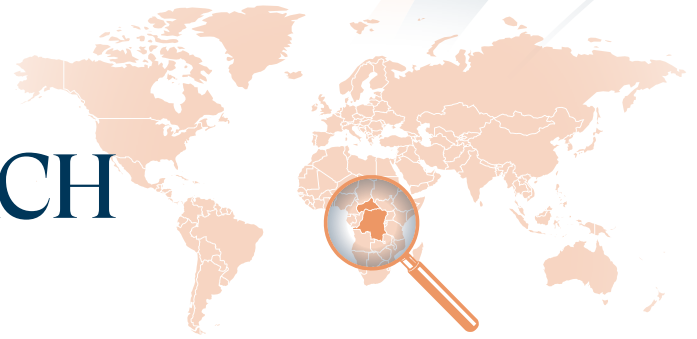


ADVANCING A HOLISTIC APPROACH TO JUSTICE AND ACCOUNTABILITY FOR CRSV SURVIVORS



The following case study has been written by an independent consultant on behalf of the Global Initiative for Justice, Truth and Reconciliation (GIJTR). This case study is informed by a combination of desktop research, document analysis and interviews. It therefore reflects these perspectives and findings, as compiled and written by the consulting author(s). Interviewees have been anonymized to ensure their safety and privacy but GIJTR extends its gratitude for the time and participation of all interviewees.

A Case Study from Democratic Republic of Congo (DRC) and Central African Republic (CAR)

Author: Dr. Denis Mukwege Foundation

Introduction

Established in 2016, with headquarters in The Hague and offices in the Central African Republic (CAR) and Ukraine, the Dr. Denis Mukwege Foundation (MF) supports survivors' demands for a world in which sexual violence as a weapon of war is no longer tolerated and results in consequences for both individual perpetrators and states. MF works for a future where survivors receive the holistic care and compensation they need to rebuild their lives, creating opportunities for survivors to speak out and be heard, and where they can organize to create change, influence policies, and demand justice and accountability.

This case study is based on MF's practice-based knowledge and experience related to survivor-centered holistic care, including access to justice and reparations, based on the Panzi One-Stop-Centre model and a philosophy of holistic, compassionate, and person-centered care for victims of sexual violence.

The study focuses on the Great Lakes Region of Africa, specifically the Democratic Republic of Congo (DRC) and CAR. Analysis is informed by a review of internal program documents at MF and by different policy and academic literature covering conflict-related sexual violence (CRSV), holistic care approaches, and survivor perspectives. Interviews were conducted with key current and former staff of the Panzi Foundation DRC to complete the desk review. Furthermore, in keeping with a survivor-centered approach, MF has ensured that survivors' inputs have been included

in the case study, based on qualitative information previously collected and via a focus group that was organized in CAR in July 2023, with the participation of three survivors from the Mouvement des Survivantes de Centrafrique (MOSUCA).

All interviewees and focus group participants were briefed on the case study and signed informed consent forms detailing their rights.

BACKGROUND ON MF'S INVOLVEMENT IN THE GREAT LAKES REGION

In the Great Lakes region and in both the DRC and CAR, sexual violence has been used in wartime by both multiple different and, in some cases the same, armed actors. This violence has been characterized by extreme brutality, including public gang rape, rape using weapons or other foreign objects, genital mutilation, public humiliation, and even men forced to rape their own relatives (MF, 2022a).

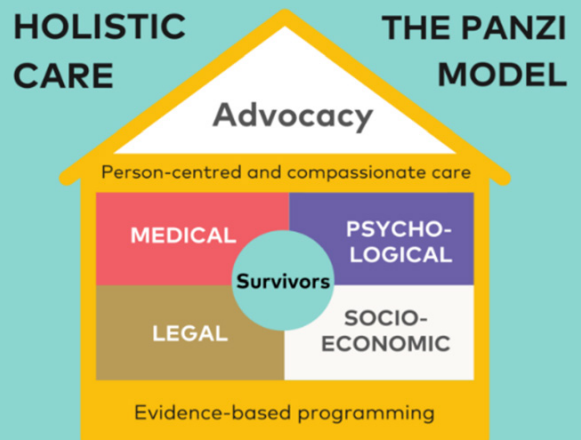
Panzi Hospital and Panzi Foundation DRC (referred to collectively as "Panzi") were initiated in the DRC in 1999 and 2008, respectively. Since its creation, Panzi has treated more than 52,000 individuals, including victims and survivors of sexual and gender-based violence (SGBV) (MF, 2022a). Over more than 20 years of clinical practice and advocacy, Panzi has become known as a Centre of Excellence for holistic quality care for victims of sexual violence, and has developed its own model of care, known globally today as the Panzi One-Stop-Centre (OSC) holistic model and philosophy of care.

This care model includes medical, psychological, legal, and socioeconomic forms of support, and is implemented in practice via an OSC approach. Variations of OSCs are currently being piloted globally by different actors, including governments, UN agencies, the World Bank, and civil society organizations, in response to SGBV. (Vidale-Plaza, 2023).

The Global Initiative for Justice, Truth and Reconciliation

In 2014, the International Coalition of Sites of Conscience (ICSC) launched the Global Initiative for Justice, Truth and Reconciliation (GIJTR), a consortium of nine international organizations focused on offering holistic, integrative and multidisciplinary approaches to issues of truth, justice and reconciliation. GIJTR works primarily with local populations, civil society organizations, survivors and governments to develop transitional justice approaches that are victim-centered, collaborative, and support dignity, respect, inclusion, and transparency in societies emerging from conflict or periods of authoritarian rule. Since its founding, GIJTR has engaged 801 local civil society organizations; 78 countries; 43 publications; collection of over 8,000 narratives of human rights violations; and supported 588 civil society organizations dealing with human rights violations.

For more information, please visit gijtr.org.



In the Panzi model, all four pillars of care are available under one roof as part of one system. Further, the Panzi model is rooted in a survivor-centered and compassionate care approach.

Panzi rolls out this care model at hospitals, transit and safe-spaces, as well as via legal clinics, mobile units, and various community engagement initiatives in the DRC. MF, inspired by the Panzi model and philosophy of care, implements holistic-care programs in other countries affected by conflict.

In 2020, MF and Panzi, as part of an international consortium comprising two other international organizations—the Institut Francophone pour la Justice et la Démocratie (IFJD) and the Pierre Fabre Foundation—began what is known as the NENGO (Dignity in Sango) project. With funding from the French Development Agency and the Pierre Fabre Foundation, NENGO aims to replicate in CAR the model and success of Panzi in the DRC by creating an OSC with two entry points: a legal clinic (the Association de Femmes Juriste de Centrafrique (AFJC)) and a public hospital. Since its launch in 2020, the NENGO project has provided holistic care for more than 6,000 victims of SGBV. Within this consortium project, MF and Panzi are responsible for the medical and psychological pillars of the holistic care model.

In 2021, MF opened its first country office in CAR, building from the NENGO project, to materialize its vision and mission of seeing survivor-centered holistic care become the standard and a reality for victims¹ of sexual violence in CAR and globally.

In addition to the NENGO consortium project, MF is an implementation partner of the International Criminal Court's (ICC's) Trust Fund for Victims, as part of its assistance mandate in CAR. For this project, since February 2021, MF has provided care for close to 1,000 victims of conflict, including those of CRSV. This care has included medical care, psychosocial and psychological support, and material support, including support to housing, school fees, and income-generation activities.

MF also collaborates with its sister organization in CAR, the Global Survivors Fund, together with AFJC, to implement an interim reparative measures (IRM) program in Dekoa, which provides medical, psychosocial, and financial IRM to victims of CRSV.

In partnership with the Regional SGBV Training Facility (RTF) of the International Conference of the Great Lakes region (ICGLR), MF has been actively engaged in advocacy together with the ICGLR's Gender Directorate in accelerating the rollout of holistic recovery centers in the 12 Member States of the ICGLR, per Article 12 of the Kampala Declaration signed in 2011.²

MF and the RTF have developed a regional integrated model for training SGBV service providers in holistic care, and together have conducted pilot training on this model for 255 professionals in SGBV holistic response, in CAR, DRC, Rwanda, Uganda, and Zambia. MF has also conducted research in the region and developed lessons learned and a joint regional advocacy strategy as part of this collaboration. In January 2022, MF co-organized a regional roundtable and workshop to discuss the results of this collaboration, with the participation of survivors from the region, state representatives, and other regional stakeholders. The experience highlighted that while ICGLR Member States, including the DRC and CAR, have made important commitments in the fight against CRSV, the implementation of these policy commitments related to CRSV, holistic care, and the fight against impunity, is slow and uneven. Survivors, during and in the lead-up to the roundtable event, expressed their desire to play a role in ensuring their respective states implement their engagements.

MF has supported the creation of the DRC Survivors Movement since 2017 and the creation of MOSUCA in CAR since 2018 by strengthening their capacities to conduct advocacy for their priorities, which often relate to access to holistic care, including justice and reparations.

DEMOCRATIC REPUBLIC OF CONGO

Since the 1990s, the DRC has experienced numerous internal and international armed conflicts that gave rise to serious violations of human rights and international humanitarian law, including mass rape and other forms of sexual violence, especially in the eastern regions. The United Nations' (UN's) Mapping Report³ underlines that the brutality with which sexual violence was perpetrated was “unprecedented and limitless,” taking on “unbearable proportions, and the cruelty and multiplicity of abuses appear[ed] to be exponential.” There is still ongoing conflict in the eastern region of the country where sexual violence is used systematically as a method of warfare (GSF, 2021b). CRSV in the DRC has been perpetrated by state and non-state armed actors alike, including members of the national armed forces, police, and non-state armed groups, which numbered over 106 in North and South Kivu alone in 2020 (Vogel, 2022).

In the DRC, as is the case elsewhere, conflict exacerbates pre-existing gendered inequalities and vulnerabilities, which may contribute to increased risks for CRSV (GSF, 2021b). In Eastern Congo, women and girls are particularly exposed to CRSV when conducting family-related care work or labor and, along with other civilians, are exposed to abuses while on the move and/or in displacement camps or sites. Gendered norms related to masculinity, sexuality, war, violence, and power also play a role in CRSV, and is demonstrated in the DRC as well, where armed actors demonstrate different motivations for CRSV (Dolan et al., 2020). As the UN Mapping Report⁴ notes, “the socio-economic vulnerability [of women] has encouraged the forms of extreme violence they have suffered [...] The unequal place of women in the family has also encouraged sexual violence in times of war” (GSF, 2021b).

In 2021, the United Nations Organisation Stabilisation Mission in the DRC (MONUSCO) documented 1,016 cases of CRSV, affecting 544 women, 459 girls, seven boys, and six men. Of those cases, 108 dated back to previous years. The majority (723) were attributed to non-state armed groups. State actors accounted for the remaining 293 cases, including 238 perpetrated by the armed forces of the DRC, 48 by the Congolese National Police, and seven by other state actors (UNSG, 2022). It is important to note that civilian, military, and police staff members of MONUSCO were also accused of sexual exploitation and abuse against women, girls, and children.⁵

In the DRC, as in CAR, there is a deep distrust of the justice system. A survey conducted by Harvard Humanitarian Initiative (HHI) in the DRC between July and August 2019 indicates that there was a general lack of confidence in the civil (72%) and military (66%) justice systems, including mobile court hearings in civil and military courts (65% and 66%, respectively). On average, women were less likely to be positive than men about state and justice sector efforts to combat sexual violence (HHI, 2019).

International Mechanisms and Pathways for Justice

Regarding international obligations, the DRC has ratified several regional and international texts prohibiting sexual violence in times of peace or war and guaranteeing citizens the right to reparation for human rights violations. These include the International Covenant on Civil and Political Rights (ICCPR) and the Rome Statute.

In terms of international law proceedings and international justice for war crimes, including CRSV, the ICC did not charge Thomas Lubanga with crimes of sexual violence despite the evidence of widespread rape and other forms of sexual violence ordered by him.⁶ Lubanga was found guilty of the war crimes of enlisting and conscripting children under the age of 15 years and using them to participate actively in hostilities. The Katanga case was the first in which charges were brought for crimes of sexual violence, although he was acquitted of crimes of rape and sexual slavery (GSF, 2021b).⁷ Germain Katanga was found guilty as an accomplice of one count of crime against humanity (murder) and four counts of war crimes (murder, attacking a civilian population, destruction of property, and pillaging). In the Ntaganda Case, the ICC ordered reparations amounting to \$30 million, administered through its Trust Fund for Victims.⁸ It is a notable exception, which must now be enforced through cooperation with the Congolese authorities (GIJTR, 2023). Bosco Ntaganda was found guilty of 13 counts of war crimes and five counts of crimes against humanity committed in 2002–2003, including rape and sexual slavery, in the Ituri district of the DRC.

Implemented under the Rome Statute, the Trust Fund for Victims partners with national and international civil society actors in the DRC to put a range of assistance measures in place. The fund implements assistance programs in addition to implementing ICC reparations orders. The 16 activities of the DRC assistance program include physical rehabilitation, psychological rehabilitation, and material support projects (GSF, 2021b).⁹

National Mechanisms and Pathways for Justice

Sexual violence, if perpetrated with specific intent, is considered a crime against humanity under Article 15 of the DRC's Constitution.¹⁰ A 2006 revision broke new ground by criminalizing rape with objects and other forms of sexual violence and sets the obligation to remedy the harm suffered by victims.¹¹ Victims' right to compensation for the harms they have suffered is enshrined in Congolese law (articles 258 and 260 of the Civil Code, Book III). In addition to criminal proceedings, victims have the right to bring civil action before the Congolese courts to claim compensation. Congolese victims also must lodge their complaint with the military courts in cases of genocide, war crimes, or crimes against humanity (GSF, 2021b).

In 2021, national authorities including the Minister of Human rights announced their intent to create a national reparations fund for victims of grave violations.¹² A multi-stakeholder roundtable was organized in Kinshasa in March 2021 by the Global Survivors Fund, together with the DRC Survivors Movement, to discuss the implementation of a national fund for reparations for victims of conflict-related sexual violence.¹³ In the same year, the First Lady affirmed her intention to implicate herself in this important endeavour, in a discussion together with the Executive Director of the Global Survivors Fund.¹⁴ In November 2022, again with the support of the Global Survivors Fund, a survivors hearing was organized on the question of reparations and they issued the Kinshasa Declaration on the right to reparations and Co-creation of Survivors of Conflict-related and Sexual and Gender-Based Violence.¹⁵

Yet, in practice, since then, survivors have not obtained reparation through judicial remedies due to several legal and procedural obstacles, including the difficulty of accessing judicial institutions located in the provincial capitals, notwithstanding the operation of some mobile courts (fairground hearings).¹⁶ Victims have an enormous burden to prove what happened to them, particularly given their lack of access to legal aid and the strict laws governing how evidence and testimony can be presented in court. This is exacerbated by the difficulty in identifying perpetrators.¹⁷ The procedures are prohibitively expensive, forcing victims to pay a deposit fee to join the civil action, as well as a tax proportional to the amount of judicial compensation awarded (prior proportional duty). Survivors are also generally unable

to access reparations because those convicted are financially insolvent, and the government does not respect, nor is able to enforce, court-ordered payment obligations (GSF, 2021b).

To bring justice to survivors and communities, more mobile court sessions are being organized in remote areas (GSF, 2021b). For example, in December 2017, in a landmark case, a mobile military court sentenced 11 militia members to life in prison for crimes against humanity for the murder and rape of 37 children in Kavumu and ordered that each survivor be paid \$5,000 as reparation (Trial International, 2019).

The government of the DRC adopted a national strategy to combat GBV in 2009 and revised it in 2019. One of the components of the strategy is the provision of holistic care to survivors. This includes medical, psychosocial, legal, socioeconomic reintegration, and social protection services. This strategy provides an important reference point for SGBV service providers in the country.

In 2013, the DRC signed a Joint Communiqué with the UN to combat CRSV perpetrated by its armed forces and consequently developed and implemented a national action plan together with the DRC military forces and the UN Office of the Special Representative of the Secretary General for Sexual Violence in Conflict. Further to the signing of the Joint Communiqué, policymakers and law enforcement leadership worked together on a joint plan to combat GBV, as well as to revise the penal and family codes to include relevant addendums that cover women's and human rights in relations to SGBV (UNMPTF, 2018).

A Joint UN Program of Support for Judicial Reform in the DRC was established in 2020 with the goal of contributing to the strengthening of the rule of law in the DRC through a better supervised, more responsible, and more effective justice system that protects human rights. The program's intervention strategy has four complementary and interdependent outcomes: i) strengthening the steering and coordination of the implementation of the National Justice Reform Policy; ii) strengthening the accountability of players in the criminal justice system; iii) improving the quality of the justice system; and iv) improving the public's demand for justice (UNDP, 2023).

According to a UN official interviewed during regional research commissioned by MF between 2021 and 2022, there are 13 OSCs in the DRC with 60 percent of them based in Eastern DRC that ensure access to holistic care to survivors of SGBV. Despite the challenges posed by ongoing conflict in certain parts of the country, several of the OSCs manage to offer holistic services to survivors. Nevertheless, given the size of the DRC and magnitude of the problem of SGBV, among other factors, they are still insufficient (MF, 2022b).

CENTRAL AFRICAN REPUBLIC

Since its independence in 1960, CAR has experienced different periods of conflict. The country was plunged into one of its most serious security crises in 2012 when internal clashes erupted after the overthrow of President François Bozizé's regime by the Séléka, a coalition from the northeast of the country. Since then, the conflicts and clashes between armed groups for the control of resources and territories have only increased and—despite the signing of the Khartoum Agreements in February 2019, which were supposed to contribute to the restoration and strengthening of peace in CAR—the situation remains fragile (MF, 2020).¹⁸

As in the DRC, sexual violence has also been used by many armed actors in this context, including international peacekeeping forces of the United Nations Multidimensional Integrated Stabilization Mission in CAR (MINUSCA), and the previous peacekeeping operation MISCA (Mission Internationale de Soutien à la Centrafrique sous Conduite Africaine), as well as French Operation Sangaris who have been accused of sexual violence against women, girls, and boys (GSF, 2021a). There have also been allegations of sexual abuse and other forms of harassment by Russian private security forces.¹⁹

The UN Secretary General's reports on CRSV, from 2015 to 2020, all referred to "blatant sexual violence to terrorise civilians" and the "systematic use of sexual violence for ethnic or ideological reasons." Sexual violence, mostly rape, is still used by many armed groups (GSF, 2021a).

Over the period of conflict between 2012 and 2015, 29,801 cases of victims of sexual violence were reported by the OHCHR.²⁰ Of them, 27,977 were female and 1,824 were male. From 2016 to 2020, 988 cases of sexual violence, including mass rape, were reported by the UN Secretary General (GSF, 2021a). Although data collection in CAR on this issue is very limited, the number of survivors each year remains significant according to the national GBV sub-cluster. In 2018, the Gender-Based Violence Information Management System (GBVIMS) reported more than 10,000 incidents of SGBV, more than 20 percent of which were sexual violence (MF, 2020).

A 2018 report by the All Survivors Project and other collaborators notes that, while violence against men and boys may have increased as insecurity in CAR spread, such violence is not new (UCLA School of Law The William Institute and al., 2018). Nevertheless, there is insufficient data on male survivors in CAR. According to the report, male survivors face stigma in speaking out about their experience, making it difficult for them to seek out even the limited services available in the country. Where they are able to access such services, they often find service providers lacking the capacity to provide appropriate care. This is particularly the case for boys who have been associated with armed groups (MF, 2022b). Different colleagues who were interviewed as part of this case-study highlighted that transgender persons and other gender minorities are not very visible in SGBV programs in CAR but affirmed that these individuals face significant stigma and verbal abuse.

International Mechanisms and Pathways for Justice

In terms of international legal proceedings, they are ongoing before the ICC related to crimes committed in CAR, including the trial of Alfred Yekatom and Patrice Edouard Ngaïssona,²¹ two anti-Balaka leaders, and Said Abdel Kani, a Séléka member.²² These proceedings, except for the Abdel Kani case, include rape charges, and if they are convicted, the ICC will order reparation measures (GSF, 2021a).

The case of ICC Prosecutor v. Bemba includes 5,829 victims of the 2002–2003 conflict, nearly half of whom are survivors of sexual violence.²³ However, in 2018, the ICC acquitted Bemba, who had been prosecuted for two counts of crimes against humanity (murder and rape), and three counts of war crimes (murder, rape, and pillaging), allegedly committed between 2002 and 2003.

National Mechanisms and Pathways for Justice

The first judicial remedy available for victims of CRSV is via the domestic courts. Between 2018 and 2020, 47 members and leaders of the rebel groups Anti-Balaka and Séléka were convicted by the Bangui Criminal Court, mainly for murder, conspiracy, and illegal detention of weapons and ammunition of war. They were ordered to pay financial compensation, as was the case for Rodrigue Ngaibona (aka "Andjilo"), who was ordered in 2018 to pay 118 million CFA to victims and

a symbolic amount of 1 CFA to the human rights NGOs that were civil parties to the proceedings. Additionally, in 2020, Kevin Bere, Romaric Mandago, Crépin Wakanam (aka “Pino Pino”), Patrick Gbiako, Yembeline Mbenguia Alpha, and 23 others under their command were found guilty of war crimes and crimes against humanity. They were ordered to pay reparations of between 2.5 million and 200 million CFA to each of the civil parties. However, as perpetrators are mostly insolvent, reparations ordered by the national courts are generally not enforced and survivors have little means of recourse (GSF, 2021a).

There are also two transitional justice mechanisms in CAR. The Special Criminal Court, which was established by the Organic Law n° 15.003²⁴ in June 2015 and adopted its rules of procedure and evidence in the Law n° 18.010 in July 2018, is authorized to take individual and collective reparation measures after a conviction (GSF, 2021a). It is authorized to investigate, prosecute, and try serious violations of human rights and of international humanitarian law; to date, it has found 22 individuals guilty of war crimes or crimes against humanity.²⁵

In April 2020, CAR authorities adopted Law n° 20.009 establishing the Truth, Justice, Reparation and Reconciliation Commission, which is responsible for implementing a national reparation fund. Members of the Commission were nominated in December 2020. The Commission has the responsibility to foreground peace and reconciliation. While it is not a judicial mechanism, the Commission supports the Special Criminal Court in its mandate to render justice to those harmed during the six decades of conflict. Both transitional justice mechanisms are intended to contribute to restoring peace and cohesion in CAR. The Commission, however, faces considerable technical and financial difficulties that hinder its functioning.²⁶

SURVIVORS’ PERSPECTIVES ON ACCESS TO JUSTICE

In both the DRC and CAR, fear and stigma present significant barriers to justice and accountability for survivors of CRSV.

In a regional study commissioned by MF in 2021, together with the ICGLR, five specific barriers to accessing holistic care for survivors of SGBV in the region were identified: distance, a lack of information about available services, stigma, lack of financial means, and corruption (Kombo et al., forthcoming). Survivors in this regional study further explained how the centralization of services in urban areas, usually capital cities, excludes those survivors from rural areas, who are usually the most affected by conflict, from being able to access care. Corruption and the long duration of judicial proceedings were also shared by survivors as major deterrents to pursuing legal redress after sexual violence (Vidale-Plaza and Djangala Fall, 2023).

In both the DRC and CAR, despite the existing pathways and commitments, in practice, survivors’ access to justice and accountability is limited by all the above factors, plus the non-payment of reparations orders and general distrust in the legal process. Survivors also fear reprisals when a complaint is filed or when a case goes to the court. Leaving is often perceived as the better solution for many survivors, as a chance to start over in a place where no one is aware of what happened (Pierson, 2018).

The survivors who participated in a focus group for this case study in CAR shared their perspectives that the main obstacles to accessing justice in their country were related to the slowness of the justice system, impunity, insecurity, lack of follow-up, the presence of known aggressors in national positions of power or authority, and exorbitant financial costs for the procedures, without NGO support.

Despite the challenges in accessing justice and accountability, survivors affirm that justice is a key part of their healing process. One survivor interviewed during the regional research conducted by MF stated, “Legal assistance is very important. I will be happy to hear one day that a perpetrator has been judged. Even if the court decides that the perpetrator pay me, I will need only one symbolic franc, but I want to see the perpetrator arrested” (MF, 2022b).

The needs of children born of rape remain a primary issue of concern for victims in CAR. Both MF staff and survivors interviewed for the case study affirmed that these children are mocked by the community, particularly by members of their family, which can lead to aggression and withdrawal on the part of these children. One survivor stated, “The reality is that children born of rape [can] become perpetrators in the future. In the community, they are called ‘fatherless children,’ and when they hear this, they get angry and always tend to take revenge.” Another survivor shared:

*My neighbor’s son was born of rape by a family member.
As he grew up, the child kept asking his mother to show him his father, and she was unable and ashamed to tell him the truth. When he reached third grade, he continued to ask his mother, and she was not always able to give him an answer.
One day, the child took his own life, leaving a letter on the bed.*

Care for these children born of rape must be seen as part of a holistic care approach, including justice and accountability.

Innovation, Opportunities, Challenges

THE OSC MODEL AND HOLISTIC CARE PROCESS

Panzi’s care model ensures that services are available under one roof or as part of one system, but victims who enter an OSC holistic care program or referral pathway in the DRC, CAR, or elsewhere where MF pilots this model are not obligated to seek legal assistance or have their cases documented for prosecution purposes.

Psychosocial assistants, case managers, or **Mamans Chéries**, as they are called within the Panzi model, anchor this holistic model of care and are responsible for conducting initial intake interviews and completing identification forms. A Maman Chérie ensures both intake and reception of a victim as part of this holistic care pathway. They therefore play an important role in informing the individual about their rights, available services, and their options, as well as potential consequences and outcomes. The handbook on the Panzi model of holistic care states that:

to be a Maman Chérie means to have a big heart and great empathy to cultivate strong bonds with the patients we work with. The most important part of welcoming new patients at Panzi Hospital is to show to them that they are valued and important. Even if they have been ostracized elsewhere, and feel worthless sometimes, they have a place at Panzi (MF et al., 2019).

During the initial intake and reception meeting, the Maman Chérie first identifies any emergency needs of the survivor and then listens, reassures, and validates them, explaining their role in the care process, taking care to let them know their rights to confidential, dignified, and compassionate treatment, as well as answering any questions and addressing any concerns they might have about the care-seeking process. Mamans Chéries explain to the survivor that they are not simply included in the care process, but that they are in complete control of it, as the Panzi model goes beyond consent and gives the individual control over the process. In so doing, victims begin their transformation to survivors, as they have the autonomy to determine their future from the start (MF et al., 2019).

The Maman Chérie provides detailed information about available services to better inform each individual's choices for their care plan. They also provide detailed descriptions of the four pillars as well as a description of the referral system between these pillars.

Individual survivors may then give their consent to allow personal information to be shared with other staff or service departments, depending on their individual care plan. Once a care plan is decided on by the patient and their Maman Chérie, a different Maman Chérie manages the individual's case file for the remainder of the care process. This includes updating it regularly as the patient moves through the care process (MF et al., 2019).

To protect their identity and privacy, each survivor who receives care as part of this model is assigned a unique code that is used in place of their name within the data management system. Where applicable, for example in both the DRC and CAR where there are national coding systems and methods, MF adheres to these. In other contexts, it may develop its own institutional codes. In line with best practice for the secure documentation and management of data on sexual violence cases, staff take care to ensure that the codes are not found in documents where the survivor's name or explicitly identifying information may appear.

MF continues to assess the feasibility of different digital solutions for data storage and case management. When case files are paper based, they are secured in trunks and cupboards, under lock and key. Similarly collated data on survivors and other patients or clients of MF in CAR and elsewhere is secured with a password online, when possible, with access only for limited staff.

Where applicable and always with the consent of the survivor and/or their guardian in the case of minors, a medical examination may occur. Among the key objectives of the medical pillar of the Panzi OSC model is to provide medical and paramedical care to a victim/survivor. To ensure, where possible, medical assistance within a 72-hour window and to collect forensic evidence and provide a medical-legal certificate, with the consent of the survivor and/or upon a request for expertise. In the process of collecting medical-legal evidence, the following are among the key elements:

- Gather informed consent from the part of the survivor for this stage of their care
- Clarify the testimony of the survivor
- Conduct a complete physical exam, including a genital and/or anal examination
- Collect forensic evidence
- Evaluate and document wounds and forensic evidence collected
- Provide a medical-legal certificate with the overview of the physical wounds noted, including images and diagrams
- Maintain the chain of evidence

The medical-legal certificate can then go on to be used by survivors and their legal representatives and the courts as part of deliberations in judicial proceedings.

The end of a care process, when case closure would occur, is difficult to define, as it differs for every individual. In general, a case is closed when it is clear that the survivor has utilized all the services they wish to utilize within the OSC. When a case is closed, Mamans Chéries maintain a professional relationship with survivors for as long as necessary to monitor their well-being and needs. To do so, they make regular home visits, maintain a dialogue with the survivor, and follow up on medical needs. In addition to these activities, when requested by the survivor, Maman Chéries also speak with family members, elders, and other people in the community to emphasize the degree of support survivors need, and how the provision of such support is beneficial to the entire community. Finally, a case file may be re-opened upon request of the medical doctor, psychologist, or survivor themselves. Survivors are reminded that they can always return in the case of new concerns (MF et al., 2019).

SUPPORTING SURVIVORS IN ACCESSING VIABLE PATHWAYS FOR JUSTICE

Mamans Chéries play major roles in ensuring that a survivor is informed about the types of services they can benefit from as part of an OSC, including, for example, sensitization about their rights, legal counsel, or, should they wish, legal and judicial support if they decide to pursue justice via the formal legal system. The Maman ensures that the survivor is referred to the legal pillar for counselling, with no obligation to report. The most important aspect of this legal aid is to support survivors who wish to take legal action, not to persuade them to do so (MF et al., 2019).

It is important to note that while the Panzi model advocates for integrated care for survivors of sexual violence to be embedded within existing structures, and in particular medical structures, survivors may enter the OSC system at any point, through any pillar. This varies depending on context and the individual case. For example, some survivors of GBV may seek counsel at a legal clinic and eventually be referred to other services, depending on the need. Other survivors of sexual violence who need medical attention may first enter the referral pathway at a medical facility.

In CAR, where MF is engaged in other holistic care programs in addition to the OSC established by the NENGO project, survivors of conflict may approach MF via Listening and Psychotherapy Centres, where during their first session with a psychosocial assistant or Maman Chérie, they can develop their individualized holistic care plan.

The NENGO project and other MF projects in CAR conduct awareness-raising activities for individuals, groups, and communities. These include sensitization campaigns, together with the participation of members of the survivor movement, MOSUCA, and other partners. As part of the NENGO project, a telephone number is available to provide survivors with information if they need it.

IMPLEMENTING A SURVIVOR-CENTERED AND TRAUMA-INFORMED APPROACH

MF advocates for a survivor-centered and trauma-informed approach to holistic care, based on the key principles of compassionate care, endorsed by Panzi and other actors: quality, respect, confidentiality, and self-determination.

In terms of the survivor-centered approach, MF abides by the principle of “Nothing About Us Without Us” and prioritizes survivor centeredness and survivor leadership in its holistic care programs and advocacy.

In CAR for example, MF collaborates with MOSUCA and other survivor networks and platforms to ensure their participation in holistic care programs, services, and accountability mechanisms. Survivors play an active role in identifying and referring cases, developing program activities, collecting and sharing feedback, as well as conducting sensitization activities.

Regarding a trauma-informed approach to holistic care, as mentioned, the Panzi model advocates for an integrated approach to care, with psychosocial assistants or Mamans Chéries playing a key role in accompanying survivors throughout the care process.

In a case study on the role of psychosocial assistants within the Panzi model, the Mamans Chéries interviewed reported that their roles encompass case management, information gathering and sharing with other services, helping the survivor feel safe, building emotional resilience and trust, and gaining a sense of self-worth. Participants in this study mentioned that they often provide counselling services to survivors and their family members. They also play a vital role in the family and community reunification process and in organizing the referrals of the survivor to other services out of the hospital. Psychosocial assistants are also involved in health promotion activities, conducting play therapy sessions, advocacy, court case follow-up, family therapy, and mediation (Kasherwa et al., 2023).

Psychosocial assistants who work with MF use case-management tools, inspired by those in use at the sexual violence program at Panzi Hospital, including the following:

- Informed consent forms
- An identification form that gathers basic information about the survivor
- A multisectoral case management form
- An individual counselling form that allows the psychosocial assistant to evaluate the evolution of an individual’s psychosocial well-being based on the symptoms listed in the tool
- A psychosocial assessment form for those individuals who, from the identification phase, have been identified as having needs for specialized or in-depth psychosocial support. This tool assesses primarily symptoms related to anxiety, depression, and post-traumatic stress disorder.

In the focus group conducted in CAR for this study, survivors shared that while they were mostly satisfied with the services they and others in their networks had accessed via the NENGO project and other MF-supported projects or structures, there was still a challenge related to the quality of their reception and accompaniment by hospital staff. MF continues to invest in capacity-building efforts to strengthen knowledge and awareness of the importance of survivor-centered, trauma-informed, and compassionate care.

Another challenge related to the survivor-centered approach, demonstrated by different evaluation processes at MF, is that it requires an investment in financial resources and is a long-term endeavor. This does not mean that organizations and institutions should not engage in it, but rather, that the process of achieving survivor centeredness is more than a box-ticking exercise and should be presented as its own process-oriented goal, not simply as an outcome (MF, 2020).

DESIGN AND EFFECTIVENESS OF THE MODEL

The Panzi model advocates for quality holistic care for survivors of SGBV and women and girls suffering from grave gynecological concerns. The integration of this gynecological care and sexual and reproductive health services into the model of care aims to reduce the risk of women or girls feeling that they need to identify as a victim/survivor of sexual violence in order to access care.

No survivors of sexual violence are excluded from accessing care from MF holistic-care projects; however, there may be limitations to their access to specific pillars of care, for example, and notably so, the socioeconomic pillar cannot be made available to all victims or women and girls with grave gynecological concerns due to the enormous need and limited resources to be able to respond. Financial constraints, donor rules, security, and other factors may also limit MF's capacity to provide holistic care to all victims of CRSV.

The Panzi holistic OSC model of care aims to reduce undue burden on survivors who need access to care, including legal and justice-related forms of care. While there is, to date, insufficient empiric data on whether the model itself reduces barriers to accessing justice, it is worth noting that the OSC model of care is in use in countries around the world, many of them with this specific intention of reducing barriers to justice. For example, in the Great Lakes region in Rwanda, Kenya, and Burundi, OSCs include the presence or participation of police officers and lawyers or the centers themselves form part of a police station. In countries such as the Netherlands and Belgium, OSCs are also implemented with specific attention to ensuring strong forensic evidence for prosecution (Vidale-Plaza, 2023).

Furthermore, MF practice-based knowledge and survivors' voices affirm that holistic care is crucial for their healing and transformation. The following quotes were collected from survivors of CRSV from the DRC and CAR:

- Said one survivor, "If I did not get medical assistance, I could not be alive today."
- Another survivor stated, "I had difficulty sitting. I could not have an appetite. I wanted to die."
- For another survivor, improving her physical and psychosocial well-being made people more accepting of and respectful towards her.
- "I used to feel guilty and shameful," said one survivor, "I now feel self-worth. I no longer feel guilty, and now I can start collaborating with others" (MF, 2022b).

A study into the satisfaction of service recipients through the OSC model of care at Panzi Hospital finds that the services provided met the expectations of the survivors who were surveyed, all of whom expected physical and psychosocial restoration as well as socioeconomic reintegration and legal assistance (Mugisho and al., 2022).

Lessons, Reflections, Recommendations

Lessons Learned

One of the foremost lessons learned in MF's experience of ensuring and advocating for holistic care, including access to justice and reparations, is the importance of centering survivors in all the processes, discussions, and decisions that concern them. When a survivor-centered approach, and the principle of "Nothing About Us without Us" is applied, it is more likely that institutions, service providers, and other stakeholders will provide quality care that responds to the unique needs of individual survivors and their communities. Survivors have let MF know that when professionals enable them to make informed decisions about their own care, it helps them regain a sense of control and agency (Vidale-Plaza and Djangala Fall, 2023).

Compassionate, trauma-informed care is also crucial, and professionals across sectors, including those involved in the provision of legal and judicial services, need to share a common understanding and possess the basic competencies of trauma-informed approaches. Empathetic, active-listening, and non-judgmental communication are all crucial to ensuring that survivors are not discouraged from pursuing pathways to justice and accountability. In MF's experience, however, it is extremely challenging to transform certain attitudes and practices, despite changes in knowledge. Each context has its challenges, and opportunities.

MF knows that fear and stigma present important barriers to survivors denouncing violence and seeking justice and accountability; thus, the confidentiality, security, and protection of survivors and witnesses are crucial. When professionals respect the confidentiality of the survivors, it contributes to building a sense of trust and security. There is also a persistent need, in MF's experience, for ensuring safe transit, shelter, material or socioeconomic support, and other forms of protection that support a survivor throughout the often lengthy process of seeking justice. Providing survivors with free or affordable access to basic needs and support builds their resilience as they seek justice.

Among the inhibiting factors that have hindered MF's and others' ability to deliver quality holistic care, including access to justice, are insecurity caused by conflict or political tensions; resource-related challenges such as funding limitations, limited equipment, and infrastructure in certain areas; long-term funding needed to ensure the operation of different facilities and services; the availability of trained or specialized professionals, especially from the psychological field; the presence of conflict in the given context; and the political dynamics surrounding the conflict, which influence how justice for survivors is viewed and how accessible it is.

The regional research also noted that service providers face challenges in achieving gender diversity in recruitment. There may also be, in general, shortages of psychological or specialized medical staff, and in female staff. Few staff have knowledge about caring for survivors of SGBV. Developing psychosocial programs and integrating holistic care training into the curricula of medical and law schools would constitute an important step moving forward (MF, 2022b).

During the interviews conducted for this research, colleagues re-affirmed that funding limitations affected certain pillars of the holistic-care model more than others, including, notably, socioeconomic support, on top of the long-term support that may at times be needed during

the legal process. Colleagues interviewed for this case study shared that resources allocated to socioeconomic support were not sufficient to meet the needs. Yet, this is often one of the most important needs shared by survivors.

Key Reflections

The holistic model relies on meaningful multisectoral collaboration and coordination. A key lesson MF has learned over the years is the importance of reinforcing collaboration and coordination across sectors, in terms of specific cases as well as more broadly. When medical, psychosocial, and legal or judicial actors share a common understanding and knowledge of what it means to ensure survivor-centered and trauma-centered care to survivors of CRSV, survivors are more likely to benefit from quality holistic care, including access to justice, that responds to their needs and contributes to healing and restoration from trauma. Applying a survivor-centered and trauma-informed approach in all phases of the holistic-care pathway, including documenting CRSV cases, connecting survivors with the services they need, and providing them with legal counsel and aid is crucial.

In promising contexts, there tends to be a meaningful partnership between survivors, civil society organizations and the state. The GSF's interim reparative measures project in the DRC exemplify this well, as members of the project committee include survivors, civil society representatives, a psychologist, UN representation, a military prosecutor, and representation from the regional authorities, providing a forum in which survivors can express their perspectives and needs and state representatives can ask questions, discuss, and better understand what is required (GSF, 2021c).

MF's work with survivors' networks demonstrates that supporting survivor networks with learning, training, resources, and evaluation activities can support them in accessing opportunities to share their perspectives on holistic care and ultimately on what needs to improve. The activities of the survivor networks vary depending on their needs and contexts, but frequently include awareness raising to combat stigma and harmful beliefs about sexual violence, accompaniment for survivors of SGBV to services, referrals to relevant services, and support for livelihood and reintegration activities (MF, 2022a).

Survivors have shared with MF their difficulties in trusting government-led or public services in general, particularly in cases where perpetrators of violence are within the government or otherwise hold positions of power and authority, or where survivors share a collective distrust in the state. As noted in this case study, survivors have even mentioned that they might prefer civil society or NGOs to implement holistic care centers or projects. Yet, public actors and other duty bearers must enable and support survivors of sexual violence to access services and seek appropriate recourse and accountability for the crimes committed against them. However, survivors in different countries continue to echo their sentiments of distrust toward these institutions and services and a feeling of disenchantment with state efforts. MF continues to reflect on this dilemma, together with survivors and partners.

Recommendations

These recommendations are intended to be broadly applicable to different contexts, drawing from what survivors have shared with us, and MF's own experiences:

Adopt a survivor-centered and led approach. This means first gaining their meaningful participation in all stages of the process of ensuring holistic care, including legal aid and access to justice and accountability. This includes the development of policies and procedures, planning of actions and programs, and the rollout of services, reparations, and assistance. Survivor participation may take the form of consultations on laws, reforms, or other programs; survivor-participation in the development and coordination of initiatives; their implication in services; and their engagement in follow-up and feedback mechanisms. Ultimately, consulting with survivors at the start of processes will inform what the survivor-centered approach will look like in each context.

Enhance coordination and collaboration across sectors (medical, psychological, legal, and socio-economic support), including, notably, between the medical and legal sector. Tools such as the medical-legal certificate can be either an opportunity or a barrier to a survivor's path to justice, especially when there is a lack of understanding of the completed certificate, or if it has been completed incorrectly or in ways that are not understandable across sectors. It is important that there be a common understanding of the medical-legal certificate and in general that there is close collaboration among these sectors, which requires regular opportunities for joint training and the exchange of terminology, cases, common challenges, and more.

Provide trauma-informed care and ensure continuous training and capacity-building for professionals at all levels and stages of the holistic care process who may interact with survivors. This may require investing in long-term capacity-building programs, the integration of training modules into diploma or certificate programs, and continuing education for medical, psychological, social, and legal professionals. Embedding trauma-informed care within institutions also includes ensuring appropriate staff care and support for different professionals who may regularly collect testimonies or otherwise engage with CRSV cases and survivors.

Bibliography

MF. Internal document. (2022).

MF. Internal Document. (2021).

Dolan C., Eriksson Baaz M., Stern M. "What is sexual about conflict-related sexual violence? Stories from men and women survivors." *International Affairs* (September 2020) 96(5): 1151–1168.

Global Survivors Fund (GSF). "Country Briefing: Central African Republic." (2021a).

GSF. "Country Briefing: Democratic Republic of Congo." (2021b).

GSF. "Global Reparations Study Executive Summary Report of Preliminary Findings." (2021c).

Harvard Humanitarian Initiative (HHI). "Voices from Congo, Peacebuilding and Reconstruction Surveys (July- August 2019 data)." (2019).

Kasherwa A., Bitenga Alexandre A., Gilbert M., Foussiakda A.C. and Belagamire J. "The roles and ethics of psychosocial support workers in integrated health services for sexual and gender-based violence survivors." *Journal of Social Work*. (2023).

Kombo B., Bitenga A., Biaba R., and Amisi C. "Regional study on the implementation of a holistic approach to care for victims and survivors of sexual and gender-based violence (SGBV) in ICGLR member states." Dr. Denis Mukwege Foundation. (Forthcoming).

MF. "Annual Report 2020." (2020).

MF. "Annual Report 2021." (2021).

MF. Internal document. (2022a).

MF. Internal document. (2022b).

MF, Panzi Foundation DRC, and Panzi Hospital. "Handbook. Holistic Care for Survivors of Sexual Violence in Conflict." (2019).

MF. "Final Evaluation—Summary Report. A global survivor Movement to end Rape as a Weapon of War." (2020).

Mugisho G.M., Maroyi R., Nabami S., Kasherwa A.C., Bitenga A., Mukwege D. "Sexual and gender-based violence victims' satisfaction of the support services through the holistic model of care in the Democratic Republic of Congo." *Discover Social Science and Health*, (2022).

National Police Service (NPS). "Policare Policy." (June 2021). <https://home.creaw.org/wp-content/uploads/2021/10/POLICARE-Policy-Compressed.pdf>.

Berg, M. and Mukwege, D. "A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic Republic of Congo: The Panzi Hospital One-Stop Centre Model of Care." *PLoS Med*, (2016).

Pierson, A. "Listening to Victims' Voices when Awarding Reparations to Survivors of Conflict-Related Sexual Violence in Eastern DRC." *Graduate Institute of International and Development Studies*. (2018).

Trial International. "Unforgotten—Annual Report on the Prosecution of Sexual Violence as an International Crime." (2019).

UCLA School of Law The Williams Institute, UCLA School of Law Health & Human Rights Law Project, and All Survivors Project, "'Je Ne Sais Pas Qui Pourrait Nous Aider': Les Hommes et Les Garçons Confrontés à La Violence Sexuelle En République Centrafricaine," (2018), 7, <https://allurvivorsproject.org/i-dont-know-who-can-help-men-and-boys-facing-sexual-violence-in-central-african-republic/>.

United Nations Development Programme (UNDP). "Annual Report 2022, United Nations Joint Programme in Support of Judicial Reform in the Democratic Republic of Congo (DRC)." (May 2023).

United Nations Multi Partner Trust Fund (UNMPTF). "JP DRC Fighting Impunity." (Visited on July 2023). <https://mptf.undp.org/fund/jcg20>.

United Nations Secretary General (UNSG). "Conflict Related Sexual Violence. S/2022/272." (March 2022).

Vasseur, A., et al., "Evaluation Conjointe Des Programmes de Lutte Contre Les Violences Sexuelles En République Démocratique Du Congo 2005-2017" (Rome, 2019), 12.

Vogel, C.N. "Conflict Minerals, Inc. War, Profit and White Saviourism in Eastern Congo." (2022); online edn, Oxford Academic. <https://reliefweb.int/report/democratic-republic-congo/evaluation-conjointe-des-programmes-de-lutte-contre-les-violences>.

Vidale-Plaza D. "A Survivor-Centered and Holistic Ethics of Care: A Reflection on Ethics of Care in Practice and Within Survivor Groups." *Journal of Genocide Research*. (2023).

Vidale-Plaza D., and Djangala Fall M.D.E. "What are survivors of conflict-related sexual violence saying about care?" *International Journal of Gynecology and Obstetrics*. (2023).

Endnotes

- 1 The terms “victim” and “survivor” are used throughout this document. In different contexts, MF follows what survivors have expressed how they wish to be identified and referenced. The term “victim” can have legal connotations, and in terms of the Panzi model, refers to the individual, who through the process of holistic care, becomes a “survivor.”
- 2 <https://www.icgjr-rtf.org/wp-content/uploads/2017/06/15-16th-December-2011-Kampala-Declaration-by-Heads-of-State-from-icgjr.pdf>.
- 3 https://www.ohchr.org/sites/default/files/Documents/Countries/CD/DRC_MAPPING_REPORT_FINAL_EN.pdf
- 4 Ibid.
- 5 The UN Department of Operations has an online monitoring system for allegations of sexual exploitation and abuse committed by UN peace missions. A summary of allegations related to MONUSCO personnel, is available here: <https://conduct.unmissions.org/sea-data-introduction>
- 6 <https://www.icc-cpi.int/sites/default/files/CaselnformationSheets/LubangaEng.pdf>.
- 7 <https://www.icc-cpi.int/sites/default/files/CaselnformationSheets/KatangaEng.pdf>.
- 8 <https://www.icc-cpi.int/sites/default/files/CaselnformationSheets/NtagandaEng.pdf>.
- 9 <https://www.trustfundforvictims.org/en/what-we-do/assistance-programmes>.
- 10 <http://www.leganet.cd/Legislation/Constitution.htm>.
- 11 <http://www.leganet.cd/Legislation/DroitPenal/L.06.019.20.07.2006.htm>.
- 12 <https://www.radiookapi.net/2021/08/17/actualite/politique/rdc-fabrice-puela-annonce-lamise-sur-pied-dun-fonds-de-reparation>.
- 13 https://www.globalsurvivorsfund.org/fileadmin/uploads/gsf/Documents/Other_Documents/2021_03_30_31_PROGRAMME_Roundtable_Reparations_in_Kinshasa.pdf
- 14 <https://www.politico.cd/encontinu/2021/08/19/denise-nyakeru-tshisekedisengage-a-oeuvrer-pour-la-creation-dun-fonds-national-de-reparation-pour-les-victimes-des-violences.html/90771/>
- 15 https://fcdostorage.blob.core.windows.net/fcdo/GSF_Kinshasa_Declaration_EN_Nov2022_WEB.pdf
- 16 https://www.fidh.org/IMG/pdf/rapport_rdc_.pdf.
- 17 <https://www.hhri.org/publication/barriers-to-justice-implementing-reparations-for-sexual-violence-in-the-drc/>.
- 18 <https://reliefweb.int/report/central-african-republic/political-agreement-peace-and-reconciliation-central-african>.
- 19 <https://www.ohchr.org/en/press-releases/2021/11/car-russian-wagner-group-harassing-and-intimidating-civilians-un-experts>.
- 20 https://www.ohchr.org/sites/default/files/Documents/Countries/CF/Mapping2003-2015/2017CAR_Mapping_Report_EN.pdf.
- 21 <https://www.icc-cpi.int/sites/default/files/CaselnformationSheets/yekatom-ngaissaFr.pdf>.
- 22 <https://www.icc-cpi.int/sites/default/files/2023-02/saidENG.pdf>.
- 23 <https://www.icc-cpi.int/sites/default/files/CaselnformationSheets/BembaEng.pdf>.
- 24 <https://ihl-databases.icrc.org/en/national-practice/organic-law-no-15-003-creation-organisation-and-functioning-special-criminal>.
- 25 <https://www.cpsrca.cf/detail-contenu-smenu/chiffres-cles-des-affaires/38/>.
- 26 <https://peacekeeping.un.org/en/paving-way-transitional-justice-car>.



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