skills to deliver professional counselling to victim beneficiaries.

In addition, selected schoolteachers were also given basic knowledge and skills training in psychological care. Due to the risks facing their students, schoolteachers also received training in how to conduct psychotherapeutic assessments. The TFV-supported training curricula follow international standards and criteria of what formally counts as training to provide necessary skill sets to each category of trainees.

Besides these professional trainings, the TFV, with its implementing partner, the Center for Victims of Torture (CVT), has signed a Memorandum of Understanding (MoU) with the highest education institution in Uganda – Makerere University, Department of Psychology – to offer students a diploma-level course. This first of its kind course in Uganda provides students with the opportunity to acquire field-based experience



Female beneficiaries receiving vocational training and economic support from Association des mamans Anti-Bwaki (AMAB), one of TFV implementing partners in DRC.

and expertise in trauma-based counselling. The course provides technical support in the areas of advocacy and the design of a systematic and comprehensive psychological therapy package, as well as providing the students with a continuum of trainings and refresher trainings.

A.2. Trauma Counselling and Other Psychological Support Services

With increased public awareness regarding the availability and importance of psychological rehabilitation services available in TFV-supported communities, beneficiary enrolment into psychological care programmes increased this year. Through monthly and quarterly psychosocial outreach programmes, trauma counsellors have continued providing services to a growing number of individuals living with symptoms of trauma. Counselling sessions were conducted in individual and/ or in-group settings. Major symptoms of trauma include lack of sleep, suicidal thoughts,

acute levels of anxiety, and post-traumatic disorders associated with torture, rape, slavery and involuntary servitude. Victims also suffer from psychological and trauma complications due to the extreme scenes of violence they either witnessed or were personally subjected to. To date, 217,979 (54% females and 46% males) victim patients have received trauma counselling and psychological support services.

Similar to the TFV's programme in the DRC, the TFV's implementing partners in Uganda will introduce a programme of psychological support groups in elementary schools in the next year. A manual for these student support groups is currently under development with the aim of assisting young people in coping with psychological challenges in their communities and at school. Issues to be targeted by these support groups include routine absenteeism from the community/school, substance abuse, child abuse and neglect, and issues of gender-based violence.

A.3. Key Indicators and Results in both DRC & Uganda

Indicator	Female	Male	Total
Percentage of individuals who received mental health support and showed improvement after 6 months & after 12 months	See the table below		
Number of direct beneficiaries who received psychological rehabilitation during the reporting period	26,264	18,104	44,368
Number of indirect beneficiaries who received psychological rehabilitation during the reporting period	83,961	68,448	152,409
Number of community workers, village health teams trained in psychosocial care	340	245	585
Number of people reached through community dialogue activities	-	-	63,000
Percentage of individuals who received outreach messages and received Trust Fund supported services	-	-	7% (of 63,000)
Number of community members who attended public dialogue events to promote peace and reconciliation	-	-	216,663

- Out of 44,368 beneficiaries who received psychological care this year, 4,046 were victims of rape and sexual violence and received individual home-based care and counselling therapy, either directly from TFV-trained community workers or through referrals to institutions with appropriate expertise.
- Throughout the year, 840 public events were organized to raise community awareness regarding the harms caused by sexual violence and strategies to change societal behaviours related to gender issues. An estimated 40,000 people attended these events and received information regarding how to prevent sexual violence, including detecting, alerting and preventing behaviours linked to sexual violence.

In its psychological rehabilitation programmes, the TFV collaborates with local government officials as well as other important community stakeholders to organize 'debate and dialogue' days. These events foster healthy and interactive community communication on a variety of themes including peaceful community coexistence, prevention of violence, cooperation, reconciliation, and civility among citizens. Involving the elderly, young adults, teachers, and parents along with their children, TFV-supported activities use creative and play events to spread messages on topics such as peace, mutual respect, empathy, forgiveness, self-control, listening skills, tolerance and coexistence, gender equality, respect for and protection of human rights, teamwork, and environmental protection. Artwork on the themes

Project Snapshot (CVT, Uganda) - Decrease in Mental Health Symptoms Among Clients Receiving Counselling (at 6-month follow-up)

Number of clients (both intakes and follow-up)	Depression		Post-Traumatic Stress		Somatic		Anxiety		Behavioural Functioning Difficulties		% of clients with decrease in at least one symptom area between intake and six-month follow up
	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d	
65	98%	2.4**	100%	2.4**	88%	1.8**	98%	2.4**	97%	1.6**	100%

The effect size (d) quantifies the magnitude of observed changes over time: +/- .2 is small, +/- .5 is medium and +/- .8 or higher is large.

No stars – Confidence level of less than 95% that there was a decrease in symptoms.

* Confidence level of more than 95% that there was a decrease in symptoms.

** Confidence level of more than 99% that there was a decrease in symptoms.



Victims attend a session of cognitive behavioural therapy (CBT) as part of the psychological assistance provided by Transcultural Psychosocial Organisation (TPO), one of the TFV implementing partners in Northern Uganda.

of peace and reconciliation created from these activities is now exhibited in a local museum for peace that adult and young citizens regularly visit.

Further, every month, eight radio programmes on the themes of peace-building and reconciliation air on local stations in DRC and Uganda. To date, an estimated

360 radio programmes on peace and reconciliation have aired in both countries. From these programmes, slogans such as "never again" and "a violence-free Congo of tomorrow" have integrated into the daily discourse in the communities of eastern DRC once torn apart by acute inter-ethnic conflicts.

Project Snapshot (Collectif Associations Féminines de Beni (CAF-Beni), DRC)—Success in Reducing Mental Health Related Complications

Physical Illnesses				Psychosomatic Conditions /Mental Health Cases			
Physical Prognosis	Number of Cases	Total Popul.	% Decrease	Symptoms	Number of Cases	Total Popul.	% Decrease
HIV/AIDS	3	353	0.84%	Blood pressure	98	353	27.76%
Menstrual fluctuations	28	353	7.93%	Gastritis	22	353	0.56%
Haemorrhage	-	-	-	Psychogenic headache	22	353	6.23%
Body ache	37	353	10.38%	Drug addiction	-	-	-
Cases for surgeon	-	-	-	Epilepsy	1	-	0.28%
Headache	22	353	6.23%	Asthma	-	-	-
Stomachache	34	353	9.63%	Sinusitis	-	-	-
Lower tummy aches	5	353	1.41%	Sleep disorder (night-mare and insomnia)	36	353	10.19%
Paralysis	1	353	0.28%	Stress	26	353	7.36%
STDs	15	353	4.24%	Trauma stemming stress	6	353	1.69%
Diabetes	-	-	-	Trauma disorder	16	353	4.53%
Slump	-	-	-	Acute Trauma	2	353	0.56%
	-	-	-	Depression	-	-	-
TOTAL	145	353	41.07%	Amnesia	-	-	-

The table above summarises the way a cohort of, in total, 353 victims were assisted and followed-up throughout the year. Of the total 353 clients, 93 have fully recovered from traumatic disorders, including 17 young married females who are no longer receiving psychosocial services, and 34 active beneficiaries of income generating activity funds. The remaining 209 still experience some forms of emotional disorders.



B. Physical Rehabilitation

With regard to physical rehabilitation assistance, the needs of victims are numerous and urgent. Many victims of sexual and gender based violence, such as rape and sexual slavery, were not immediately provided with health or hygienic care, leaving them with life-threatening medical conditions stemming from gynaecological or reproductive complications. Others were victims of physical torture, as well as mutilations, including the loss of limbs. These serious injuries, coupled with the absence of adequate facilities and affordable access to health care, have required the TFV's assistance response to be adaptive and multi-faceted in its design and implementation.

All of the TFV's physical rehabilitation projects are continuing from previous years, providing a wide-range of services from referrals for specialized care, general medical evaluations, reconstructive surgery, burn treatment, bullet and bomb fragment removal, provision of prosthetics, to physiotherapy combined with psychological support. Some victims require multiple surgical procedures and others require prolonged hospitalization in order to adequately treat their medical injuries.

The TFV's implementing partners work closely with local government authorities, schools, churches, hospitals, higher education institutions, non-governmental organizations, and other international organizations operating in the field for purposes of mapping, identifying, and referring victims to medical facilities that have the appropriate capacity to address their

specific medical needs. Whether due to fear, social stigma, or the sheer extent of the physical incapacity from their injuries, the identification and mapping of victims in need of assistance is a particularly challenging circumstance confronting the TFV. The TFV utilizes a range of outreach and awareness raising methods (such as radio programmes, community meetings, home visits, and regular communication with local government leaders) to reach and provide support to these victims.

B.1. Providing Medical Support to Women Victims of Sexual Violence

In most cases, victims who received physical rehabilitation assistance this year were women and young girls. The medical conditions for which they were treated are mainly a result of rape, in some cases combined with torture and/or being forced into sexual servitude and slavery. Sexual harm victims may suffer from pelvic inflammation, tubal ovarian masses (TOM), uterine cervical lesions and pelvic abscess, as well as related gynaecological complications. Because of these victims' precarious living conditions and a lack of access to timely and proper medical care, the TFV and its implementing partners face a complex set of challenges in providing them with care.

Of all female victims of rape, sexual violence, and sexual servitude who received pelvic and gynaecological surgeries, 98% had the uterus removed. Because these victims had these life-threatening

conditions for a sustained period of time due to the lack of access to treatment, many developed subsidiary conditions such as the destruction of the reproductive system, tumours, and abnormal inflammations. The wounds and physical deformity resulting from grave cases of rape, abuse, and torture are traumatic and traumatizing, translating into mental trauma even after victims have received treatment. These victims are therefore also placed into TFV-supported psychological rehabilitation and material support programmes.

During this reporting period, a total of 2,072 women and young females (1,004 in DRC and 1,068 in Uganda) received TFV-supported comprehensive medical care, from the moment of the victims' identification and evaluation to their discharge from treatment facilities. To date, the total number of victims who have received TFV-supported medical treatment is 9,477 (7,420 in Uganda and 1,674 in DRC).

Throughout the year, the TFV's implementing partners conducted regular post-treatment and medical interventions through home visits to monitor and follow up on the recovery progress of discharged patients. Follow-up visits also were conducted to determine the discharged patients' psychological state of mind and level of reintegration into their communities. In total this year, 3,708 victims who had received medical treatment in DRC and Uganda also received home visit follow-up care. Often, home visits also included local officials and other community based stakeholders in order to assist with the victims' recovery and reintegration in the community.

B.2. Providing Corrective Surgery

Similar to previous years, this year, 400 victims in need of corrective surgery were identified by the TFV's implementing partners in the DRC and Uganda.



TFV implementing partner in DRC, Bureau d'étude et d'appui technique aux initiatives locales/Action for Living Together (BEATIL/ALT) is working in partnership with Panzi Hospital in Bukavu providing medical referral to victims of sexual and gender-based violence.

Through referral mechanisms, 305 of these victims received corrective surgical procedures. Medical care provided to these victims included corrections for lipomas, keloids and retained bullets, shrapnel removal, as well as post-surgery services including payment of medical prescriptions.

B.3. Providing Orthopaedic Devices with Post-Orthopaedic Procedure Physiotherapy

Through the TFV's implementing partner Association of Volunteers in International Service (AVSI) in northern Uganda and in consultation with local government, community members and other stakeholders, a total of 268 victims were identified and assessed to be in need of orthopaedic appliances and physiotherapy. In partnership with the Gulu Regional Orthopaedic Workshop (GROW), 222 prostheses and orthoses were produced and delivered to victims who were identified as having an immediate need. These beneficiaries also received occupational therapy after undergoing physical examinations and rehabilitation services at GROW. The 46 remaining are on schedule to receive medical, orthopaedic, and physiotherapeutic evaluations within the next reporting year.

B.4. Establishing Referral Mechanisms with Health Service Providers

To ensure that victims have access to a continuum of care, partnerships with a wide range of service providers have been established in Uganda and the DRC. In 2016, MoUs were signed with a range of organizations and medical institutions in both countries, establishing referral channels through which victims can access medical information and services. This resulted in the creation of the "Community Partners Group" in Uganda, which brought together different actors, including health centres, hospitals, referral hospitals, orthopaedic centres, and other public and private social services practitioners. This partnership provides victims with a full spectrum of services that are available in their communities. It also created channels through which local authorities and partners can guide victims to seek out the support that they need.

In the DRC and Uganda, the number of victims in need of some form of physical rehabilitation assistance remains higher than that which the TFV-supported projects have thus far been capable of supporting. Because of this disparity, the TFV, in partnership with community stakeholders, prioritizes those case presenting acute medical risks during the beneficiary selection process, thus permitting it to meet the strategic goal of being responsive in particular to "urgent" medical needs.

B.5. Key Indicators and Results in DRC and Uganda

To date, the Trust Fund has provided some form of physical rehabilitation services to an estimated 9,477 victims (7,420 in Uganda and 1,674 in DRC). Below are achievement results for this year in both countries:

Indicators	Achieved Results
Number of beneficiaries who received physical rehabilitation during the reporting period	3,708
Number of victim survivors of SGBV who received medical care	2,072
Number of victims assessed to receive prosthetics or orthotics during the reporting period	1225
Number of victims fitted with prostheses or orthotics	228
Number of victims who received reconstructive or corrective surgery during the reporting period	9
Number of beneficiaries referred for specialized surgery during the reporting period	152
Number of beneficiaries who received specialized surgery	115

At an AVSI-GROW workshop, 192 beneficiaries who had been fitted with prosthetics and received regular occupational therapy and counselling were discharged to be reintegrated into their communities. Although these beneficiaries have been discharged, AVSI will continue providing assistance, such as replacing their mobility devices, as needed.

Out of 152 individuals who were referred for specialized surgery this year, 115 received treatment from the TFV's implementing partner, Ayira Health Service (AHS). The specialized surgery cases included treating broken bones, removing bullets, fragments and shrapnel, treating chronic wounds, keloids, lymphomas, and fistula. Of the 2,072 women who received physical rehabilitation this year, 1,644 were treated for conditions deriving from gynaecological complications associated with incidents of extreme sexual rape and sexual violence, while 67 women received surgery on (or on part of) their gynaecological/ obstetrical system in relation to the conditions they developed from incidents of rape and sexual violence. Of those, 17 received surgery to remove keloids and lipomas.

C. Material Support

Under material support, the Trust Fund's activities emphasize economic empowerment so that victims can gain the necessary tools to become self-sufficient and contributing members of their families and communities. The TFV's activities aim to provide victims with financial autonomy, sufficient to provide for their own basic daily needs and those of their family. This is accomplished through the following services:

- 1 supporting economic development initiatives;
- 2 the provision of education assistance, particularly to orphans and other vulnerable children; and
- 3 creating employment opportunities for victims and their family members.

For this reporting period:

- 2,389 children were reintegrated into school and received school material kits. The TFV, in conjunction with community volunteers, continuously monitors these children's educational performance to ensure their successful reintegration. One of the major successes of these projects is that the drop-out and illiteracy rate amongst this school-age population has decreased and there has been a corresponding decrease in delinquent behaviour reported in their local communities.
- 4,325 victims received training and start-up funding in the forms of micro-loans to create small businesses both in groups and individually, bringing the total number of victims actively participating in income-generating activities of small scale to 9,522.



- 1,461 public events were held to raise awareness regarding the benefits of being a part of one of the 569 savings and loan associations, otherwise branded as *Mutuelle de Solidarité (MUSO)*, currently in place in DRC. An estimated 27,800 people attended these events this year.
- In DRC and Uganda, 75% of the small businesses created with the assistance of TFV initial funding are now flourishing and growing. These individuals are now equipped with the needed skills to read, write, count, book-keep, make adequate business inventory, and handle other technicalities in order to ensure the continued success of their enterprises.

The following are successes observed in economic empowerment initiatives in DRC:

- More than 80% of *MUSOs* have and are regulated by internal constitutions;
- Members of these groups indicate having materially benefited from the economic activities they practice in the *MUSO*, including obtaining additional bank loans, gaining contacts and networking skills, building their own homes or renovating others, learning animal husbandry skills, acquiring livestock,

receiving agricultural loans and subsidies, and increased savings;

- All *MUSO* schemes are systematically run; individual contributions, management of savings accounts, general assembly meetings, minutes and documentations are all done in a timely and orderly fashion;
- Incidents of late loan repayment by members are rare (and are marginal and justified when such is the case), and loan disbursements occur on schedule;
- Savings accounts, commonly referred to as "*caisses rouges*", are regularly replenished by members. Debit (*caisses vertes*) and social (*caisses bleues*) accounts in the same groups are also active and mobilize considerable cash flow for the functioning of the groups.



REPARATIONS MANDATE

The design and implementation of any reparations awards should be guided foremost by the principle of “Do no harm” to victims. This principle should be understood as a positive and dynamic obligation where victims’ interactions with the Court or the TFV should not be merely neutral in impact, but should be an empowering and healing process for the victims.

Reparations proceedings at all stages should be organized in such a manner that a victim’s participation therein has reparative value to that individual.

After a near decade of inactivity, the TFV’s reparations mandate is beginning to play a larger role in the TFV’s work as the first criminal proceedings at the ICC conclude. With four cases reaching the reparations stage in 2016, this represents an exciting and important opportunity for the TFV to develop and strengthen its institutional partnership with the ICC in order to ensure the success of the reparations regime laid out in the Rome Statute.

Each of the four cases now at the reparations stage involve different crimes, which have resulted in diverse and distinct harms to the victims and their families. In partnership with the Court, the TFV’s task is now to ensure that the design of awards for reparations are responsive to the specific harms suffered by victims in each case as found by the respective Trial Chambers, and that, through their efficient and timely implementation, the promise of reparations can become a concrete and meaningful reality for victims, setting them on a path to healing and positive reintegration within their families and communities.



of the service-based activities proposed in its draft implementation plan, particularly in regards the process for the eligibility of beneficiaries in the collective awards.

The TFV remains committed to working with the Trial Chamber and the Court more broadly to ensure that reparations can be realized by victims in a manner that is operationally and financially feasible, as well as victim-centred.

The Lubanga Case

The *Lubanga* proceedings are at the implementation stage following the Appeals Chamber's judgment and amended order for collective reparations in the case, which were issued in March 2015. In November 2015, following an expert conference and victim and community consultations with over 2,000 individuals in the Ituri region, the TFV submitted a draft implementation plan responding to the types of harms, and the types and modalities of reparations contained in the amended order to a newly composed Trial Chamber.

The draft implementation plan was approved in part, in regards to collective symbolic reparations, in September 2016. The TFV proposed the construction of three community centres, which will house interactive activities for members of the community to raise awareness regarding the crimes and ensuing harms caused by the enlistment, conscription, and active use of children in hostilities. The activities are also aimed at lessening the stigma and discrimination faced by former child soldiers, as well as building community support for the reintegration of former child soldiers into their families and communities.

Following the Trial Chamber's approval, the TFV launched a competitive bidding procedure to obtain services for these symbolic awards and will report to the Trial Chamber every three months on the progress made towards their implementation. The TFV has worked closely with the Court's Registry staff to ensure that the bidding process advances expeditiously, while ensuring fairness and transparency in line with best practices and the governing ICC rules and regulations. The TFV remains in discussions with the Trial Chamber regarding the appropriate implementation



The Katanga Case

In the *Katanga* proceedings, reparations remained at the pre-order stage during the reporting period. The Trial Chamber in this case is to consider the appropriate types and modalities of reparations that should be ordered against Mr. Katanga in light of the types of harms suffered by the victims. Based on its extensive experience in the DRC under its assistance mandate, the TFV was invited to submit, and did submit, observations regarding the potential costs associated with the harms at issue in this case. The TFV remains committed to assisting the Trial Chamber in these proceedings.

Once the Trial Chamber has issued the order for reparations in this case, the TFV may be tasked with preparing a draft implementation plan for the Trial Chamber's approval.



The Bemba Case

In the *Bemba* proceedings, reparations remained at the pre-order stage during the reporting period. Following the issuance of the Trial Chamber's scheduling order for reparations proceedings, the TFV submitted observations relevant to matters that may impact upon the implementation stage of proceedings and issues related to the Court's legal framework relevant to reparations, including at the implementation stage. Based on the specific circumstances of the case, the TFV provided the Trial Chamber with information relevant to its prior experience in the Central African Republic under its assistance mandate, as well as information relevant to how prioritization of particularly vulnerable victims (including those suffering from advanced stages of HIV/AIDS) and the subsequent displacement of victims may be addressed at the implementation stage by the TFV and its implementing partners.

In its observations, the TFV suggested that the Bemba Trial Chamber may wish to consider the option of proceeding under rule 98 (4), which would allow for an award for reparations to be made through the TFV to an intergovernmental, international or national organization approved by the TFV. This option may be preferable in situations where there exists security concerns that may impede the TFV's ability to operate on the ground, as well as when an organization has a particularized specific expertise relevant to the case, particularly in relation to addressing the types of harm at issue.

Following its submissions before the Trial Chamber, the TFV organized a two day consultation with the respective participants in the case and an organization under consideration for approval from the TFV for purposes of a rule 98 (4) award.

According to the Trial Chamber's scheduling order, the TFV expects to make submissions on various expert reports requested by the Trial Chamber and further submissions by the participants in the case throughout the course of 2017.



The Al Mahdi Case

In the *Al Mahdi* proceedings, reparations remained at the pre-order stage during the reporting period. Following the issuance of the Trial Chamber's scheduling order for reparations proceedings, the TFV submitted observations relevant to matters that may impact upon the implementation stage of proceedings and issues related to the Court's legal framework relevant to reparations. As the *Al Mahdi* case involves the crime of the destruction of protected cultural property, specifically mausoleums and mosques of which most are listed as UNESCO World Heritage Sites, the TFV's observations also addressed the issues of the scope of victims and the appropriate modalities for remedying the moral harms (non-economic) caused by the crimes.

In accordance with the scheduling order, the TFV expects to make submissions on various expert reports requested by the Trial Chamber and further submissions by the participants in the case throughout the course of 2017.

A photograph of a man and a woman standing in front of a traditional thatched hut. The man on the left is wearing a brown t-shirt with a portrait and the name 'Jose' on it, and blue jeans. The woman on the right is wearing an orange t-shirt and a red and yellow patterned skirt. They are both holding ropes attached to two black goats. The background is a simple structure with a thick thatched roof.

STRATEGIC GOAL 02

FINANCIAL GROWTH AND SUSTAINABILITY

Public and private donors, as well as fines and forfeitures, provide the TFV with sufficient resources to operate its assistance and reparations programmes in ICC situations.

States Parties ensure sufficient resources for the TFV Secretariat to fulfil its mandates.



The TFV's work and the positive impact its supported projects have on the lives of victims would not have been realised without the close cooperation and support of TFV key stakeholders including beneficiaries, local implementing partners, local community leaders, the ICC, national and local government authorities, members of civil society, non-governmental organizations (NGOs), and other supporters.

The TFV relies on voluntary contributions from individuals and States Parties as one of the most important funding sources for its programmes. The commitment of donors and the TFV's implementing partners makes it possible for the TFV to implement its programmes to assist victims, their families, and communities.

The TFV is grateful for the support it continues to receive from its key stakeholders and for the individual and States Parties' contributions received during this reporting period. These valuable donations allow the TFV to provide long-term support to victims survivors in Uganda and DRC. These contributions have also enabled the TFV to reserve funds for eventual reparations awards ordered by the Court and to begin the process of expanding its assistance mandate to other situation countries.

During the reporting period covered in this report, the TFV raised more than €3 million from States Parties and almost €8,000 from individual contributions.

With this financial support, the TFV was able to make a difference this year:

- Physical rehabilitation services to an estimated 3,708 victims through medical referrals, provision of prosthetics, orthotics, and physiotherapy;
- Psychological care to 4,046 sexual gender based violence victims;
- Psychological rehabilitation to 44,368 beneficiaries through individual and group counselling;
- Around 2,389 children were reintegrated into school and received school material kits;
- An estimated 4,325 victims received training and start-up funding in the forms of micro-loans to create small businesses both in groups and individually;
- 840 public events were conducted on peace-building and to raise community awareness regarding the harms caused by sexual violence and how to change societal behaviours related to gender issues.

Our supporters' commitment and dedication amplifies the TFV's voice and profile as we strive to create reparative value for victims and put victims and their families on a path of healing and recovery so that they can successfully rebuild their lives.

During the reporting period, the TFV received the following voluntary contributions from States, institutions, and individuals:

Contribution from States Parties 1 July 2015 – 30 June 2016	Euros (€)
Andorra	10,000.00
Australia	199,658.54
Belgium	25,000.00
Czech Republic	10,999.69
Estonia	30,000.00
Finland	200,000.00
France	750,000.00
Ireland	75,000.00
Japan	47,971.00
Republic of Korea	45,600.05
Latvia	9,105.42
Luxembourg	25,000.00
Netherlands	175,000.00
Poland	15,000.00
Spain	30,000.00
Sweden	1,272,600.05
Switzerland	50,000.00
United Kingdom	78,918.00
Total States' contributions	3,054,449.63

Contributions from individuals and institutions by month	Euros (€)
July 2015	2,655.00
August 2015	2664.81
September 2015	455.00
October 2015	55.00
November 2015	800.00
December 2015	107.25
January 2016	85.00
February 2016	100.00
March 2016	173.50
April 2016	0.00
May 2016	793.42
June 2016	0.00
Total	7,888.98

Call for contributions to the Trust Fund for Victims

States Parties voluntary contributions to the TFV
2004 - 2016



The Rome Statute's unique promise of reparative justice to victims places a tremendous responsibility on the TFV and our implementing partners to turn this promise into a tangible and meaningful reality for victims, their families, and their communities. The TFV continues to invest in activities that highlight the importance of delivering reparative value to victims and to ensure that all of the TFV programmes are demonstrably victim-owned, as well as trauma sensitive, gender sensitive, and conflict sensitive.

The TFV's Board of Directors strongly prioritises fundraising, visibility, and advocacy activities.

The TFV calls upon all States Parties to consider increasing their voluntary contributions in view of the demanding year ahead, with additional reparations procedures and the related implementation of awards expected to increase from one to four in 2017. Moreover, the Trust Fund aims to expand its assistance programme into from two to a maximum of five situation countries by 2017.

The TFV has adopted a programme-based fundraising approach, which should enable the expansion of assistance programmes to other ICC situation countries, as decided by the Board in September 2016, as well as grow the TFV's reparations reserve in consideration of the fact that four cases are now in the reparations phase.



Partnership in focus: SWEDEN

Through the Swedish International Development Cooperation Agency (Sida), the Government of Sweden has been the highest contributor to the TFV to date with over EUR 6 million in total contributed by the end of 2016. The partnership between Sida and the TFV dates back to 2011, when the TFV received a first contribution of SEK 10 million. With these unrestricted contributions, the TFV is able to implement projects providing physical and psychological rehabilitation and material support to victims in both northern Uganda and eastern DRC.

Demonstrating its commitment to creating reparative value for victims, the government of Sweden represented by Sida entered into a three-year agreement (2012-2015) with the TFV for a total amount of SEK 36 million. In the annual Sida-TFV meeting in December 2015, both parties agreed to continue this partnership. In November 2016, Sida committed to another three-year contribution (2016 – 2018) of a maximum amount of SEK 30 million or approximately EUR 3 million.

Top 10 TFV Donors

No	Donor Country	Total contributions (€) 2004 – 31 December 2016
1	Sweden	6,266,300
2	United Kingdom	3,772,100
3	Germany	3,214,800
4	Netherlands	2,418,400
5	Finland	2,347,900
6	Norway	1,188,900
7	France	1,150,000
8	Australia	1,150,000
9	Ireland	825,000
10	Japan	696,700

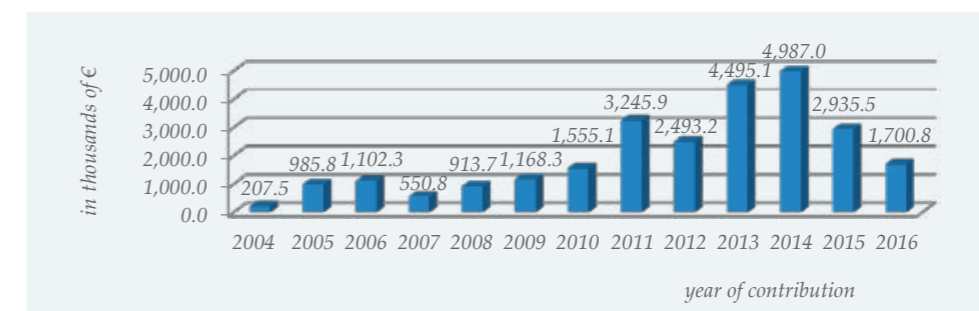
Top 5 Most Consistent TFV Donors

No	Donor Country and total contributions (€) from 2004 – 31 December 2016
1	United Kingdom – € 3,772,100 Since 2004, the Government of the United Kingdom has contributed to the TFV for 12 years, except in 2007 and 2015.
2	Finland – € 2,347,900 Since 2004, the Government of Finland has contributed to the TFV for 12 years, except in 2006 and 2016.
3	Ireland – € 825,000 Since 2004, the Government of Ireland has contributed to the TFV for 12 years, except in 2007 and 2008.
4	Poland – € 155,000 Since 2005, the Government of Poland has contributed to the TFV for 11 years, except in 2016.
5	Liechtenstein – € 107,100 Since 2005, the Government of the Principality of Liechtenstein has contributed to the TFV for 11 years, except in 2006.

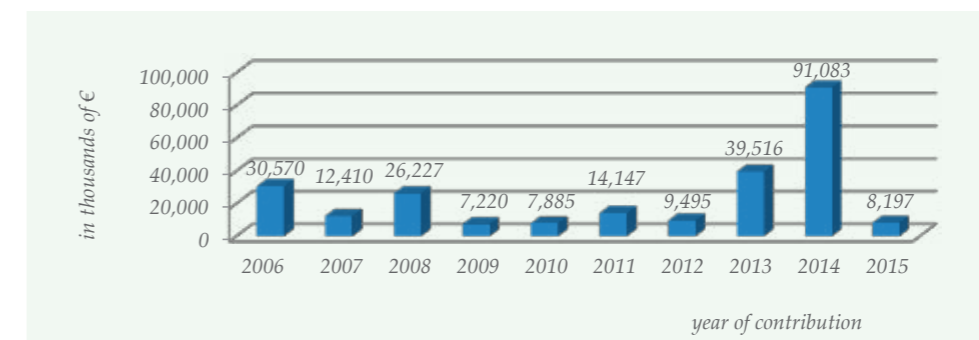
Total Earmarked Contributions 2004 – 2016

Donor Countries	Years									Earmarked Contributions (in thousands of €)
	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Andorra	12.0	12.0							10.0	34.0
Denmark		497.2								497.2
Estonia						35.0		30.0		65.0
Finland			170.0	200.0	200.0	200.0	200.0	200.0		1,170.0
Germany			305.0	110.0	300.0	900.0				1,200.0
Italy						40.0				40.0
Japan							400.0	48.0	47.0	495.0
Netherlands			20.5	247.7	25.0					293.2
Norway	191.1		253.8	253.5	272.6					971.0
United Kingdom						611.0	1,579.1			2,190.1
Sub-total countries	203.1	509.2	444.3	701.2	797.6	1,786.0	2,179.1	278.0	57.0	6,955.5

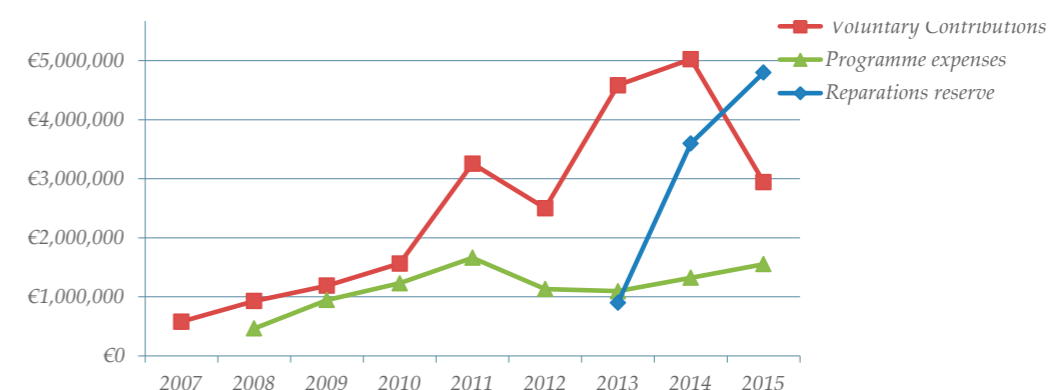
Total Contributions from States Parties from 2004 - 2016



Total Private Contributions 2006 - 2015



Voluntary Contributions Against Programme Expenditures



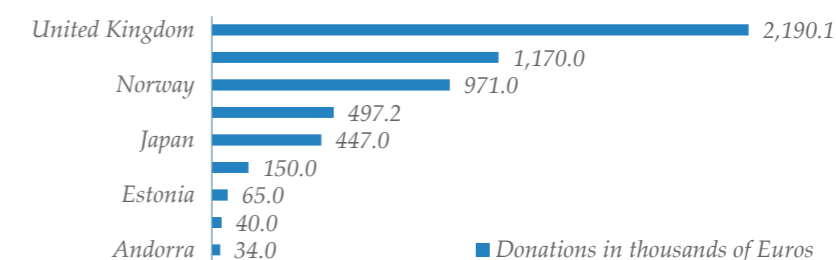
Contributions Earmarked for SGBV Victims

The need to address the harm resulting from the pervasive and widespread practice of sexual and gender based violence (SGBV) in conflict, experienced at the individual, family and community levels, has been recognized by TFV donors, who have earmarked close to €5.5 million to date of their voluntary contributions for SGBV victims.

Contributions Earmarked for Reparations

Germany contributed €300,000 in 2012 and €900,000 in 2013 specifically earmarked for reparations awards.

Earmarked Contributions for SGBV (2004 - 2016)





STRATEGIC GOAL 03

ADVOCACY – POSITIONING THE TFV IN THE GLOBAL PUBLIC DOMAIN

The TFV is a powerful advocate of the rights of victims and their families in the public domain, in particular the global justice system and humanitarian sector.

Prioritising Victim Survivors in International Justice

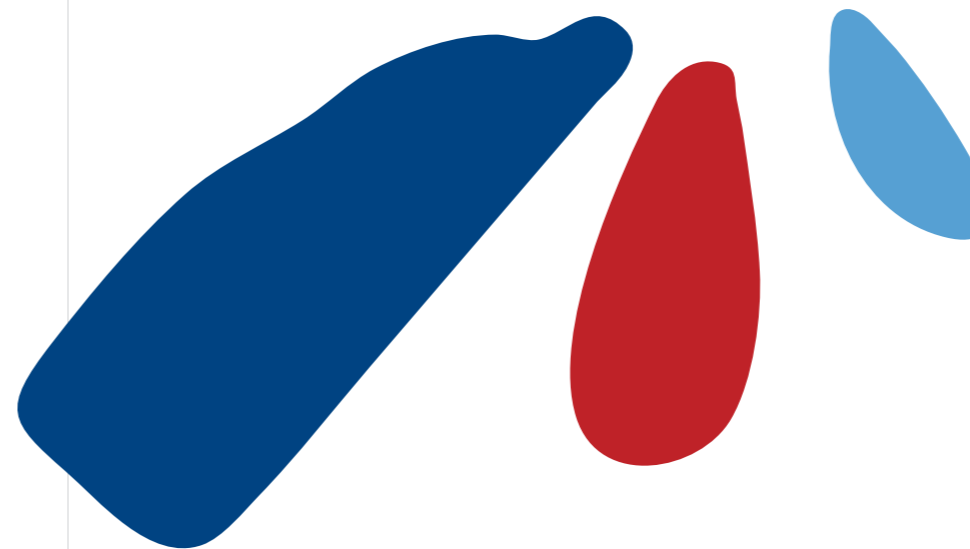
During the 14th Annual TFV Board of Directors Meeting that took place in The Hague from 18 – 21 April 2016, Board members reaffirmed the TFV's mission of providing reparative justice by redressing the harms suffered by victims and supporting victims on their path to recovery.

"We are aware of the very long waiting time for victims in need and will do our best on our part to start reparations programs without further delay, while strengthening programs under the assistance mandate. We think we must take action and make a difference."
-Newly re-elected Board chair, Motoo Noguchi.

The Board members underlined that behind the headlines of the Court's decisions and judgments, there are real people who have been harmed by the most heinous crimes of genocide, crimes against humanity and war crimes. They observed that TFV-supported activities have had a meaningful and profound positive impact in improving the lives of victims and called upon States Parties and other donors to fully support the TFV so that it can expand its work to meet the ever increasing needs of victims.

Throughout the year, members of the TFV Board of Directors and TFV staff have participated in a range of meetings, conferences, and public discussions with other actors of the Court, NGO and civil society members, both internationally and those operating in situation countries, as well as with government officials.

- At the occasion of international justice day, held in Dakar, Senegal on 21 July 2016, Board member Mama Koité Doumbia spoke about the importance of recognising sexual and gender based violence crimes in international criminal justice. She highlighted the success of the TFV in supporting victims of SGBV in ICC situation countries and called upon states members to continue their financial contributions to the TFV to enable the alleviation of physical and emotional suffering of victims.
- On 5 June, 2016, Chair of the Board Motoo Noguchi published an article in Diplomatic Magazine, published in the Netherlands, about the TFV. The article highlighted the TFV's mandates and ambitions and progress made so far under the assistance mandate. Mr. Noguchi called for increased support to victims so that they can regain their dignity and begin the healing process.



- At the occasion of open debate of the United Nations Security Council on "Conflict-Related Sexual Violence" on 2 June 2016, H.E. Mr. Hiroshi Minami, Deputy Permanent Representative of Japan to the United Nations, highlighted the TFV's work in alleviating victims' suffering by providing physical and psychological rehabilitation.
- In June 2016, Mama Koité Doumbia and Executive Director Pieter de Baan met in The Hague with representatives of international and national civil society organisations, in a meeting jointly organised by the Court and the Coalition for the ICC. Civil society representatives impressed upon the TFV the need to continue and expand its activities under the assistance mandate and expressed support for the TFV's reparations mandate.
- On 22 June, 2016, Board member Mama Koité Doumbia held a press conference together with Mali government officials on the TFV's mandates and its activities under the assistance mandate. She received a letter of congratulation from the President of Mali for leading this press conference.
- In August 2016, Board member Mama Koité Doumbia and Executive Director Pieter de Baan attended a seminar in Abidjan, Cote d'Ivoire, hosted by the Coalition for the ICC. At this seminar, the TFV announced its intention to carry out an assessment mission in Cote d'Ivoire to explore the feasibility of initiating an assistance programme for victims in this situation country.
- On 19 October 2016, Executive Director Pieter de Baan delivered a seminar at Lille University on the mandates and activities of the TFV in delivering assistance and reparations to victims within the Rome Statute framework.
- During the Assembly of States Parties meeting in November 2016 in The Hague, the TFV Board of Directors held an Open Session on 'creating reparative value for victims', convening key representatives of the Court, States Parties and civil society organisations. The Open Session highlighted the need for international cooperation and support to ensure that the Rome Statute's promise of reparative justice becomes a meaningful reality for victims, their families and their communities.



STRATEGIC GOAL 04

CREATING AN EFFECTIVE ORGANISATIONAL STRUCTURE

The TFV, acting in a collaborative partnership with the ICC, ensures good governance, accountability, and transparency throughout its activities while responding to the requirements of its mandates.

Following a ReVision process under the auspices of the TFV Board of Directors, the Board adopted a new structure for the TFV Secretariat in August 2015. The main purpose of the new structure is to ensure that the TFV Secretariat can respond to the exigencies and challenges presented by its mandates and comply with the mission to respond to the harm resulting from the crimes under the ICC's jurisdiction by ensuring the rights of victims and their families through the provision of reparations and assistance.

The 2016 budget only allowed for a very limited implementation of the new structure, leading to capacity constraints during the reporting year. The newly elected Board of Directors fully endorsed the adopted structure and agreed with further strengthening it. Further to the recommendations of the Committee on Budget and Finance, the Assembly adopted the TFV's regular budget for the year 2017, allowing for the realisation of the new structure, even if not all of the required resources could be made available to the TFV.

The new structure of the TFV strengthens its organisational capacity in three main areas: programme management and implementation, internal control and financial administration, and fundraising and visibility. The new structure will also allow for a clarification of internal roles and responsibilities, as well as for a more comprehensive administrative delegation of authority from the Registrar to the TFV.



Success Stories

Moses and his wife sitting outside their house during the meeting with TFV representatives.

UGANDA

This testimony from one of the beneficiaries in northern Uganda was recorded by TFV staff members in June 2016 during a monitoring and evaluation mission to assess the progress of the project implemented by Transcultural Psychological Organisation (TPO).

TPO is one of the organisations that the TFV has supported in northern Uganda since 2015 to provide integrated physical and psychological support to 2,360 victims of crimes against humanity to improve their psychosocial wellbeing through the provision of mental health services and access to rehabilitative surgical and medical services.

Moses, in the picture above, is 82 years old and was shot in 2005 by LRA (Lord's Resistance Army) insurgents during an ambush. He had been bedridden since the 2005 shooting due to the bullet lodged in the back of his knee. For almost 10 years after he was shot Moses, could not do anything. He was mostly confined to his hut and depended on the support of his wife and brother for most of his needs. During these past years he did not seek medical attention on account of his very

limited financial means (all of the family's property was stolen by LRA members) and after one of his sons was killed by the insurgents his wife, also in the picture above, became the bread winner and was away from home most of the time during the day. Farming was her only means of family income and with the husband incapable of helping, the income she was getting from the crops was steadily decreasing. At home she was his main care provider and was providing for all his physical needs. Moses was afraid of obtaining services offered by the government because he feared being mistaken for an LRA soldier. Local leaders were aware of his situation but could not help him and this further demoralised him. The government mainly deals with visible cases, unfortunately people with physical disabilities like Moses, who do not have family members advocating on their behalf at the district level, are mostly forgotten and will not receive any medical attention.

Through the assistance provided by TPO, Moses received surgery at the Kitgum hospital in February 2016 and the bullet was successfully removed.

The project provided transportation to the hospital, covered the costs of hospitalisation during 2 days of treatment and referred him to the Mucwini health centre for further medical follow-up care. As part of the services provided, Moses received medicine and treatment at home. His wife said that the support given to her husband had brought hope back into her family and she no longer fears for his life. Before the operation Moses was bedridden and enduring a lot of pain but now after surgery he can walk, he can take care of himself, and he has resumed a normal life within the community as he is able to participate again in community life.

Moses is also part of a group of beneficiaries receiving CBT (Cognitive Behavioural Therapy) treatment as part of the mental health services provided by TPO. Before participating in CBT sessions, Moses was preoccupied by the killing of his son by the LRA and

about the other killings he was forced to witness during the insurgents attack. His bad dreams and nightmares at night have now diminished and he is able to better handle the negative thoughts and memories when they resurface. If, for instance, these bad memories return during the day, he leaves his house and seeks interaction with other people in the community and this brings him relief. The CBT treatment has given him the proper skills to handle stigma and discrimination whereas before Moses used to get very angry when he felt discriminated against, he has now learned other ways to deal with stigma, if and when it occurs.

Moses and his wife now feel that they have become valuable members of their community due to the medical and psychological services that TPO provides to victims of LRA in northern Uganda through the support of the TFV.

DEMOCRATIC REPUBLIC OF THE CONGO

Beneficiaries from a MUSO group near Bunia supported by Cooperazione Internazionale (COOPI), one of TFV implementing partners in DRC.



“Before, I was not in a position to achieve anything important in my life. Today, I am achieving great things as a woman”

A story from Ms Irène, a TFV-supported beneficiary from Ituri:

“In 2003, I was sexually abused by two unknown men in uniform. I was suffering from psychological disorders and even lost the will to live. Feeling ashamed and humiliated, I conceived and gave birth to a child as a consequence of this rape.

Years after, I was approached by one of AMAB’s officers, to whom I confided my story. I later became a project beneficiary and started receiving psychological rehabilitation. I was also able to take part in different income-generating activities, including farming. From these activities, I have enough income to provide basic needs to my family.

When AMAB set up a MUSO group in our community, I quickly joined, and has been a member since 2011. Thanks to the MUSO, I was able to borrow US\$600 to cultivate a cassava field. After three harvests, I had generated enough income to construct a semi-durable house. My husband also borrowed US\$400 that enabled him to cultivate a sweet-potato field. He also saved the revenue generated from his crop production.

Through the MUSO group, my husband and I also borrowed US\$500, which we used to purchase a new motorcycle. We use this as a taxi, and the income enables us to repay the debt.

Today, our household has become an example and is imitated by others. Before, I was not in a position to achieve anything important in my life. Today, I am achieving great things as a woman.

My thanks go to AMAB and to the Trust Fund for Victims for giving their support to the MUSO system and for showing the community how to combat poverty”.

This story is from a beneficiary of a project run by the TFV’s implementing partner, AMAB (*Association des mamans anti-Bwaki*), in DRC. AMAB has been a TFV implementing partner since 2008.

AMAB provides victims in Ituri, eastern DRC, with psychological rehabilitation and economic support through savings and loan initiatives called “Mutuelles de Solidarité (MUSO)” that encourages beneficiaries to work in cooperatives to generate income.

AMAB also provides medical referrals for specialised medical care (e.g. fistula repairs and treatment of sexually transmitted diseases) at local hospitals and clinics. AMAB also implements various interventions at the community level, such as community dialogues that promote social reconciliation and reducing the stigmatization of victim survivors.

*TFV Projects
Summary in
Eastern DRC*





TFV/DRC/2007/R1/019

Partner :	Centre des Jeunes/Missionnaires d’Afrique
Location:	Ituri, North Kivu and South Kivu – eastern DRC
Assistance Type(s) :	Psychological rehabilitation through peace and reconciliation activities focusing on child victims of violence associated with armed forces, child mothers, and vulnerable children affected by the conflict
Donor(s) :	Japan, United Kingdom, Common Basket
Duration :	1 November 2008 – 31 August 2016*
Obligated amount:	\$ 1,189,564



*This project has been granted a funded extension to continue operations until February 2017. To ensure proper closure of the project, an unfunded extension until 31 May 2017 has been granted while the TFV finalizes this year’s open tender to identify new organizations for the provision of physical and psychological rehabilitation and material support services in DRC. This project summary does not include activities during the period between September 2016 and February 2017.

PROJECT SUMMARY:

Since 2008, the Centre des Jeunes/Missionnaires d’Afrique has worked with the TFV to promote peace and social cohesion in the eastern DRC districts of Ituri, North Kivu and South Kivu. Through its project, the “School of Peace” (Ecole de la paix – Ecopaix), Missionnaires d’Afrique restores a culture of peace among children and young victims of war crimes and violence. The project’s objectives are to create a dialogue in schools and literacy centres by mobilizing students to promote a better understanding of the past, present, and future, to help them reintegrate into their communities while minimizing the sources of tension and conflict, and to enable the students and youth to build a future together without violence. The direct beneficiaries of the peace education activities are students of 145 schools, including 100 primary and 45 secondary schools.

Achievements and activities:

Psychological Rehabilitation:

- Partnered with and signed agreements to conduct public events promoting a culture of peace and social cohesion with all 145 heads of elementary schools in the regions covered by Missionnaires d’Afrique. All of the 145 school leaders attended community counselling information awareness sessions;
- Reached 5,250 elementary school students with information on peace-building and community coexistence;
- Conducted 592 follow-up and supervisory visits to elementary schools where public events took place, in order to ensure the on-going involvement of teachers and students in delivering messages promoting peace and coexistence;
- Conducted 48 radio programmes to reinforce messages on peace and coexistence in North Kivu district. In addition, 840 recorded radio shows and commercials were aired on local stations in North Kivu;

- Designed and distributed 62,250 fliers during public dialogue and public counselling/therapy campaigns in Ituri district.

Major planned activities for the remaining project duration:

- Conduct assessments to determine teacher effectiveness in sustaining community counselling/therapy, as well as to assess the project’s impact on societal transformation;
- Increase awareness by distributing an additional 87,000 fliers of the programme;
- Conduct 2,242 public awareness and counselling sessions in all territories of North Kivu district;
- Conduct 1,071 monitoring and follow-up visits in communities where public counselling and events promoting peace and coexistence took place in North Kivu district.

While attending her second community discussion meeting, Ms. M, a teacher, testified that the topic discussed during the first community meeting she had attended, regarding the power of forgiveness on the life of an individual, had enabled her to free her heart of the grudges she had developed between 1990 and 2015. In other words, grudges and anger she had held for 25 years.

She recounted that she had a very negative experience with a woman who told her that she did not like “LENDU, NYALI AND BIRA”, because she did not know her tribe. Since that day, Ms. M decided that she would not speak to that woman, who she considered worse than an enemy. Every time the woman passed her, Ms. M testified that she had the desire and the sentiment to get rid of her, kill her, or do all kinds of foolish things. It was too difficult for her to bear her.

Ms. M testified that the community discussion meeting helped her enormously to escape from that state of mind, thanks to being exposed to the power of forgiveness and of dialogue between friends, brothers, and neighbours. Ms. M thanked the ECOPAIX project because, due to the community discussion meeting, when she encountered the woman in the Mugbwalu parking lot one day, she found the courage to greet her. Suddenly, she felt the resentment she had held for this woman peel away and realised the degree of welcome and affection that was reserved for her. She therefore made a commitment to love this woman and relay the message of peace to anyone she encountered. All of the members who were present at the community discussion were happy with this commitment.

"I feel happy today because my community has finally acknowledged the magnitude of threat the militiamen pose to our community. It is reassuring that many of us understand that this is not good for anyone. It is a good sign to see that it is possible to end this conflict. My house in Kakado was vandalised before being set on fire by militiamen. I knew those who did it. For three years, I was angered. Then a day came when the community workers from 'Ecole de la Paix' spoke to me and convinced me of forgiveness. I forgave them. I now live next to them and their families. Thanks to some members of our community to recognise that militia activities are destructive; that they will never lead us to peace or development."

- Anonymous teacher from Ituri district in DRC.

TFV/DRC/2007/R1/021

Partner:	Bureau d'étude et d'appui technique aux initiatives locales/ Action for Living Together (BEATIL/ALT)
Location:	South Kivu: Bukavu, Miti, Kavumu and Katana
Assistance Type(s):	Psychological rehabilitation and material support for survivors of sexual violence, civilian mutilation survivors, and community members
Donor(s):	Denmark, Finland, Norway, United Kingdom, Japan, Common Basket
Duration:	1 November 2008 – 31 August 2016*
Obligated amount:	\$1,495,474



*This project has been granted a funded extension to continue operations until February 2017. To ensure proper closure of the project, an unfunded extension until 31 May 2017 has been granted while the TFV finalizes this year's open tender to identify new organizations for the provision of physical and psychological rehabilitation and material support services in DRC. This project summary does not include activities during the period between September 2016 and February 2017.

PROJECT SUMMARY:

Since 2008, the Bureau d'Étude et d'Appui Technique aux Initiatives Locales / Action for Living Together (BEATIL/ALT) has implemented a project that supports the psychological rehabilitation and socioeconomic reintegration of victim survivors of sexual violence and supports the school reintegration of children of these victim survivors. The project is concentrated in Bukavu and its surrounding areas. Since 2014, the project has screened and provided medical referrals to survivors who have suffered physical mutilation during armed conflict to Panzi Hospital and other clinics. The project works to reduce stigma and promote community reconciliation by integrating victim survivors and their community members in saving and loans mechanisms known as Mutuelles de Solidarité (MUSO), and through community sensitization programmes focussed on conflict management, gender equality issues and combatting sexual and gender based violence. BEATIL/ALT also mobilises communities on other issues of child welfare and general conflict management through the "do no harm" principle.



Achievements and activities:

Psychological Rehabilitation:

- Conducted 5,148 individual counselling sessions with at least 3 contact sessions per person to ensure a continuum of socio and psychological therapy to the victims.

Material Support:

- Paid school fees and provided other school related materials to a total of 1,900 children;
- Reintegrated 1,900 children, and family members into a formal education setting. Monitoring conducted by BEATIL/ALT has documented that these children continue to perform well academically and socially following their reintegration. The inclusion of children into a formal education setting has substantially reduced the number of

street children as well as those recruited to join militia and guerrilla initiatives in the region. Reintegration has also stabilized enrolment rates within regional school systems;

- Identified, selected, trained, and provided income-generating loans to 4,065 victims in Bukavu and its surrounding areas;
- Disbursed 950 small loans to victims, at the rate of \$110 each, to start up small businesses, enabling them to become financially self-reliant;
- 65% of the victims who received micro loans to begin income-generating activities have produced profits, enabling them to *inter alia* support their families.

Major planned activities for the remaining project duration:

- Mobilize the community (individuals, families, and groups) to join MUSO groups, in which they will also receive group counselling therapy;
- Provide trainings and follow-up with 100 MUSO group members in their choice of income generating activities such as in dress making, knitting, livestock, cosmetics, milk processing, and painting;
- Train and follow-up with literacy trainers;
- Mobilise community members to join health insurance schemes within their communities or workplace.

While fleeing the war, Ms. MN, 42, was repeatedly raped in the presence of her husband and children, a tragic experience that left her with acute gynaecological complications. Following these events, her husband abandoned her along with their children because she had “become the wife of militiamen.”

After many years of isolation, extreme hardship and emotional distress, she met a BEATIL/ALT staff member. Through the funds received from the TFV, BEATIL/ALT was able to provide Ms. MN with psychological support and vocational and technical skills training.

BEATIL/ALT facilitated her access to loans, connected her to other income generating activity services, and integrated her into a MUSO group.

With the income she was able to generate, Ms. MN was able to afford to send her children back to school. Amidst the successes she has achieved through her small business activities, her husband has now returned home and reunited with the family.

TFV/DRC/2007/R1/022

Partner:	Association des Mamans AntiBwaki (AMAB)
Location:	Ituri, eastern DRC
Assistance Type(s):	Medical referral, psychological rehabilitation and material support for female victims of sexual and gender-based violence and their families.
Donor(s):	Finland, Norway, Germany, United Kingdom, Common Basket
Duration:	1 December 2008 – 31 August 2016*
Obligated amount:	\$1,231,370



*This project has been granted a funded extension to continue operations until February 2017. To ensure proper closure of the project, an unfunded extension until 31 May 2017 has been granted while the TFV finalizes this year's open tender to identify new organizations for the provision of physical and psychological rehabilitation and material support services in DRC. This project summary does not include activities during the period between September 2016 and February 2017.

PROJECT SUMMARY:

Since 2008, AMAB has provided psychological rehabilitation and economic support to Sexual and Gender Based Violence (SGBV) victims in Ituri, including medical referrals for specialized medical care (e.g. fistula repairs, treatment of sexually transmitted infections) at local hospitals and clinics. In Bunia and in its surrounding 9 areas, covering 220 localities, AMAB provides psychological care and promotes

the reintegration of 856 male and female victims of sexual violence and their families with their communities. Around 98% of the total beneficiaries of this project are female victim survivors of sexual violence. In addition, AMAB has provided literacy courses to at least 480 victims of war crimes and crimes against humanity committed in Ituri in the period between 2002 and 2005. AMAB has also provided material support in the form of the payment of school fees for 150 children born from rape to attend school. AMAB also implements interventions at the community level, such as community dialogue, sensitization workshops on gender issues and combatting SGBV, and activities that promote social reconciliation and the reduction of stigmatization of survivors. AMAB also supports economic reintegration through MUSO groups' activities.



Achievements and activities:

Medical Referral:

- Medical referrals to specialized health facilities for women victims of sexual violence for, *inter alia*, fistula repair, and physical therapy;
- Conducted 223 individual home visits to follow-up with 327 victims who had previously received medical care, referrals and counselling therapy.

Psychological Rehabilitation:

- Provided psychological support to women victims of sexual violence through listening and detraumatization sessions, organizing discussion groups, socio-cultural events, group therapy sessions and community dialogues.

Material Support:

- Capacity building, training, and distribution of materials and equipment for income generating activities, such as dressmaking, animal husbandry, small business management, agriculture, bakery, and cooking;
- Created several MUSO groups in targeted communities;
- Provided literacy training to women and girls who have been unable to continue their schooling during the war.

My name is R, and I live in Bule. We were victims of the attack on our village by militiamen from the FNI [Nationalist and Integrationist Front] group. My son was hacked to death, dying on the spot, and I myself was raped by several of these militiamen. They slashed my left forearm and left tendon with a machete. Believing me to be dead, they abandoned me. Fortunately, after one day, I was taken to a hospital in Fataki by some good-willed people, where I received care for eight months. I had lost everything and I sold beans from a lady who paid me CFA 500 at the close of sales. I did this twice per week. I was identified by the AMAB team who supported me psychologically and socially. With the support I received from AMAB, I sold beans; I am currently supplying large quantities of beans which I resell to lady merchants who come from Bunia. I have already purchased 26 sheets of plate to construct a house, I am managing to feed my family and I have joined a MUSO group organised by AMAB in my village. I am grateful for this work of such magnificence.

Thank you to AMAB and thank you to the Trust Fund for Victims.

Community Reconciliation:

- Initiated public dialogues on peace, coexistence, and reconciliation in the four territories of the Ituri district. Trained local activists who now organize these public dialogues on a regular basis;
- 446 children born from rape have been accepted by and reintegrated into their families;
- 178 victims of rape or sexual slavery have reunited with their husbands after a period of abandonment or rejection.

My name is G. I was a victim of sexual violence perpetrated by an FNI militiaman. I was living in sorrow in my community. I had no hope to live but I had courage thanks to the advice that I received from the officer from AMAB. I was living in disgust and the cost of living was very difficult because everything had been pillaged. I had also experienced loss of human life. After I joined the programme set up by AMAB as part of its project supported by the Trust Fund for Victims, I learned to sew clothes. I am able to provide for the needs of my family and I have joined MUSO group, which provides me with credit that enables me to boost my cutting and sewing activities.



TFV/DRC/2007/R2/029	
Partner:	Cooperazione Internazionale (COOPI)
Location:	Ituri, Eastern DRC
Assistance Type(s):	Medical referral, psychological rehabilitation and material support for child mothers, boys, girls, other vulnerable children and victims of armed conflict through school and socio-economic reintegration
Donor(s):	Andorra, Denmark, Finland, Germany, Norway, United Kingdom, TFV Common Basket
Duration:	1 November 2008 – 31 August 2016*
Obligated amount	\$2,042,757



*This project has been granted a funded extension to continue operations until February 2017. To ensure proper closure of the project, an unfunded extension until 31 May 2017 has been granted while the TFV finalizes this year's open tender to identify new organizations for the provision of physical and psychological rehabilitation and material support services in DRC. This project summary does not include activities during the period between September 2016 and February 2017.

PROJECT SUMMARY:

Since November 2008, Cooperazione Internazionale (COOPI) has worked as a TFV implementing partner in Bunia and the surrounding localities in Ituri, eastern DRC, to address the needs of young victims of conflict. The project's direct beneficiaries receive psychosocial support and access to other social and recreational activities aimed at psychological improvement. COOPI also supports young girls to attend secondary school, and encourages beneficiaries to form and/or join MUSO groups as part of longer-term strategy for attaining economic self-reliance. MUSO groups are also used as a platform for community and inter-community dialogues/therapy, as a strategy for helping communities manage trauma, engage in constructive dialogue, cultivate a spirit of reconciliation and social cohesion, and prevent further violence and human rights violations.

Achievements and activities:

Medical Referral:

- Identified 330 vulnerable children (140 females and 190 males) in need of immediate medical services, referred them to local clinics or hospitals, and registered them into a local annual health insurance scheme (*Mutuelle de santé*);
- Referred 213 patients/victims of rape and sexual violence for appropriate medical care to local clinics or hospitals, and covered the related costs (transportation, meals and accommodation, as well as the medical bills).

Psychological Rehabilitation:

- COOPI provides psychosocial support to direct project beneficiaries, particularly young survivors victim of sexual violence, rape and abductees of armed groups as well as youth formerly associated with armed groups. Out of 878 young beneficiaries under COOPI's psychological programme, 657 expressed feeling great improvement in psychological stability that resulted in successful reintegration within their families and communities;
- Followed up with almost 878 individual victims and provided customized psychosocial therapy in the community;
- Facilitated mediation and reunification of 10 single mothers who had been in conflict and abandoned by their parents, including cases of domestic and child abuse;
- Conducted 210 training sessions to more than 3,144 women and children on issues related to sexual and gender based violence and its physical and psychological impacts.

Community Reconciliation:

- Conducted 165 community mobilization campaigns aiming to encourage members of the community to join MUSO groups. In total, 5,544 individuals attended these informational community events;
- Conducted 231 community dialogues (with techniques involving plays and performances) on peace building in communities. In total, 3,396 community members attended the events.

Material Support:

Schooling:

- Enrolled 356 children in school and provided them with school related materials. COOPI also followed their performance at school throughout the year. Around 93% of the children who were followed-up with at school passed with satisfactory performance, while 5% did not and will repeat the school year;
- Conducted joint teacher-parent meetings to discuss the importance of education, female education, as well as the importance of parental involvement in their children's education;
- Conducted 12 recreational and cultural public events in which 1,342 (755 females and 587 males) students and 42 teachers attended. The events promoted female child rights, empowering them through the exhibition of their creativity (arts, poems, songs, and another wide range of performance) in public;
- 239 victims participated in literacy activities (234 female and 42 male) and have been involved in the management of the literacy centers;
- 10 community literacy centers have been opened and managed by the communities.

Vocational training:

- Trained 75 female victims of rape and other sexual violence in income generating activities and enrolled them in literacy groups. The business activities include hair cut/dress making, farming, small business, restaurants, tailoring, and others);
- Provided 75 trained young females with start-up kits in their respective business areas.

During the war in 2004 I was raped by a man in uniform and became pregnant immediately after the rape. I was 12 years old. I had been rejected by family and, consequently, I had lost the hope to live. I was in the street, wandering among the families of pregnant people. In 2008, I was 16 years old when the COOPI team was engaged in identifying girl mothers in order to enrol them in the recovery school. When I arrived at COOPI, I was referred to a psychologist and together we had several individual sessions. After several sessions with the psychologists and social workers, I started to feel good and that is when I realised that I had several psychological disorders. At the transit and orientation centre, there was also a medical care unit and hence I went there for treatment and I am now doing well physically, which has enabled me to pursue my studies properly.

What I found even more reassuring was that I met several girls who had the same problem as me at the COOPI transit and orientation centre. We started to share our experiences together, initially through the support group, which became the community therapy later on, and I felt much better. I understood that I was not the only girl who was suffering and who had been rejected by her parents. When we were invited to attend the recovery school organised by COOPI, I was truly very happy because I thought that studying was already foreclosed to me. It was also very encouraging because the COOPI team was going to look after my baby while I was at school.

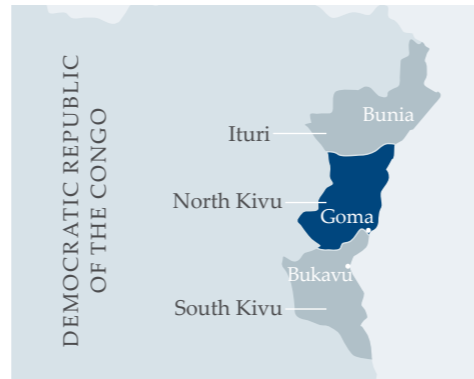
I am still continuing with my studies today. I am now in the 5th year of secondary school. I know that I am going to obtain my diploma and that I will be an important person in society. I have received the reintegration kit that was given to me by COOPI. The baking kit – I continue to bake doughnuts to support my studies.

I also attended the training sessions in ladies' hairdressing when COOPI organised this for the school girls. I know that my life will be better in the future. And I also sent my child to school. He is now in the 4th primary year. I say thank you to the Trust Fund for Victims for their support which enabled me to recover hope.

As a young child, J, was associated with the armed forces and groups during the time of the wars in Ituri. In 2003, he was enlisted in a UPC (Union of Congolese Patriots) group as a soldier in the ranks. In 2005, when CONADER had started its operations to demobilise all of the militia and armed groups in Ituri, he joined the programme and was looked after at a Transit and Orientation Centre (CTO) in Bunia, which was supported financially by UNICEF. From 2010 until the present, he has been supported by COOPI. He started running a small business selling telephone credits and, at the same time, he went back to school, where he will obtain his state diploma (baccalaureate) in commerce. He is now preparing to start university studies. He thanks COOPI and the TFV for the psychological and economic rehabilitation it provided and for his reintegration into the community.

TFV/DRC/2007/R2/043

Partner :	Collectif des Associations Féminines de Beni (CAF-Beni)
Location :	North Kivu, eastern DRC
Assistance Type(s) :	Medical referral, psychological rehabilitation and material support for sexual violence victims
Donor(s) :	United Kingdom, Republic of Estonia, Common Basket
Duration :	9 Jul 2013 – 31 Aug 2016*
Obligated amount	\$ 192,000



*This project has been granted a funded extension to continue operations until February 2017. To ensure proper closure of the project, an unfunded extension until 31 May 2017 has been granted while the TFV finalizes this year's open tender to identify new organizations for the provision of physical and psychological rehabilitation and material support services in DRC. This project summary does not include activities during the period between September 2016 and February 2017.

PROJECT SUMMARY:

CAF-Beni is a women association network based in Beni, eastern DRC. Since 2013, CAF-Beni has implemented a project supporting the empowerment and socio-economic reintegration of women and girl victims of sexual and gender based violence. The project provides medical referrals to local hospitals and health centres to victim survivors who need specialized medical care (e.g. treatment of STI, fistula repair), facilitates individual and community dialogues as part of psychological rehabilitation, and supports literacy training for victim survivors. CAF-Beni also established MUSO groups to improve economic status of its beneficiaries through savings and loans initiatives. CAF-Beni also mobilises communities on other cross-cutting issues of gender equality, child welfare and general conflict management through the "do no harm" principle.

Achievements and activities:

Psychological Rehabilitation:

- During this reporting period, 375 victims of SGBV received counselling therapy and group information session on the benefits of joining a MUSO group.

Material Support:

- Reintegrated 20 children born out of rape into schools and paid their education fees and other school related materials.
- 50 MUSO groups into which 549 persons (167 males and 382 female) joined, of which 68 were victims (67 female and 1 male) of SGBV.

- Created 6 community literacy centers where 109 people have received literacy education. Around 30% of the beneficiaries are victims of SGBV and were also mobilized to join a MUSO group.
- Disbursed 115 small loans. Each person received around \$110 to start up a small business, enabling them to be financially self-reliant. All victims have been trained in a small business of their choice, such as tailoring, cooking, baking, and small cattle keeping. Among the victims, 65 are dealing with small business, 14 created and integrated into the tailoring centers and 21 victims are keeping small cattle.



Community Rehabilitation:

- Recruited local officials to participate in the programme management. They are actively participating in group working sessions.
- Established communication channels in the communities where conflicts are peacefully resolved and peace built.

Major planned activities for the remaining project duration:

- Continue to mobilise the community (individuals, families, and groups) on the importance of joining MUSO groups, in which they will also receive group counselling therapy.
- Train and follow-up with MUSO members in their respective business areas and also in financial management skills.
- Train and follow-up with trainers of literacy programmes.

TFV Projects Summary in Northern Uganda



TFV/UG/2007/R1/014a

Partner:	Amuria District Development Agency (ADDA)
Location:	Amuria, Kaberamaido and Soroti Districts – northern Uganda
Assistance Type(s):	Physical and psychological rehabilitations for victim survivors, with a special focus on girls and women subjected to sexual crimes; victim mobilization and identification; counselling, reconstructive and corrective surgery, recuperative/restorative surgery, orthopaedic surgical services and prosthetic devices for victims of deformity
Donor(s):	Finland, Japan, Common Basket
Duration:	April 2015 – April 2018
Obligated amount	€ 160,000



PROJECT SUMMARY:

Since April 2015, Amuria District Development Agency (ADDA) has provided comprehensive integrated physical and psychological rehabilitation to more than 1,000 victim survivors, with a special focus on girls and women subjected to sexual crimes and violations leading to gynaecological / reproductive complications. Major activities that ADDA focuses on include:

- 1 identification of victims/patients and the mobilization of partners in a coordinated fashion to create a comprehensive, integrated support structure for victims;
- 2 conducting radio shows to inform the communities and victims on the goals of the project and other preventive strategies;
- 3 conducting routine trauma counselling and psychological support services;
- 4 conducting corrective surgery to restore the physical integrity of victims with foreign objects (bullets, shrapnel and explosive fragments);
- 5 facilitating treatment of victims with chronic wounds resulting from physical injury;
- 6 facilitating treatment for victims of gynecological and sexual complications;
- 7 conducting corrective orthopedic surgery and physiotherapy treatment, and the provision of orthopedic devices to the victims of physical injuries and deformity; and
- 8 establishing and maintaining referral mechanisms with competent health services providers for post-operative care and follow up.

ADDA consistently partners with a range of agencies including local officials to attain its goals. The project has also established referral systems to competent health service providers in the districts of Amuria, Kaberamaido and Soroti for orthopedic surgical services and prosthetic devices for victims of physical injuries and deformity.

Achievements and activities:

Physical Rehabilitation:

- Identified victims, facilitated surgical operations, and provided treatment to 214 women and girls with sexual and gynecological complications caused from rape, and those with ruptured cervixes as a result of forced child bearing;

Psychological Rehabilitation:

- Conducted 15 mobilisation sessions and victim identification meetings in which a total 1,123 (698 females and 425 males) victims were identified;
- Provided routine trauma counselling sessions and customized psychological support to 335 victim patients (209 females and 136 males). The treated cases include post-traumatic pains stemming from physical torture, rape, and slavery, as well as psychological and trauma complications;
- Conducted 6 consultation meetings with the local authorities and victim communities in the operating regions aimed to improve relations and build effective and sustainable management for assisting victims in northern Uganda;

- Conducted 8 radio talk shows to sensitise victim communities on the integrated physical and psychological rehabilitation support available, highlighting the categories and types of beneficiaries to be supported under the project.

Major planned activities for the remaining project duration:

- Conduct 6 consultation meetings to improve relations and build effective and sustainable management for assisting victims;
- Conduct 8 radio talk shows to sensitise victim communities on the integrated physical and psychological rehabilitation support project;
- Identify and provide 170 victims with psychological service package;
- Identify and provide treatment to 250 victims with sexual and gynaecological complications.

A.J., 54 years old and a mother of 8 children (4 boys and 4 girls) is a resident of Amuria district. On 16 June 2003, while in her house, she heard footsteps outside and she heard a voice telling her "cungi", literally meaning stop. "I was pulled outside my house, thrown down and mercilessly beaten", she said. The rebels looted all the items in her shop and other household property.

"I was forced to carry the looted belongings and walked for a long distance. I was in captivity for 60 days and each night I was raped by different men hence I had sex with more than 60 men.

With the help of the helicopter gunship that attacked the rebel hideout, I managed to escape and was later rescued by the UPDF. Because of the persistent rape I experienced in captivity, by 2004, I developed complications which included body weakness, severe abdominal pain, waist pain and painful sex during relations with my husband which later transformed to urinating blood mixed with pus.

I was taken to different hospitals where I was diagnosed with acute gynaecological complications which required surgery to remove the uterus, but we could not meet the cost attached to the operation. However, with the programme on radio and the mobilisation drive conducted by ADDA, I was encouraged to visit an ADDA office, which I did with my husband. We were supported and taken to see the doctor who diagnosed the same treatment.

I was operated on and I felt relieved from all the pains I encountered. I have so far recovered from the challenges I had. I now live with people. People no longer experience the smell I had before the operation and the treatment. I have become strong and engaged in household activities. My family and indeed my husband and children have developed positive emotional and physical transformation in life. I have restored my beautiful body and will be in position to support my family and the community."

TFV/UG/2007/R1/014b

Partner:	North Chili Producers Association (NECPA)
Location:	Oyam, Kole, Alebtong, Agago and Lira Districts – northern Uganda
Assistance Type(s):	Physical and psychological rehabilitations, and medical referrals for victim survivors, including victim survivors of sexual violence (both men and women) with fistula or other reproductive health conditions for surgery and treatment
Donor(s):	Finland, Estonia, Common Basket
Duration:	April 2015 – April 2018
Obligated amount	€ 160,000



PROJECT SUMMARY:

North Chili Producers Association (NECPA) provides physical and psychological rehabilitation and medical referrals to more than 2,200 victim survivors in the affected communities. The targeted beneficiaries include male and female survivors of sexual violence, women with fistula conditions, and men with rectum conditions and other reproductive health conditions. These victims receive surgery and treatment. NECPA also reintegrates victims into their communities through community dialogues, meetings, counselling, and income-generating activities such as financial literacy programmes, entrepreneurial and agribusiness training, and support with start-up kits or sets of equipment to start income generating activities. NECPA also mobilises communities on other cross-cutting issues of gender equality, child welfare, and general conflict management through the “do no harm” principle. NECPA works in 13 sub counties of Oyam, Kole, Alebtong, Agago and Lira districts in northern Uganda.

Achievements and activities:

Physical Rehabilitation:

- Provided treatment and surgery to 56 females victims of sexual and gender based violence with traumatic gynaecological conditions and complications;
- Facilitated surgical operations to 15 victims with foreign objects in their bodies (bullets, keloids, and fragments).

Psychological Rehabilitation:

- Identified and trained 20 professionals in the counselling of victims of traumatic injuries and other conditions;
- Reached 3,068 community members through outreach activity events such as town-hall meetings, and community events;
- Provided individual and group counselling therapy sessions;



- Facilitated reintegration of 250 victims with their family members and communities;
- Trained 18 groups in conflict resolution and psycho-social counselling.

Material Support:

- Formed 14 victim groups and trained them in financial literacy and other market-oriented skills such as entrepreneurship and farming. Afterwards, the trainees received support with seeds and seedlings.

Major planned activities for the remaining project duration:

- Train 20 additional professionals in counselling;
- Identify and provide counselling therapy to 100 more people;
- Reintegrate 30% of victims within their families and communities;
- Form 13 new student clubs and provide advanced skills training to enable them to conduct public dialogue and counselling through competition games, drama, and plays in their communities;
- Train 17 groups in conflict resolution, collective counselling, and peace building.

TFV/UG/2007/R1/014c	
Partner:	Centre for Victims of Torture (CVT)
Location:	Gulu, Kitgum, Amuria, and Lira Districts – northern Uganda
Assistance Type(s):	Provide survivors of LRA-inflicted torture and violent trauma with effective mental health rehabilitation services through on-site mental health clinical mentoring and supervision of counsellors in partner NGOs
Donor(s):	TFV Common Basket
Duration:	October 2009 – November 2018
Obligated amount	UGX 1,863,92,518 and USD 850,905



PROJECT SUMMARY:

Since October 2009, the Center for Victims of Torture (CVT) has been funded by the TFV to work with non-governmental organisations in northern Uganda in order to provide survivors of LRA-inflicted torture and violent trauma with high-quality, effective, direct mental health rehabilitation services. As part of the project, CVT provides on-site mental health clinical mentoring and supervision to counsellors in partner NGOs, with a view to building a network of mental health service providers in northern Uganda, and to link that network to Ugandan strategic partners with expertise in mental health rehabilitation.

Achievements and activities:

Psychological Rehabilitation:

- Conducted 9 community sensitisation campaigns (reaching a total of 434 survivors) in order to identify LRA-affected communities in need of

mental health services. CVT also worked together with communities members to raise awareness and improve knowledge and understanding of the effects of torture and trauma for individual victim and communities as a whole;



- Conducted intake assessment and provided intensive group and/or individual psychotherapy to 127 new clients showing psychological symptoms of post-traumatic stress, anxiety, depression, somatic crisis and other behavioural dysfunctions, all connected to the LRA-conflict;
- Enhanced counseling skills and knowledge of the CVT Psychosocial Counselling (PSCs) team by hiring 4 professional and paraprofessional counseling staff members on behalf of community based partnering agencies;
- Mental health staff members received clinical supervision by CVT Psychotherapist/ Field Representatives at least once per month throughout the year;
- Provided 4 PSCs and 4 other participating counsellors with formal training each quarter. Training records document complete attendance, and the pre- and post-test scores show knowledge gains of at least 25% over baseline levels;
- Conducted annual training workshop for 25 participants, at the end of which at least 25% of them had their technical knowledge increased over baseline levels.

CVT's Decrease in Mental Health Symptoms among Clients Receiving Counseling (at 6-month follow-up)

Number of clients (both intakes and follow-up)	Depression		Post-Traumatic Stress		Somatic		Anxiety		Behavioural Functioning Difficulties		% of clients with decrease in at least one symptom area between intake and six-month follow up
	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d	
65	98%	2.4**	100%	2.4**	88%	1.8**	98%	2.4**	97%	1.6**	100%

The effect size (d) quantifies the magnitude of observed changes over time:

+/- .2 is small, +/- .5 is medium and +/- .8 or higher is large.

No stars – Confidence level of less than 95% that there was a decrease in symptoms.

* Confidence level of more than 95% that there was a decrease in symptoms.

** Confidence level of more than 99% that there was a decrease in symptoms.

From the cohort of 127 clients whom CVT has provided with psychosocial rehabilitation services in the year:

- 64% of clients are female, 36% are male;
- 100% of clients are survivors of torture;
- 99% of clients were forced to leave home because of the conflict (some clients had to leave home up to 10 times);
- 83% of clients lived in a shelter or protected camp at some point;
- 98% of clients were captured against their will (up to 10 times; lengths of time ranging from a day to many years);
- 98% of clients had their family or a relative held captive or taken away;
- 64% of clients have a family member missing currently;
- 98% of clients were separated from family by the conflict; 14% continue to be separated from family;
- 41% of clients were child soldiers;
- 46% of clients have experienced sexual or gender-based violence;
- 87% of clients never or rarely have money for basic necessities;
- 83% of clients identified at intake had at least one psychosocial problem that had bothered them "very much" in the previous two weeks;
- 54% of clients do not receive help from any service provider besides TVF's CVT;
- 44% of clients rated their overall health as "poor" or "very poor" at the intake time;
- 69% of clients have a health problem that interferes with daily functioning;

TFV/UG/2007/R1/018; TFV/UG/2007/R2/042

Partner: Association of Volunteers in International Service (AVSI)

Location: Acholi and Lango Sub-Regions, Adjumani Districts – northern Uganda

Assistance Type(s): Medical rehabilitation to disabled victims through provision of prosthetics, orthotics, and physiotherapy; improve the quality of life and social inclusion for physically disabled victims of war through psychosocial rehabilitation

Donor(s): TFV Common Basket

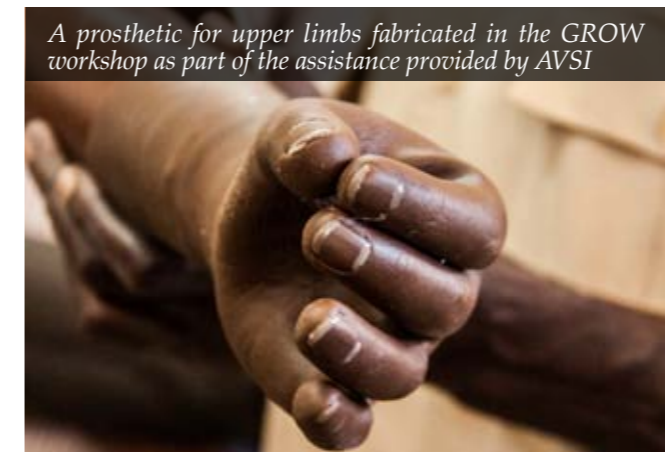
Duration: October 2008 – November 2018

Obligated amount €925,363



PROJECT SUMMARY:

AVSI has worked in Northern Uganda with support from the TFV since 2008. As part of its program, AVSI conducts outreach activities to identify victims with physical rehabilitation needs resulting from conflict. Through the Gulu Regional Orthopaedic Workshop (GROW) founded by AVSI, selected beneficiaries are provided with a range of medical care services, including prosthetic limbs for amputees, orthotic devices such as crutches, callipers, splints etc. Alongside these activities, AVSI also provides psychosocial services to enable victims of war to reintegrate into their communities, and deal with the psychological effects of their disability and traumatic experiences through counselling, occupational therapy, and community sensitization activities.



Achievements and activities:

Physical Rehabilitation:

- Identified, assisted and followed-up with 137 victims who suffered physical injuries and other deformity conditions resulted from conflicts;

- Produced and delivered 166 prostheses and orthotics to victims and clients of the project. Repairs were made for 15 (13 males, 2 female) prostheses and orthoses carriers. Additional services were provided on site including counselling, occupational therapy, or physiotherapy. Orthotics supports include provision of crutches, corsets, callipers, and orthopaedic boots.

Psychological Rehabilitation:

- Provided individual counselling sessions to 172 beneficiaries experiencing mental health challenges, and those who have suffered with depression and Post Traumatic Stress Disorder;
- Conducted community mobilisation campaigns which gathered 859 individual to raise awareness on reducing stigmatization and discrimination that victims of conflicts have encountered. Participants include community development officers, parish chiefs and other local community leaders.

Major planned activities for the remaining project duration:

- 50 amputees (physical rehabilitation) and 86 war victims (for psychological support) will be followed up in the following quarter;
- Produce and deliver prostheses and orthotics to the project beneficiaries to continue to meet all needs;
- Provide occupational and physiotherapy services;
- Provide technical assistance and supervisory support to the social team of workers and counsellors involved in direct identification of beneficiaries and provision of services in communities as part of capacity building for an ongoing quality services.

- 90% of beneficiaries are fully rehabilitated and no longer dependent on others for basic living requirements and physical care. They have been fully reintegrated in their families and engaged in socio-economic activities in the communities;
- Five clients with symptoms of Post-Traumatic Stress Disorder and six clients with suicidal ideation were fully treated. They have resumed normal and productive life in their villages;
- 73% of the clients who received plastic surgery have fully healed;
- 31 young children have resumed school and have reintegrated into their communities as a result of psychological support and plastic surgical intervention they received from the project.

TFV/UG/2007/R1/016

Partner:	Transcultural Psychosocial Organisation (TPO)
Location:	Oyam, Kole, Alebtong, Agago and Lira Districts – northern Uganda
Assistance Type(s):	Provide physical and psychological rehabilitation services to victim survivors; improve access to rehabilitative, surgical and medical services through capacity building for social workers and developing referral pathways among service providers
Donor(s):	TFV Common Basket
Duration:	April 2015 – April 2018
Obligated amount	€160,000



PROJECT SUMMARY:

Transcultural Psychosocial Organisation (TPO) provides integrated physical, psychological and psychosocial support to more than 2,500 victims to improve their psychosocial well-being through the provision of mental health services and access to rehabilitative, surgical and medical services. The project also provides capacity building for social workers and health professionals in facilitating cognitive behaviour therapy (CBT) to victims and develops referral pathways among service providers in the districts of Gulu and Kitgum districts.



Beneficiaries of the project implemented by TPO meet with staff of the implementing organisation during a follow up visit.

Achievements and activities:

Physical Rehabilitation:

- Conducted home visits to follow-up with clients who have undergone surgery. Out of the total 64 clients treated, 75% had recovered and resumed their normal life activities including supporting their families. Others are still in the recovery process;
- Facilitated 11 (8 females and 3 males) surgical operations to victims with severe wounds and other traumatic injuries. The victims are currently on a steady recovery path and have been receiving appropriate counseling;
- Organized 360 victims into patient support groups and offered them livelihood support.

Psychological Rehabilitation:

- Provided individual counselling and cognitive behavioural therapy sessions to 690 beneficiaries. Out of the total number, 261 (147 females and

114 males) were new direct beneficiaries, 162 (87 females and 75 males) indirect beneficiaries, and 267 (165 females and 102 males) were additional beneficiaries who received Cognitive Behavioural Therapy (CBT) sessions;

- With the assistance of 4 government clinics, TPO conducted outreach activities and mobile clinics in several communities. As a result, 286 beneficiaries were assessed, and received counselling and clinical treatment. During the mobile clinics, beneficiaries and their caretakers were sensitised on drug adherence, home-based care and support;

- Reached 343 (203 females and 140 males) community members through public events aimed to raise awareness on mental health. The events provided community members with information to reduce victims' stigmatisation and promote unity and reconciliation with the returnees.

Major planned activities for the remaining project duration:

- Identify 513 new beneficiaries to receive physical and psychological rehabilitation, and provide Cognitive Behavioural Therapy (CBT) sessions;
- Conduct 8 community mental health outreach sessions in close partnership with Gulu Regional Referral Hospital (GRRH) and Kitgum Hospital to the lower unit health centres in all health facilities by GRRH;
- TPO social workers (15) and health professionals trained on CBT will continue facilitating and providing psychosocial support, and mental health care to victim beneficiaries;
- Continue liaising and referring cases of physical and psychological rehabilitation to the identified service providers in the region;
- Provide 360 TFV beneficiaries with livelihood support;
- Increase advocacy to support mental health interventions in the districts such as adequate procurement of drugs.



My name is O.S. I am 43 years old from Atwach sub-county. In 2002, I was abducted by rebels and I stayed in the bush for 2 years. One day, we were ambushed by government soldiers, and I was shot on the left hand side and on the right leg. After one week, I was not able to walk; neither did I receive any medical treatment. So the commander sent me back home because my wound was becoming septic. When I returned home, I was frightened to go out in public. Hence, I did not get proper treatment. I had constant pain in both the leg and the arm.

One day, the local council of our village was mobilising people who have suffered at the hands of the rebels for a meeting organised by TPO Uganda. During the meeting, we received information from TPO staff about the project and the services available for people. I decided to register and I was informed that I should prepare myself to undergo physical surgery at Gulu referral hospital. I went to hospital and was taken for an X-ray examination, which indicated that I had a bullet in my arm. My arm was operated on and the bullet was removed at last.

When I was discharged from the hospital, I started feeling better. I began growing vegetables for sale as a way of earning a living. I saved the money and now I am able to buy and sell goat meat (every day I slaughter one goat). I use part of profit to pay fees for my children. I am grateful to TPO Uganda and God because without TPO intervention, I would not do all that I am doing now. I pray to God to continue giving TPO and Trust Fund for Victims funding opportunities and energy to help the community of Atwach.

TFV/UG/2007/R1/023

Partner:	Center for Children in Vulnerable Situations (CCVS)
Location:	Lira District - Northern Uganda
Assistance Type(s):	Psychological rehabilitation to former child soldiers, children with physical wounds and mental health problems, inmates of Lira prison, and children of adult beneficiaries; community sensitisation through local radio stations programme "Healing our Wounds"
Donor(s):	Finland and Italy
Duration:	April 2015 – April 2018
Obligated amount	€150,000



PROJECT SUMMARY:

CCVS aims to enhance the psychological rehabilitation of victims, with particular emphasis on former child soldiers and children suffering from both physical wounds and mental health problems. The project mobilizes resources and partners to help victims in rebuilding their lives through awareness-raising campaigns, training other organisations in system-oriented psychological treatment problems for children, and implementation of psychological treatment programmes in other organisations and

institutions. CCVS also promotes community reconciliation and sensitization through a local radio station programme, "Healing Our Wound". The project addresses issues of stigma and discrimination by conducting sensitization activities in schools, jails, and other penitentiary facilities, and also provides victims with routine trauma counselling, and establishes and maintains referral mechanisms with competent health services providers for post-operative care and follow up.



Achievements and activities:

Psychological Rehabilitation:

- Reached 2,679 victims in the targeted district, to whom counseling and other mental health services were provided. Out of the total number, 2,537 individuals were direct beneficiaries (1,106 females and 1,431 males), and 142 individuals were considered indirect beneficiaries (45 females and 97 males);
- Conducted 38 wide audience targeted radio shows. "Heal Our Wounds" was the theme for the programme aired in various local radio stations. Panel discussions were formed in close partnership with local show hosts, authorities, and other experts to discuss challenges, stigma, and discrimination that victims of sexual violence faced in their communities. Radio shows received an

average of 13 phone calls for follow-up questions. Callers ranged between the ages of 17 to 70. Other feedback came in the form of text messages while the show was airing. Other messages that the radio shows focused on include child neglect (causes and impacts on child development, family and community); parental responsibilities in proper child rearing; information on what to do to protect children in the event of a crisis or when parents are separated, divorced, or one of them becomes irresponsible; causes of separation and divorce in the region and how to prevent them; and the impact of separation and divorce on men, women, children and community;

- Conducted 29 psycho-educational activities in communities, schools, and prisons, which reached a total of 1,673 persons (574 females and 1,099 males aged between 10 and 83 years old). Around 497 persons (316 females and 181 males aged between 17 to 70 years old) were from the community, 411 individuals (204 females and 207 males aged between 10 to 25 years old) attended the events conducted at schools, and 765 inmates were inmates (54 females and 711 males aged between 17 to 83 years old) during an outreach activity at one penitentiary facility.

Major planned activities for the remaining project duration:

- Continue to mobilize community (communities, schools, and prisons) on mental health issues through wide audience campaign strategies.
- Train and follow-up with community workers and school teachers to train them with necessary counseling and public counseling skills.
- Conduct information sharing sessions for the on-going individual and group counseling and psychotherapy groups in order to help other inmates struggling with psychological challenges.
- Continue to provide technical support and necessary knowledge to the current schools and jail facilities to ensure a variety of assistance to the beneficiaries in need at their institutions.

TFV/UG/2007/R1/035

Partner:	Ayira Health Services (AHS)
Location:	Lira District - Northern Uganda
Assistance Type(s):	Comprehensive medical referrals, physical and psychological rehabilitation services for victim survivors of war; empower and promote victim survivors and local community participation through community action model
Donor(s):	TFV Common Basket, Finland & Norway
Duration:	April 2015 – April 2018
Obligated amount	€150,000



PROJECT SUMMARY:

AHS is actively engaged in the mobilisation, identification, assessment, and selection of war victims to receive comprehensive medical rehabilitation services. AHS addresses different forms of medical, physical and psychological problems ranging from gynaecological diseases such as fistula, fibroids, destruction of the uterus, constant menstrual periods to various forms of correctable physical disabilities caused by gunshot, bomb fragments, torture and beatings, resulting from rape, torture, and other forms of violence exerted on survivors during the war. AHS also provides counselling services through home visits and other customized counselling therapeutic sessions.



A beneficiary of AHS tells her story during a meeting with TFV representatives.

Achievements and activities:

Physical Rehabilitation:

- Identified and provided comprehensive medical rehabilitation services to a total of 218 (85 males and 133 females) victims. All received direct services either at Ayira health facilities or through referrals at other partner health service providers;
- Provided a range of medical treatment and corrective surgery services to a total of 67 (28 males and 39 females) war victims, and 29 former rape and torture victims at Ayira health facilities;
- Provided 8 (5 males and 4 females) clients with orthopedic surgical procedures and various related services. Main cases treated were osteomyelitis;
- Provided 23 clients/war victims with physiotherapy and medical treatment related to such cases. Most of them were victims of torture who were forced to carry heavy objects during conflict;
- Referred 26 beneficiaries to other specialized medical service facilities in the region with advanced experts and infrastructures. This activity was conducted in partnership with several government health agencies in the region. With this partnership, AHS referred 118 (55 males and 63 females) war victims/patients with minor medical and physical health problems.

Psychological Rehabilitation:

- Provided 532 (206 males and 326 females) beneficiaries with psychosocial support services including full information on counselling, guidance and advice for appropriate follow-up;
- Conducted 12 outreach events involving music, sports and theater plays aimed to mobilise community members on community counselling and psychosocial support to its members. Local authorities, AHS beneficiaries, and other community members attended the events. In addition, this also involved inter-school competitions of games and plays and attracted more than 530 participants in each 4 sub-counties where it took place.

Major planned activities for the remaining project duration:

- Continue to mobilize community (communities, schools, and prisons) on mental health issues through wide audience campaign strategies.
- Train and follow-up with community workers and school teachers to train them with necessary counseling and public counseling skills.
- Conduct information sharing sessions for the ongoing individual and group counseling and psychotherapy groups in order to help other inmates struggling with psychological challenges.
- Continue to provide technical support and necessary knowledge to the current schools and jail facilities to ensure a variety of assistance to the beneficiaries in need at their institutions.

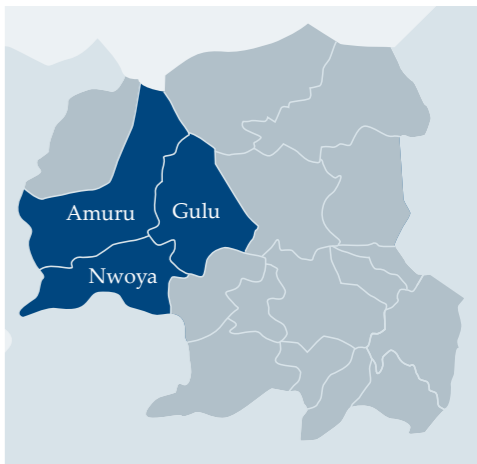
"I am happy for the assistance that TFV-Ayira project is providing to our war victims, especially the medical assistance, which has greatly helped to improve the wellbeing of the war victims in my community. Every time I get positive feedback from the rehabilitated clients, and I have also taken time to do personal follow-up. There are really good success stories of healing in my communities. I hope the support continues and we, as the sub county, we shall do anything within our power to support the interventions"

- County Chief of Okwang in Northern Uganda.



TFV/UG/2007/R2/041

Partner:	Gulu Women Economic Development & Globalisation (GWED-G)
Location:	Gulu, Nwoya and Amuru Districts – northern Uganda
Assistance Type(s):	Physical rehabilitation and psychological support to reduce trauma and restore hope of victim survivors of war; raise awareness of community members on preventing and responding to SGBV
Donor(s):	Finland, TFV Common Basket
Duration:	April 2015 – April 2018
Obligated amount	€160,000



PROJECT SUMMARY:

Gulu Women Economic Development and Globalization (GWED-G) is a women rights organization, which promotes long and short term sustainable programs of economic empowerment, peace building, health, and psychosocial support services for war-affected communities in northern Uganda, especially women, girls and children. During the duration of the project, GWED-G aims to provide assistance to 500 war victims in 3 districts in northern Uganda and estimates that more than 60,000 people will indirectly benefit from the project. GWED-G identifies, assesses and supports war victims through physical rehabilitation, and contributes to the reduction of trauma among psychologically affected war victims in the targeted areas. In addition, the project responds to major cross-cutting issues through community mobilisation and sensitization forums focussed on prevention and response to sexual and gender based violence (SGBV). GWED-G also conducts community dialogues on issues of victim stigma, discrimination, and trauma in the districts of Gulu, Nwoya and Amuru.

Achievements and activities:

Physical Rehabilitation:

- Identified, assessed, and facilitated 400 war victims with medical treatment, counseling therapy, and other restoration support services associated with their physical injuries;
- Signed Memorandums of Understanding with local hospitals to establish referral mechanisms, including modalities care, treatments, and tariffs or other costs coverage for patients referred by GWED-G;
- Renovated and reopened 5 new counseling facilities to serve additional population in need in Northern Uganda.

Psychological Rehabilitation:

- Provided counselling therapy to 94 clients. Some cases treated include domestic violence, overconsumption of alcohol, and other forms of trauma;
- Followed-up on 108 clients in 12 sub-counties to assess their general conditions after receiving assistance. Results from visits indicated that some of the clients' conditions were fully improved and that they had returned to their normal domestic work, while others have recorded relapse;
- Conducted a series of community mobilization campaigns aimed to raise awareness and involvement of community members and their local officials on preventing and responding to sexual and gender based violence cases in the region.

Major planned activities for the remaining project duration:

- Organise 1 training on psycho-social support therapy and counselling skills;
- Conduct 6 community sensitisation campaigns on SGBV in 6 sub counties;
- Conduct 6 community dialogue sessions in the communities covered by GWED-G;
- Purchase and distribute 200 T-shirts with messages supported by GWEG-G.

"I am so grateful for the support of GWED-G/TFV because with other organisations, I did not succeed. I would have died without this support because the pain was just unbearable! At least now, although not yet healed, I am relieved of that pain. On my own, I would not have managed and I pray that such support should be extended to other war victims like me". - Lily Lilly is one of the war victims who was recommended for further assistance. Bomb fragments in her leg had caused cancer that had affected her bones. The bones had worn out as reflected by the X-ray results. She was recommended for 2 surgeries. The first one was an incisional biopsy where a sample was taken from the infected leg and sent to the United States of America for testing to determine the second surgery. After 2 weeks, the results indicated that an amputation was needed. The surgery was successful and she was recommended for 3 review / follow-up visits.



ANNEX 1. List of Projects in the Democratic Republic of the Congo

Project(s)	Partner	Project title	Location	Budget	Funded by	Duration	Type of victim and intervention
Reparations Mandate – Lubanga case							
TFV /DRC/2016 /LUB/001	Association des Mamans Anti-Bwaki (AMAB)	Identification and evaluation of psychological, physical and socio-economic harm suffered by young members of armed groups from 2002-2003 in Ituri.	Ituri	\$112,000	TFV reparations reserve	April – December 2016	The project concerns former child soldiers, as victims of crimes occurring between 2002 and 2003 in Ituri for which Mr Thomas Lubanga has been convicted by the ICC. In preparation of the implementation of Court-ordered reparations, the project is to identify direct and indirect victims potentially eligible for collective reparations awards to evaluate the scope of their psychological, physical and socio-economic harm.
Assistance Mandate							
TFV /DRC/2007 /R1/019	Missionaries d'Afrique	At the School of Peace	Ituri, North Kivu South Kivu	\$1,233,564*	Japan, TFV Common Basket	November 2008 – February 2017**	Psychological rehabilitation through peace and reconciliation activities focusing on child victims of violence associated with armed forces, child mothers, and vulnerable children affected by the conflict.
TFV /DRC/2007 /R1/021	Bureau d'étude et d'appui technique aux Initiatives locales – Action for Living Together (BEATIL/ALT)	Socio-economic reintegration project for victims of war-related sexual violence	South Kivu	\$1,550,474*	Denmark, Finland, Norway, United Kingdom, Japan, TFV Common Basket	November 2008 – February 2017**	Psychological rehabilitation, vocational training, and saving and loans groups activities of survivors of sexual violence, mutilated survivors, and community members.
TFV /DRC/2007 /R1/022	Association des Mamans Anti-Bwaki (AMAB)	Psychosocial support for victims of sexual violence in Bunia and 8 outlying communities	Ituri	\$1,286,370*	Finland, Norway, Germany, United Kingdom, TFV Common Basket	December 2008 – February 2017**	Psychological rehabilitation and material support for female victims of sexual and gender-based violence and their families.
TFV /DRC/2007 /R2/029	Cooperazione Internazionale (COOPI)	Community based reintegration of young victims of armed conflicts in Ituri to aid the fight against all forms of violence	Ituri	\$2,097,757*	Andorra, Denmark, Finland, Germany, Norway, United Kingdom, TFV Common Basket	November 2008 – February 2017**	Psychological rehabilitation, accelerated education and material support to girls, boys, child mothers and their babies associated with armed groups. Provision of intra-communal dialogues to community members in order to strengthen a sense of reconciliation in the Ituri region.
TFV /DRC/2007 /R2/043	Collectif des associations féminines (CAF)	Socio-economic and psychosocial support of victims of sexual violence in the territory of Beni in Nord Kivu	North Kivu	\$207,000*	United Kingdom, TFV Common Basket	July 2013 – February 2017**	Medical referral, psychological rehabilitation and material support for sexual-violence victims.

* The budget stated in the above tables corresponds to the total amount approved for the whole project duration until the end of the current contract.

** The project has been extended until the end of February 2017 to ensure continuation in the delivery of services to victims, while the Trust Fund finalises the open tender in 2017 to identify new organisations for the provision of physical and psychological rehabilitation and material support services in the Democratic Republic of the Congo (DRC).

ANNEX II. List of Projects in northern Uganda

Project(s)	Partner	Project title	Location	Budget	Funded by	Duration	Type of victim and intervention
Assistance Mandate							
TFV /UG/2007 /R1/014(a)	Amuria District Development Agency (ADDA)	Integrated Physical and Psychological Rehabilitation Support to Victims project	Amuria, Soroti, Kaberamaido	€160,000	Finland	April 2015 – April 2018	Physical and psychological rehabilitation for victim survivors, with a special focus on girls and women subjected to sexual crimes; undertake victim mobilisation and identification, counselling, reconstructive and corrective surgery, recuperative/restorative surgery, orthopaedic surgical services and prosthetic devices for victims of deformity.
TFV /UG/2007 /R1/014(b)	North East Chili Producers Association (NECPA)	Health and Dignity Restoration of War Victims in Northern Uganda	Oyam, Kole, Lira, Alebtong, Agago	€160,000	Finland	April 2015 – April 2018	Physical and psychological rehabilitation, and medical referrals for victim survivors, including victim survivors of sexual violence (both men and women) with fistula or other reproductive health conditions for surgery and treatment.
TFV /UG/2007 /R1/14(c)	Center for Victims of Torture (CVT)	Treating the Mental Health Needs of Ugandan Victims of War Crimes: A Service and Capacity Building Approach	Gulu, Kitgum, Amuria and Lira Districts	€1,283,430	TFV Common Basket	October 2009 – November 2018	Provide survivors of LRA-inflicted torture and violent trauma with effective mental health rehabilitation services through on-site mental health clinical mentoring and supervision to the counselors in partner NGOs.
TFV /UG/2007 /R1/016	Transcultural Psychosocial Organisation (TPO)	Provision of Integrated Physical and Psychological Rehabilitation Assistance to War Victims in Northern Uganda	Gulu, Kitgum	€160,000	TFV Common Basket	April 2015 – April 2018	Provide physical and psychological rehabilitation services to victim survivors; improve access to rehabilitative, surgical and medical services through capacity building for social workers and developing referral pathways among service providers.
TFV /UG/2007 /R1/018, TFV /UG/2007 /R2/042	Association of Volunteers in International Service (AVSI)	Capacity Building, Advocacy and Medical Rehabilitation of Northern Uganda's Victims of War	Northern Uganda	€925,363	TFV Common Basket	October 2009 – November 2018	Medical rehabilitation to disabled victims of war in northern Uganda through provision of prosthetics, orthotics, and physiotherapy; improve the quality of life and social inclusion for physically disabled victims of war through psychosocial rehabilitation in northern Uganda.
TFV /UG/2007 /R1/023	Center for Children in Vulnerable Situations (CCVS)	Centre for Expertise in Psychosocial Well-being of War Affected Children	Lira	€150,000	Finland, Italy	April 2015 – April 2018	Psychological rehabilitation to former child soldiers, children with physical wounds and mental health problems, inmates of Lira prison, and children of adult beneficiaries; community sensitisation through the local-radio-stations programme "Healing our Wounds".
TFV /UG/2007 /R1/035	Ayira Health Services (AHS)	Comprehensive Medical and Psychosocial Support for the War Victims	Lira	€150,000	Finland, Norway, TFV Common Basket	April 2015 – April 2018	Comprehensive medical referrals, physical and psychological rehabilitation services for victim survivors of war; empower and promote victim survivors and local community participation in support activities and provide a positive response to the needs of victim survivors in the community through the community action model.
TFV /UG/2007 /R2/041	Gulu Women Economic Development & Globalization (GWED-G)	Integrated Physical and Psychosocial Rehabilitation Assistance for Victims in Northern Uganda	Gulu, Nwoya, Amuru	€160,000	Finland	April 2015 – April 2018	Physical rehabilitation and psychological support to reduce trauma and restore hope of victim survivors of war; raise awareness of community members on preventing and responding to SGBV

Note: Budget column reflects project funding until June 2016

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Bank Name: ABN AMRO
Account Holder: Trust Fund for Victims
Currency: US dollar (US \$)
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