Interim reparative measures project with survivors of conflict-related sexual violence

Democratic Republic of the Congo

Impact report

April 2025

GLOBAL SURVIVORS FUND

FOR AND WITH SURVIVORS OF CONFLICT-RELATED SEXUAL VIOLENCE

Survivors have transformed from caterpillars to butterflies thanks to the project. They work and get by. They know what they want for their lives. They say they know their rights and are equipped to defend themselves and have their rights respected. The project has given them a new lease of life, it has given them back that dignity, that acceptance of themselves.

- A survivor and Steering Committee member

Front cover:
A survivor from in Kasaï-Central province, DRC. November 2021 © Trinity Studio DRC

In memory of our colleague Anne-Marie Buhoro, site coordinator in Minova, assassinated by her husband on 28 January 2022.

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Acronyms

APR

National Alliance for Reparations Advocacy

APS

Assistant.es psychosocial.ux/les
(psychosocial assistants accompagning survivors)

AVEC

Association villageoise d'épargne et de crédit
(Village saving and credit association)

CREGED-ISDR

Centre de Recherche et d'Expertise en Genre et Développement de l'Institut Supérieur de Développement Rural (Centre for Research and Expertise in Gender and Development at the Higher Institute of Rural Development)

CRSV

Conflict-related sexual violence

DRC

Democratic Republic of the Congo

EPA

Enfants de Panzi et d'Ailleurs
(The Children of Panzi and Elsewhere)

FONAREV

Fonds National des Réparations des Victimes de violences sexuelles liées aux conflits et des victimes des crimes contre la paix et la sécurité de l'humanité (The National Fund for Reparations for Victims of Sexual Violence)

GSF

Global Survivors Fund

IRM

Interim reparative measures

MNSVS-RDC

Mouvement National des Survivant.e.s de Viols et Violences Sexuelles en RD Congo (National Movement of Survivors of Sexual Violence in the DRC)

MUSO

Mutuelles de la solidarité
(Community cooperatives)

NSCR

Nederlands Studiecentrum Criminaliteit en Rechtshandhaving (The Netherlands Institute for the Study of Crime and Law Enforcement)

SEMA

The Global Network of Victims and Survivors to End Wartime Sexual Violence

PTSD

Post-traumatic stress disorder

UN

United Nations

Introduction

What are interim reparative measures projects ?

The Global Survivors Fund (GSF) was founded in October 2019 by Dr Denis Mukwege and Ms Nadia Murad, 2018 Nobel Peace Prize Laureates, answering a call for reparations for survivors of conflict-related sexual violence gathered in the Global Network of Victims and Survivors to end Wartime Sexual Violence (SEMA). GSF aims to improve access to reparation for survivors of conflict-related sexual violence worldwide, seeking to fill a gap long identified by survivors.

GSF and civil society partners implement interim reparative measures (IRM) projects in countries where survivors have not received reparation. The term 'interim reparative measures', coined by GSF, refers to measures designed to respond to the harm caused by conflict-related sexual violence and its impact on survivors' lives. **These projects are built on three main principles:**

A. The co-creation

with survivors of every phase of the project, including its framing, implementation, and evaluation: projects are designed and carried out with, not only for, survivors;

B. A multistakeholder approach

that brings together different actors including, survivors, civil society, experts, government and members of the international community. The project is overseen by a Steering Committee (composed of at least 40 per cent survivors) that provides strategic and programmatic guidance;

C. A contextualised approach

ensuring that all measures are adapted to the specific social, cultural, and legal context of each survivor community.

Interim reparative measures projects include a strong advocacy component, aimed at the State and other duty bearers, to contribute to the development of survivor-centred reparation policies for all survivors of conflict-related sexual violence and other victims. They show States that providing survivor-centred reparation is urgent, feasible, and affordable, and has a transformative and lasting impact.

Conflict-related sexual violence in the Democratic Republic of the Congo

Since the 1990s, the eastern part of the Democratic Republic of the Congo (DRC) has been the scene of widespread and systematic rape and other forms of sexual violence used as a weapon of war. Decades of armed conflict and instability have led to an ongoing spiral of violence in the country, exposing more than 13 million people to violations of international human rights and humanitarian law, and more than a million women and girls to rape, according to UN Women.[1] Survivors of conflict-related sexual violence are living with the physical and psychological impacts of these crimes. They are rejected by their partners, families and communities, with near-total impunity for perpetrators.[2]

1. UN Women, Africa. Democratic Republic of Congo. https://africa.unwomen.org/fr/where-we-are/west-and-central-africa/democratic-republic-of-congo.

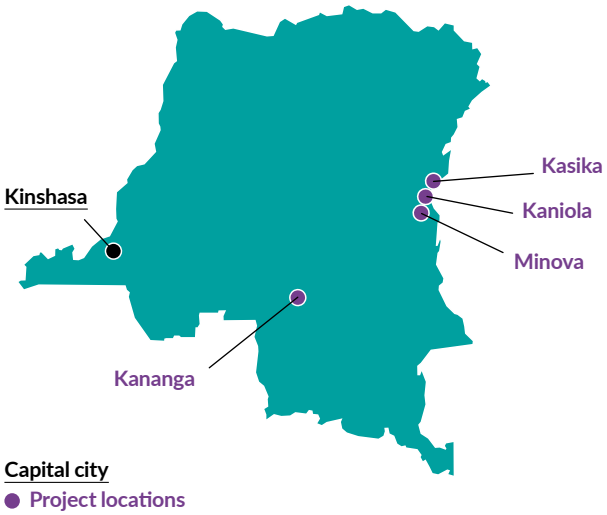
2. See GSF Report_DRC_June2024_FR_Web.pdf.

The project

1. Interim reparative measures projects

GSF established a pilot interim reparative measures project in the DRC, in partnership with the Panzi Foundation[3] and in collaboration with the *Mouvement National des Survivant.e.s de Viols et Violences Sexuelles en RD Congo* (MNSVS-RDC).[4] The project took place in four locations across North-Kivu, South-Kivu, and Kasaï-Central provinces between 2020 and 2024.

The Panzi Foundation recruited a team including psychologists and psychosocial assistants (APS) across the four locations, and dedicated personnel responsible for the implementation of different reparative measures. This enabled co-creation with survivors to take place.



"Mamans chéries", the unvaluable role of the APS

The day-to-day presence of the APS, referred to by some as *"les mamans chéries"*, or darling mothers, was central to the success of the project. They lived in the same communities as survivors and had strong knowledge of their lived experiences; making it easier to enable co-creation and provide empathetic and personalised accompaniment. They had their trust. Some were survivors themselves.

A diverse,13-member Steering Committee was the main decision-making body of the project. It oversaw its design and implementation and provided strategic and technical guidance to the project team. The Committee identified survivors participating in the project and validated their plans for individual and collective interim reparative measures. It included five survivors, four civil society experts, three representatives of national authorities and one United Nations representative. Some members came from regions involved in the project, allowing for local expertise.[5] The diversity of the Committee made it possible to find sustainable and appropriate solutions for each context.

3. The Panzi Foundation has extensive experience providing holistic support to survivors of conflict-related sexual violence since 1999. Its approach is based on fours pillars covering medical, psychosocial, legal and socio-economic support. Our project went beyond usual support for survivors, as it includes essential elements of reparation such as recognition, compensation and rehabilitation.

4. The MNSVS-RDC (*Mouvement National des Survivant.e.s de Viols et Violences Sexuelles en RD Congo*) is a network of 4000 female and male survivors in the Kivus and Kasaï, advocating for the rights of survivors, including the right to reparation.

5. The National Survivors Movement appointed five representatives for each location. The civil society experts were from TRIAL International, Physicians for Human Rights, Panzi Hospital, SOS multisectoral legal information/Panzi Foundation. The three national authorities representatives were the Head of the South Kivu Provincial Gender Division, the President of the South Kivu Military Court and the President of the Kananga Bar. The UN was represented by its Joint human rights office coordination.

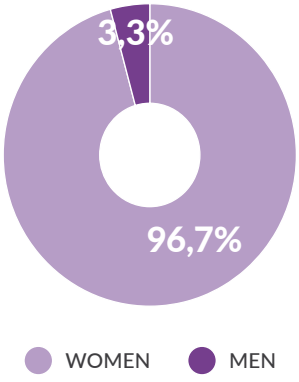
Kaniola, DRC. October 2022 © Trinity Studio DRC

The Steering Committee established selection criteria to determine the project locations, including the extent and nature of conflict-related sexual violence, the number of survivors affected, the security context, and logistical feasibility. It also decided to include locations representing different experiences with the justice system, such as areas marked by blatant impunity and others where survivors had gone through a judicial process without obtaining justice or reparations.[6] Based on these criteria, the Committee selected Minova, Kasika and Kaniola in the North and South Kivu provinces as project locations. Subsequently, the Committee extended the project to Kasaï-Central, in particular Kananga, Mulombodi, Tubuluku, Ntambwe, where the conflict had occurred more recently, and survivors had been left without any support. To avoid discrimination, all survivors in a location must be included in the project.

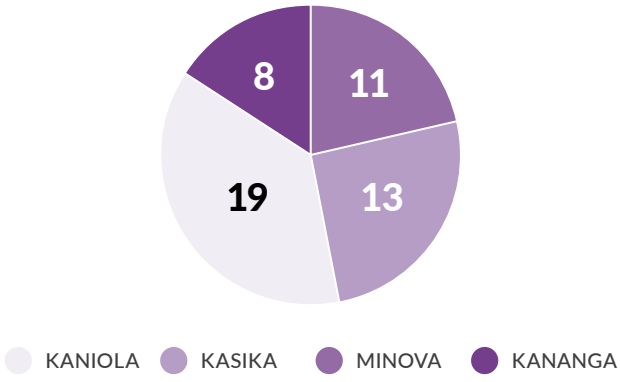
1,093 survivors participated in the project and received both individual and collective interim reparative measures. 96.7 per cent were women and 3.3 per cent men. The average family size in the DRC has at least 5 members per household, meaning that approximately 5,465 family members also benefited from the project.[7]

	MINOVA	KASIKA	KANIOLA	KAISAÏ	TOTAL
WOMEN	260	117	210	463	1093
MEN	0	9	2	27	38
CHILDREN	0	0	0	6 girls	6
Total	260	126	210	497	1093

GENDER BREAKDOWN



NUMBER OF VILLAGES BY AERA



Men survivors were very reluctant to be identified and to share their stories. The team needed to approach and engage with them separately. Personalised care was also introduced for elderly people.

6. The project took place in 51 villages: 11 villages in Minova: Bitenga, Karama 1, Karama 2, Muchibwe, Bulenga, Minova 1, Kishinji, Buganga, Mubimbi, Rutshunda, Minoa 2; 13 villages in Kasika: Kasika, Mukasa, Mulamba, Kidasa, Kaulile, Ndola, Pinga, Mushinga, Ndjeje, Kashaka, Kanenge, Muhimbili, Ilembe; 19 villages in Kaniola: Kaniola centre, Mbuba, Mwirama, Bushushu, Nabishaka, Cindubi, Muyange, Karhuliriza, Cimbulungu, Muhungu, Nakajaga, Kalongo, Lwashunga, Cisaza, Cega/Budodo, Cibinza/Budodo, Cagundwe, Cibanda, Cishebevi, and 8 villages in Kananga: Mulombodi, Tubuluku, Meteo, RVA, Ntambue, Kabanza, Oasis, Aéroport.

7. UNICEF, République Démocratique du Congo: Principaux Résultats, 2017-2018 (MICS), p.1.

Co-creation at the core

Only survivors can determine the most appropriate forms of interim reparative measures. A survivor-centred approach places them at the centre of this process by prioritising their rights, needs, and wishes, and ensures they are treated with dignity and respect. Co-creation goes even further, enabling survivors to have an effective influence on decision-making and play an active role in conceptualising, designing, implementing, monitoring, and evaluating reparative measures. The process in itself is reparative; seeking, claiming and defining reparation or other reparative measures is part of the recognition of a survivor as a rights-holder.

Throughout the project, the approach and activities were both discussed in groups and individually with each survivor. Survivors expressed what they felt was reparative and how best to provide them with individual and collective measures. To do that, they reflected on the nature and consequences of conflict-related sexual violence, the right to reparation, and the importance, purpose, and transformative impact of interim reparative measures.

Survivors were also represented at the steering committee level, leading and taking strategic decisions on the project. Peer-to-peer exchanges were also held as another way to co-create activities and increase impact.

In addition to deciding on their interim reparative measures, survivors actively reflected on women's rights, including equality and non-discrimination. Survivors felt that these sessions were essential to combat stigma and to strengthen their self-confidence.

> **We felt that we were at the centre of everything.**
>
> - A survivor

Identification and recognition of survivors

The Committee determined the eligibility of survivors. Based on best practice, it applied the principle of good faith and the presumption of victimhood to identify someone as a survivor of conflict-related sexual violence. The burden for documenting cases and gathering evidence rested with the Steering Committee. The identity of survivors was not known by the Committee at the time of reviewing files.

The identification process was designed to be reparative. An identification questionnaire was completed during individual interviews with a psychologist and APS. Many survivors chose to share their personal stories for the first time, feeling safe and secure. They were also able to provide documentation if available. If in doubt, the Committee established sub-committees for each location, to meet with the survivors or any person acting on their behalf.

Identification took place between September 2020 and March 2021, and was extended from September to December 2021 to include survivors who came forward later. Many survivors were tired of unfulfilled promises. They needed to see concrete proof of progress to have confidence that interim reparative measures in a survivor-centred manner were possible.

As they were identified, each survivor signed a letter of acknowledgment with the Panzi Foundation, recognising their status as survivors and listing the interim reparative measure they co-created. This letter was accompanied by symbolic ceremonies with local authorities.

2. Individual interim reparative measures

Compensation

All survivors received an equal lump sum as financial compensation, delivered securely via mobile phone transfers in three to five instalments.[8] They also received financial management training and participated in mutual savings cooperatives (MUSO) or village savings and credit associations (AVEC).[9] These new investments had a positive impact on the local economy. According to the Panzi Foundation's evaluation of the project, the compensation contributed to the creation of new markets, diversification of locally-available goods, and the adoption of new purchasing habits. Additionally, this economic activity helped survivors reintegrate into their communities.[10]

> **Survivors [...] are truly self-sufficient and even pay their children's school fees.**
>
> - A survivor and member of the Steering Committee

8. The Panzi Foundation partnered with Vodacom. Each survivor received a mobile phone to access funds. It required intense training and strong team involvement to accompany survivors and organise family discussions and mediation when necessary.

9. Refers to the acronyms section. MUSO and AVEC are two socio-economic reintegration systems, similar to a loan system, in which members collectively save money and receive a larger sum in turn. The project created 5 MUSO and 44 AVEC specifically for survivors AVEC can operate with larger sums of money.

10. *Panzi Foundation, Internal Report, Final Project Evaluation Report, November 2023.*

Survivors received vocational training and employment support to invest in small businesses, farming projects, and other income-generating activities.[11] At the end of the training, survivors received a professional certificate. Many survivors learned tailored agricultural techniques and received mentorship from experienced local professionals. Twenty-four fields where leased, which yield around 4,000 tons of vegetables.[12]

AVEC also proved to be a real catalyst for changing patriarchal attitudes. In Kasaï, men survivors did not initially want to create AVEC with women, but quickly realised female-led AVEC were more profitable. This planted the seeds for understanding the importance and potential benefits of working together. The schemes enabled men and women to interact much more in their daily lives, and created new ways of living together. This was an important catalyst in changing their mentality.

Financial interim measures provided more than just an income for survivors; they cultivated renewed autonomy, strengthened relationships, and allowed some to leave their communities if they so wished. Several became financially independent and chose to rebuild their lives in a new location. Others became mentors, sharing their experience and knowledge and fostering peer learning and community building.

In October 2023, three survivors from Kasika, Kaniola, and Minova flew for the first time to meet 20 survivor 'leaders' in Kasaï, where MUSO and AVEC were still new concepts. They shared how they managed their projects through the initiatives, which were well-established and successful in the Kivus but still new and underutilised in Kasaï-Central. This exchange strengthened survivors' solidarity and resilience.

Survivors used their compensation to ensure access to education for their children, enabling around 1,000 of them to attend school or university. Compensation also allowed survivors to improve their living conditions by renovating or purchasing new houses or plots of land.

Psychological care and group sessions

Around 5,000 individual therapy, group and intrafamilial sessions were conducted throughout the course of the project. More than 555 survivors, including 15 men, received individual therapy sessions, and 968 survivors, including 35 men, participated in group sessions. These interventions significantly improved survivors' psychological well-being, addressing trauma, depression, anxiety, and post-traumatic stress disorder. Group therapy fostered a supportive environment, enabling survivors to share their experiences, build solidarity, and fight isolation. As a survivor from Minova mentioned: "I feel like I have value. I love myself more." Others have described how they have found emotional stability, resilience, and how the project allowed them to stop having 'bad thoughts'.

> **I remember one woman whose family and friends said she couldn't talk any more. She had a serious mental health problem, shaking at the slightest noise. She didn't speak for almost a year. She was really empty. She had to be fed and dressed. But with everything that was put in place with the psychologist, the woman has really rebuilt herself, she has recognised her children and she's moving towards resilience.**
>
> - A survivor and member of the Steering Committee

11. 660 survivors opted for vocational training. More than 300 sessions of 2.5 hours each were held for groups of 20 survivors.

12. Such activities took place as follows: Nine fields of potatoes, onions, amaranth, aubergines, tomatoes, and beans in Kaniola; 5 fields of groundnuts, cabbage, onions, maize, beans, manioc in Kasika; 9 fields of cabbage, red onions, amaranth, maize in Minova; 1 field of soya beans, maize, niebe, groundnuts, cassava, aubergines and amaranth in Kananga. Most crops harvested were sold by the AVEC/MUSOs and the profits paid into them. Some AVEC/MUSOs decided to use these funds to develop joint projects and to sustain joint fields after the end of the project.

Intra-family sessions aimed to ensure that family members understood, supported, and accompanied survivors on their reparative journey. Engaging and interacting with men, particularly husbands of survivors, was crucial in creating an inclusive environment and reducing stigma and negative consequences for women participants. Positive masculinity workshops were co-created by survivors at their request, to reshape perceptions of masculinity, emphasising respect for women's autonomy and ultimately fostering acceptance that they were free to use their compensation as they wanted. The workshops actively involved male relatives, which helped spread understanding of conflict-related sexual violence and the acceptance of interim reparative measures. Community leaders also played a key role in resolving conflict; speaking with survivors' husbands when they were reluctant or sceptical to have their wives participating in the project.

We could see the joy on the faces of the survivors who went to see women gynaecologists. Many survivors did not believe in the possibility of ever being seen by a doctor.

- A project team member

Medical and psychiatric care

The Panzi Foundation and Panzi Hospital organised medical mobile clinics[13] to reach survivors in remote project areas. A total of 1,038 consultations were conducted for approximately 900 survivors. Two hundred required specialised medical attention for conflict-related sexual violence related diseases. They were referred to Panzi centres in Mulamba and Bulenga in the Kivus, the Bon Berger Tshikaji hospital in Kasaï-Central, and to Panzi General Hospital in Bukavu for gynaecological surgeries.

6 fistulas surgeries	**26** cases of hepatitis	**38** prolapse surgeries	**4** cases of syphilis
730 cases of urogenital infections	**10** HIV-positive test results	**422** cases of chronic gastritis	**6** cases for infertility
177 cases of arterial hypertension	**550** other pathologies		

Around 20 survivors received psychiatric treatment. The main diagnoses were major depressive episode, post-traumatic stress disorder with dissociative signs, alcohol addiction, comorbid depression, schizophrenia, and suicidal thoughts. Raising awareness on the mental impact of sexual violence also enabled survivors and their families to better accept psychological, medical and psychiatric interim reparative measures.

Psychiatric care was a success. A woman from Kaniola who never smiled was able to transform. She is the one who makes people laugh... and I think that's the best reparation.

- A survivor and member of the Steering Committee

Birth certificates for children born of conflict-related sexual violence

Children born of sexual violence face discrimination and stigma within their own families and communities, and often have no legal identity. Some survivors asked for help in building a relationship with their child, informing them of their origins, and obtaining their legal recognition. Survivors received legal aid to ensure their children could be legally recognised and registered. As a result, 127 birth certificates were issued by the authorities. GSF continues to work on psychosocial support for these children with *Enfants de Panzi et d'Ailleurs* (EPA).

13. Based on the Panzi holistic approach, mobile clinics consist of punctual medical and psychosocial interventions, in remote area, organised in partnership with local health centres. They include also training for local medical staff on pathologies linked to conflict-related sexual violence.

3. Collective interim reparative measures: a safe space for survivors

In 2021, survivors and their communities held discussions across all four locations to determine the most meaningful and sustainable forms of collective measures. Survivors decided on community centres. They expressed a strong desire for safe spaces for themselves and their children, where they could engage in various activities, learn vocational skills, and receive psychological, medical, and legal support. They also wished to use the centres to participate in women's rights initiatives, and, when necessary, use the spaces as safe houses.

They formed local committees, involving community leaders, to shape the design of centres and how they would work. Land for the centres was purchased, and construction began in 2022. They were inaugurated in Kaniola, Kasika and in Minova in 2024, and a centre in Kananga is to be inaugurated in 2025. More than 1,000 people participated in centre inaugurations in the Kivu provinces, including survivors, their families, communities, key authorities, and the Director of the National Fund for Reparations for Victims of Sexual Violence (FONAREV).

> **Community centres will allow us to have an address, a place to carry out different tasks and meet each other. They will be a 'rest home' for survivors, including those still suffering.**
>
> - A survivor

4. Advocacy for survivor-centred national reparation policy

GSF's interim reparative measures projects include an advocacy component, calling for the establishment of a survivor-centred national administrative reparation programmes also based on lessons learned during the project. Since the launch of the project in March 2020, GSF, the Panzi Foundation and the MNSVS-RDC urged the Congolese government to establish such a programme.

From 2021 to 2023, technical support workshops were conducted with State cabinets and the ad-hoc Presidential Advisor to establish a national reparations fund, drawing on lessons learned from the project, and emphasising the need for active survivor participation. This led to the adoption of a law on a national fund for reparations and the creation of the FONAREV, the institution responsible for the implementation of the law.

Pivotal to this were regular discussions with the Special Advisor to the President on Sexual violence, the Minister of Human Rights, the Minister of Gender, the President of the National Assembly, the First Lady's Cabinet, and the UN Human Rights Office. These efforts included a national roundtable in Kinshasa in March 2021, bringing all relevant stakeholders together, including survivors from different conflict zones, which created momentum for reparation. The project also strengthened the advocacy capacity of civil society, leading to the creation of the National Alliance for Reparations Advocacy (APR) in 2023.[14]

14. See "*GSF Study on the status of and opportunities for reparation for survivors of conflict related sexual violence*" (2024, May).

The impact

The impact evaluation of the interim reparative measures in the DRC was funded by GSF and developed and conducted independently by the Netherlands Institute for the Study of Crime and Law Enforcement (NSCR) in collaboration with the Centre of Research and Expertise on Gender and Development (CREGED-ISDR).

The evaluation process began with the Photovoice approach, where survivors answered questions using photographs from their daily lives. The photos were then used in concept mapping sessions with survivors, which helped define the key themes and concepts integrated into a subsequent survey conducted with more participants. This process ensured that survivors had an active role in participating and guiding the evaluations. The survey measured several predefined areas, including individual well-being, through the World Health Organization Quality of Life Assessment (WHOQOL) and a Psychiatric and Diagnostic Screening Questionnaire (PDSQ) also referred to as the Post-Traumatic Stress Disorder-8 (PTSD-8). Other concepts, such as social relationships, were evaluated through the frequency of social contacts and stigma-related questions. The survey also assessed survivors' perceptions of their participation and their experiences of recognition, justice, and dignity. This innovative approach ensures the methodology is dynamic and responsive, capturing data on established and newly identified concepts.

Twenty-five survivors from Minova participated in the Photovoice and concept mapping portion of the impact evaluation. A total of 105 survivors from Minova, Kasika, Kaniola, and Kananga participated in the survey. The evaluation was structured in three distinct phases throughout the project cycle. The same survivors took part in all three rounds of data collection to enable comparisons of changes in their lives over time that may be attributed to the project. The baseline measurement, conducted before survivors receive their interim reparative measures, occurred between November 2020 and May 2021. The interim evaluation, carried out during the implementation of the measures, took place between July and October 2021, and the final evaluation, completed after survivors received their interim reparative measures, took place between December 2021 and April 2022.

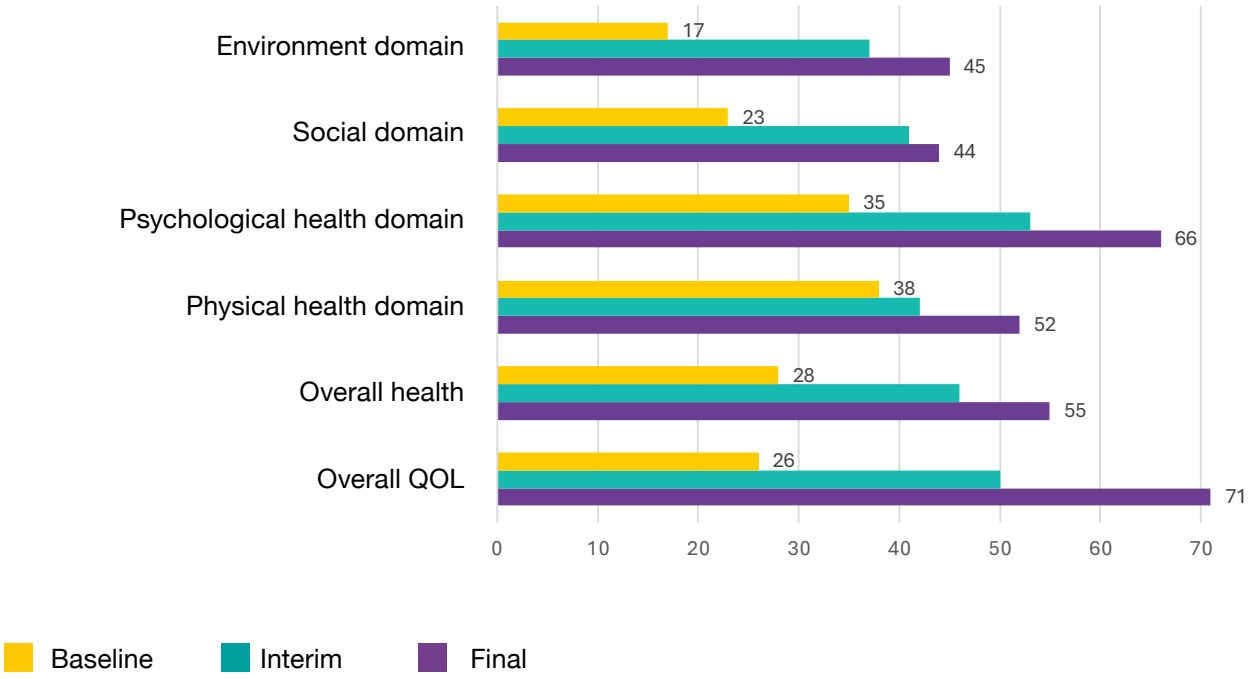
A photo mapping exercise in Minova, DRC. November 2020 @ Panzi Foundation

1. Individual wellbeing

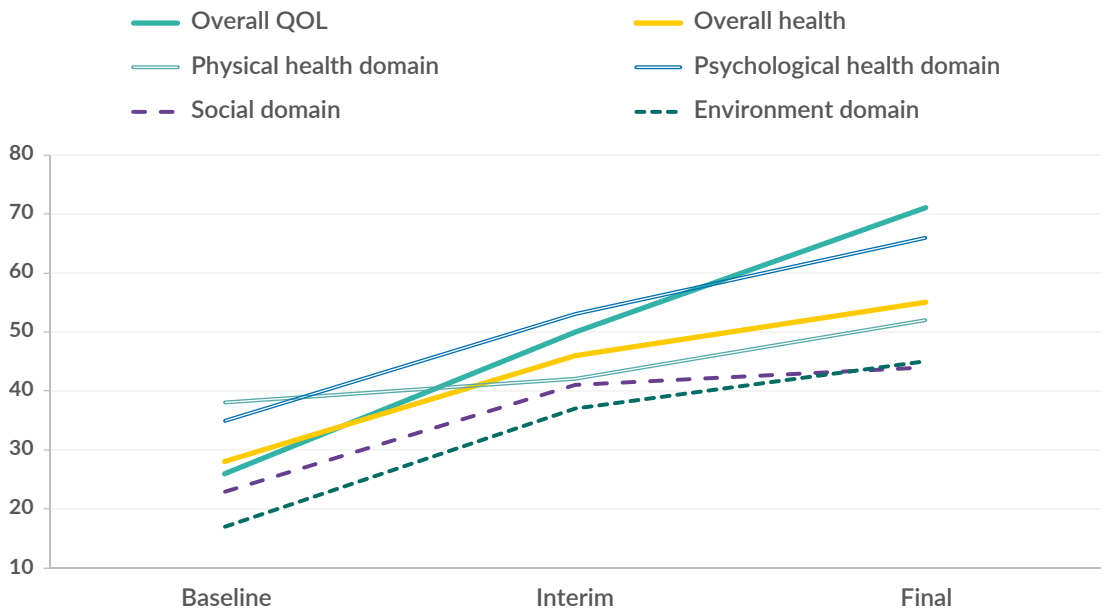
Changes in individual wellbeing were measured through the WHOQOL. The WHO defines quality of life *"as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns."*[15]

A notable improvement was observed from the baseline to the final measurement. Through the quality-of-life questionnaire, survivors reported improvements in their physical and psychological health, as well as improvements in their support environments, after receiving interim reparative measures. The graph illustrates the progressive gains in individual well-being over time.

FIGURE 1. IMPROVEMENT IN WHOQOL OVERALL SCORE AND DOMAIN SCORES
(on a range of low to high (0-100) between measurements)



15. WHOQOL. (2012, 1 mars). https://www.who.int/toolkits/whoqol.



Quality of life

Overall QOL: significantly improves from baseline to the final stage, increasing from approximately 30 to 70.

Health domains

Overall health: shows consistent improvement, rising from around 40 at baseline to nearly 60 at the final stage.

Physical health domain: experiences a steady rise, starting at approximately 30 and reaching 60 at the final stage.

Psychological health domain: demonstrates the most significant growth, climbing from about 30 at baseline to 70 in the final stage.

Social and environnement domain

Social domain: gradual improvement, increasing from around 30 to 50 by the final stage.

Environment domain: slightly slower growth compared to other domains, rising from approximately 25 at baseline to around 40 at the final stage.

The overall quality of life ratings almost tripled, increasing from 26 to 71. This highlights a significant positive change in the lives of survivors during and after the project. Surveyed survivors initially reported poor health with a baseline score of 28, but this steadily and significantly improved to 55 in the final evaluation: the physical health domain score rose from 38 to 52 and the mental health domain score almost doubled, from 35 to 66.

The interim measures led to improvements in participants' perception of their social wellbeing, increasing from 23 to 44. Environment scores, which were the lowest of the baseline evaluation (17), nearly tripled to 45 by the end of the project.

During the Photovoice session of the final evaluation, survivors shared photos depicting their engagement in diversified economic activities, learning new skills, and being able to move into a rented space. The overwhelming majority of survivors report that they indeed feel that the project helped them become financially independent and greatly increased their financial and social status. This contributed to notable improvements in mental and physical health.

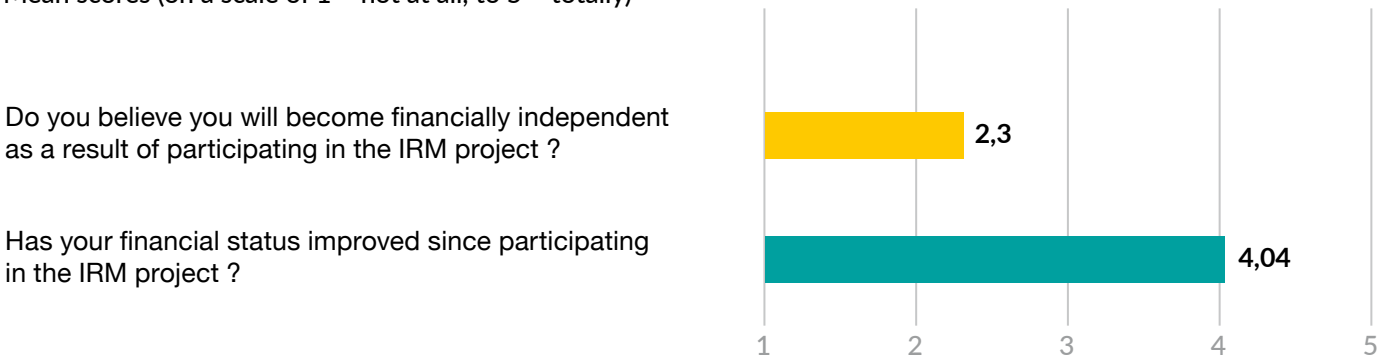
PTSD symptoms

In addition to the psychological health score, the presence of symptoms of post-traumatic stress disorder (PTSD) was compared before and after the project. Survivors show a particularly strong decrease in generalised anxiety (from 68% to 46% at the final evaluation), and panic disorder (76% of survivors to 46% at the end of the project). It is noted that the severity of the PTSD symptoms and the levels of co-morbidity decreased. However, the overall PTSD-8 scores remained relatively unchanged, due to the severe and chronic trauma experienced by survivors; 32% were subjected to sexual violence more than once.

2. Family wellbeing

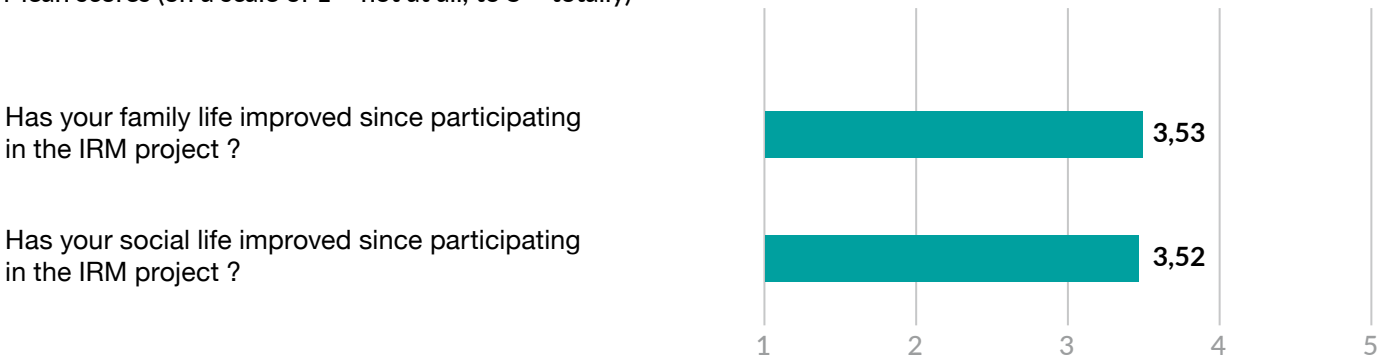
The second layer measured in the impact evaluation is people's perception of their family wellbeing after receiving both social and financial measures.

FIGURE 2. IMPROVEMENTS IN FINANCIAL STATUS
Mean scores (on a scale of 1 = not at all, to 5 = totally)



Surveyed survivors reported that their financial status had improved, more than they expected in the baseline (figure 2). Improvements in their financial situation are attributed to the financial support and budget training provided. During the Photovoice sessions, survivors discussed these improvements in their financial situation; saying they are now able to provide their families with multiple meals a day, pay school fees, and buy school uniforms and materials for their children. Family relationships improved as survivors were able to participate in family gatherings and help others. They also reported improvements in relation to family and social life (figure 3).

FIGURE 3. IMPROVEMENTS IN FAMILY AND SOCIAL LIFE
Mean scores (on a scale of 1 = not at all, to 5 = totally)



3. Social support

Survivors reported being abandoned and stigmatised as a result of the violence they endured. Eleven per cent of survivors reported having no one to depend on. At the end of the project, this had fallen to zero; all surveyed survivors were enjoying the benefits of a strong support network. Survivors also had higher levels of trust.

The Photovoice workshops reinforce these findings. Participants showed how contact with family, friends and community members significantly increased during the project. The nature of these interactions also changed: contact became less negative and anxiety-inducing.

Due to their experiences, survivors of conflict-related sexual violence often face isolation and stigma from their communities. Consequently, the impact evaluation assessed whether the project affected survivors' perceptions of their surrounding community.

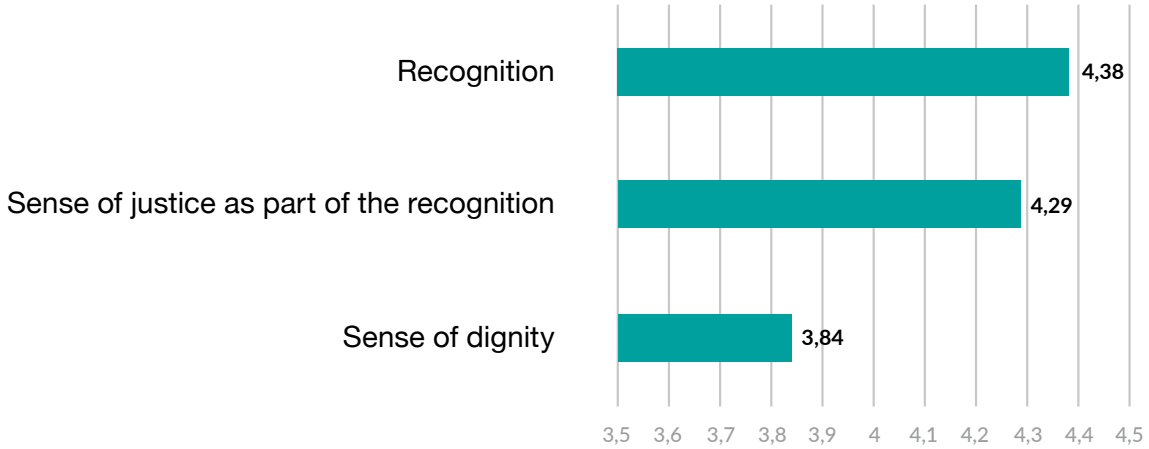
During Photovoice workshops at the start of the project, nine survivors reported that their partners had abandoned them as result of sexual violence. Furthermore, survivors felt they were stigmatised by their community.

After receiving interim reparative measures, survivors felt they were now seen and approached 'as a person' by their community. The survey also revealed that contact between survivors and community members increased significantly. Their improved individual physical and psychological wellbeing, and the positive changes in their financial situation, made it possible for them to live up to the standards and expectations of attending social events and ceremonies. Despite this, intergroup anxiety just lowered from 3.15 to 2.93 on a five-point scale, reminding us that survivors are still dealing with trauma.

4. Justice and recognition

Interim reparative measures projects provide recognition and justice to survivors of conflict-related sexual violence. The impact evaluation integrated questions to measure whether they felt a sense of recognition or justice through their participation. For survivors, recognition is affirmed when their experiences are taken seriously, when they are acknowledged as victims of a crime, and when their cases are heard by a court.

FIGURE 4. SURVIVORS PERCEPTIONS ON RECOGNITION, JUSTICE AND DIGNITY
Mean scores (on a scale of 1 = not at all, to 5 = totally)



5. Survivors' co-creation of project activities

Co-creation is a central value in all of GSF's work. Survivors are decision-makers influencing the design, implementation, monitoring and evaluation of activities through the project cycles. To assess co-creation, the impact evaluation measures survivor awareness of project details and their involvement.

Survivors were happy with the opportunities they had to express their opinions throughout the project, as well as the high degree of value and respect afforded to them. Mutual communication was strong, reflected in good awareness of the project from an early stage. 95 per cent of survivors affirmed that they were kept informed of the project process and that they had the possibility to give their opinion about the measures.

Overall, survivors were highly satisfied with the outcomes of the project: 98 per cent felt that participating in this process has changed their lives in some way, and 95 per cent were satisfied with the overall results.

Conclusion

The project in the DRC was GSF's second interim reparative measures project, and a unique joint effort to implement a new survivor-centered methodology and enhance their access to reparation. Co-creation was the cornerstone of the project's approach. It was fundamental in giving survivors a sense of ownership and increasing confidence and self-esteem, and enhancing the restorative nature of the project. Flexible approaches, methodologies, timelines and budgets are required for co-creation to be possible.

Survivors valued the improvement of their mental and physical health, their financial autonomy and capacity to learn and develop activities, contributions to family wellbeing, and new respect and consideration from the community. The project also influenced the national government to establish a reparation policy; an example of how smaller-scale action can evolve into national change. Survivors themselves are key to such advocacy.

Co-created interim reparative measures delivered with creativity, adaptability and flexibility can transform survivors' lives and trigger State action. Our work across the four locations demonstrated how this can be put into action, improving survivors' lives and family and community ties, and breaking down stereotypes and barriers. They also show that reparation is feasible, urgent and affordable.

This project was done in partnership with:

Mouvement National des Survivant.e.s de Viols et Violences Sexuelles en RD Congo

PANZI FOUNDATION DRC

This project was carried out with the support of:

Belgium
partner in development

In partnership with Canada

Co-funded by the European Union

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