

ANNEX 1

Public

REPARATIONS IN THE CASE OF THE PROSECUTOR V. DOMINIC ONGWEN							
ANNEX I - DRAFT IMPLEMENTATION PLAN CHART							
No.	Project			Reasoned Objections/Observations of LRVs	Reasoned Objections/Observations of CLRV	Reasoned Objections/Observations of Defence	Reasoned Objections/Observations of Registry
	Description	Type of Harm Addressed	Summary of Steps for Implementation				
I. COLLECTIVE COMMUNITY-BASED REHABILITATION MEASURES							
1.1 Physical rehabilitation measures							
Measure Medical 1	<u>Medical assessment of health needs for beneficiaries</u> - Medical assessment process of injured beneficiaries to examine their condition and determine their medical needs resulting from physical harm suffered as a consequence of the crimes for which Dominic Ongwen was convicted (crimes at issue). - This process consists of a needs-based assessment to determine beneficiaries with physical injuries, medical conditions, ailments, as well as diseases, including chronic ones, resulting from the harm suffered by victims. - Locations: - At the locally available medical/health facilities in and around the four main case locations (Abok, Lukodi, Pajule, and Odek) and in other locations where beneficiaries reside. - Depending on the outcome of the medical assessment, beneficiaries are taken into Project Medical 2 and a treatment schedule is provided to them.		Measures Medical 1 and 2: Overview of steps required for implementation: <u>Preparatory phase:</u> 1. Finalisation of programmatic framework, based on approved DIP, including monitoring and evaluation (M&E) framework, Gender Action Plan, and key performance indicator (KPI) development (duration 4 to 8 months). 2. Procurement of implementing partner(s) or consortium (IP) above a contract value of EUR 50,000 (duration 12 to 18 months): a. Expression of Interest phase; b. Request for Proposal phase (TFV develops Scope of Work based on the approved DIP and the final programmatic framework; c. Technical evaluation and Procurement Review Committee phase; d. Contracting phase for selected IP. 3. Design by TFV, in close collaboration with the Registry, of feedback mechanisms to provide the appropriate channel for beneficiaries to directly ask for information, provide feedback, ask questions, convey complaints or queries about the IP or the TFV (duration 10 to 14 months). <u>Implementation phase:</u> 1. <i>Startup phase</i> (duration 5-8 months after entry into force of contract with IP): •IP hires personnel and subcontractors as per contract and programmatic requirements; •TFV and IP conduct joint training and process set-up; •TFV and IP set up data and victim case management tools; •IP institutes safeguarding protocols and procedures as agreed with TFV; •TFV, in close collaboration with Registry, institutes feedback mechanism (duration 8 to 10 months). 2. <i>Ongoing implementation phase</i> (duration: throughout the life of the programme as per availability of funds and number of beneficiaries): •IP implements activities of the project described in the column <i>Description</i> , conducted in line with in the TFV’s Scope of Work, the IP’s proposal and the contract; •TFV and IP ensure good beneficiary data management; •TFV and IP ensure that concerns of beneficiaries are heard and addressed; •Regular qualitative, quantitative, and financial reporting to the TFV on implementation progress; •TFV’s activities: i.Programmatic, qualitative and quantitative monitoring of IP through e.g. high-frequency interaction with IP, review of IP reports, on-site visits, interviews with beneficiaries in the form of feedback and spot checks; ii.Financial monitoring of the programme through e.g. verification checks, review of financial reports, receipt of IP audit reports; iii.Report to Trial Chamber; iv.Report to donors; v. Procure and conduct mid-term evaluation of medical services as appropriate (duration 12 to 18 months). <u>Closure phase (starts with impending completion of services):</u> 1.Information campaign together with PIOS on upcoming project and, if applicable, programme completion (duration 12 months). 2.Closure of project (duration 3 to 6 months): a.Complete delivery of services to beneficiaries; b.Transfer relevant data to TFV; c.IP’s final qualitative, quantitative, programmatic and financial reports to the TFV; d.TFV assesses necessity of residual measures mechanism for unreachable beneficiaries; 3.Closure of programme: a.Procure and conduct programme-wide final evaluation (duration 18 to 24 months); b.Draft and submit programme-wide final report to Chamber per TFV Regulation 58 (to be filed: 12 to 18 months after IP contract comes to a conclusion).		Additional information is needed concerning: (i) specific methodology and measures for children and SGBC victims - see paras. 18-21 of the observations; (ii) the locations of the services and the confirmation that transportation fees to the location of the treatment, if any, will be borne by the TFV - see paras. 22-23 of the observations; (iii) the timeline of the services, as well as information on the sequencing - see paras. 28-33.		
Measure Medical 2	<u>Medical care and treatment for beneficiaries, based on their needs</u> - Custom-designed medical care, treatment, and services based on beneficiaries’ medical assessment (Measure Medical 1) and in line with the physical harm recognised by the TC in its Reparations Order. - Locations: - At the locally available medical/health facilities in and around the four main case locations (Abok, Lukodi, Pajule, and Odek) and in other locations where beneficiaries reside through deployment of medical personnel and teams to community health facilities, and through mobile medical teams or mobile surgical camps for locations lacking local infrastructure, for example for corrective and reconstructive plastic surgery; - at appropriate medical facilities in Gulu and other locations. - Treatment options include, according to the needs of the beneficiaries: - Primary and specialised medical care; - Access to prosthetic or other supportive/orthopaedic devices to be fitted to those in need, relevant physiotherapy treatments to follow-up care for patients in situ following surgical camps and other treatments, medical or palliative care to those with chronic pain and injuries; - Referral to specialist medical care often including treatment at specialised hospitals or care providers; - Transfer to other service providers for treatment services or chronic disease care, as appropriate.	Physical.					
Measure Medical 3	<u>Patient-centred treatment for beneficiaries</u> - Patient-centred communication initiatives by health care practitioners who interact with beneficiaries, in particular through clear communication concerning diagnosis and treatment options, with a view to enable beneficiaries to remain well-informed during care and empower them to participate in their medical decision-making and care provision, in accordance with healthcare standards. - Activities: implementation of guidelines on healthcare communication, training on best practices for medical/health care and communication for practitioners, including sensitisation on gender-based violence, on relevant Ugandan and international standards, and on preventing abuse of power in healthcare relationships.		Measure Medical 3: Overview of steps required for implementation: <i>Measure Medical 3</i> will be implemented as part of Measures Medical 1 and 2 by the same implementing partner(s). The above-mentioned steps also apply to Project Medical 3 and in addition the following steps: <i>Preparatory phase:</i> TFV or IP hire experts as required in particular on healthcare communications (duration 3 to 6 months); <i>Startup phase</i> : TFV adopts guidelines on healthcare communications with beneficiaries and organises training for IP medical staff, upon advice of hired expert and in consultation with IP; Ongoing implementation phase: periodic healthcare communication training, monitoring adherence to protocols, and victim feedback; <i>Ongoing implementation phase</i> : Periodic healthcare communication training, monitoring adherence to protocols, and victim feedback.		Additional information is needed concerning: (i) specific methodology and measures for children and SGBC victims - see paras 18-21 of the observations		

1.2 Psychological rehabilitation measures and psychosocial activities							
Measure Psychological 1	<u>Psychological and psychosocial support and services for beneficiaries</u> • Beneficiaries suffering from moral or transgenerational trauma as a result of the crimes at issue may receive rehabilitative mental health services (psychological and psychosocial). • Locations: at appropriate locations in and around the four case locations or in Gulu, and at other locations where beneficiaries, in particular thematic crime victims, reside, or as required by the treatment options. • Treatment options include, according to the needs of the beneficiaries: - o Individual, family, or group counselling services; - o Referrals for specialist services, including psychiatric treatment in specific cases and provision of psychotropic drugs as necessary. • Additional activities may include: - o In-service capacity building trainings and counsellors-for-counsellors support services; - o Inclusion of family members into therapy, if required to ensure a positive therapy outcome (e.g. for some thematic crime victims).						
Measure Psychological 2	<u>Psychosocial initiatives to facilitate individual, group, and community healing for beneficiaries</u> • This project targets beneficiaries by providing psychosocial activities and initiatives organised to facilitate safe spaces for interaction, community, peer support, and community-building to aid in individual and group healing processes and respond to moral and community harm suffered as a result of the crimes at issue, expanding the services provided in Measure Psychological 1 above. • Locations: at appropriate locations in and around the four case locations or in Gulu, and at other locations where beneficiaries, in particular thematic crime victims, reside, insofar as appropriate. • Activities may include group psychosocial therapies in the form of art, music, dance, drama, sports, and cultural or traditional activities.	Moral, transgenerational and community.	Measures Psychological 1-4: Overview of steps required for implementation: Measures Psychological 1 and 2 will be implemented by one or more IP. Therefore, same steps and timeline apply as set out under Measures Medical 1 and 2. Measure Psychological 3 will be implemented as part of Measures Psychological 1 and 2. The above-mentioned steps also apply to Measure Psychological 3 and in addition the following steps: oStartup phase : • TFV and IP develop information campaign and other mobilisation activities in close coordination with Registry and after consultation with relevant Ugandan health authorities and healthcare providers (duration 15 to 20 months); oOngoing implementation phase : • Roll out of information campaign in close coordination with the Registry and with local and national authorities. Measure Psychological 4 will be implemented as part of Measures Psychological 1 and 2. The above-mentioned steps also apply to Measure Psychological 4 and in addition the following step: oOngoing implementation phase : • Engage with local authorities and through the participatory mechanism (Measure Programme-wide) to develop methodologies to address stigma in the relevant communities and rolling out of the agreed activities.		Additional information is needed concerning: (i) specific methodology and measures for children and SGBC victims - see paras. 18-21 of the observations; (ii) the locations of the services and the confirmation that transportation fees to the location of the treatment, if any, will be borne by the TFV - see paras. 22-23 of the observations; (iii) the timeline of the services, as well as information on the sequencing - see paras. 28-33.		
Measure Psychological 3	<u>Awareness raising and social change campaign on the psychological impact of crimes on mental health of victims</u> • The community of victims as a whole is informed of the relationship between symptoms and day-to-day challenges and trauma resulting from the crimes at issue, and victims suffering from mental health difficulties and trauma are informed of the variety of mental health services that are available to them in their communities and in the TFV programme. • The measure intends to normalise seeking out mental health care by improving understanding amongst victims about mental health, including transgenerational trauma, and reducing tensions within families and the wider community. • Locations: in and around the case locations and beyond, insofar as possible. • Activities may include information campaigns, information meetings, and similar events, as advised by the participatory mechanism (Measure Programme-wide) upon its establishment.						

Measure Psychological 4	<u>Sensitisation of the broader community to address stigma confronted by victims</u> •Community members, local leaders, other stakeholders, as well as victim groups are sensitised on stigma confronted by the community of victims. •Locations: in and around the case locations and beyond, insofar as possible. •Activities may include sensitisation and psycho-educational initiatives with various stakeholders, as advised by the participatory mechanism (Measure Programme-wide) upon their establishment, to inform and confront the impact of stigma on the mental health, well-being, and reintegration challenges, as well as gender-based stigma, experienced by victims, including survivors of SGB/C, their children, and former child soldiers.						
1.3 Socio-economic rehabilitation measures and livelihood activities							
Measure Socio-economic 1	<u>Socio-economic facility for the design of livelihood activities, ensuring highest relevance, economic and reparative value, and sustainability</u> •Through the participatory mechanism (Measure Programme-wide) and based on the TFFV's socio-economic reparations methodology, the community of beneficiaries has a role in the design and manner of implementation of socio-economic activities aimed at strengthening their agency; acceptance of the activities by beneficiaries and adaptation to the needs of the community of victims within the specific context of each (local) community. •Locations: at appropriate locations in and around the four case locations or in Gulu, and at other locations where beneficiaries, in particular thematic crime victims, reside, insofar as appropriate. •Activities may include: - o Establish TFFV's socio-economic reparations methodology consulted with and validated by relevant stakeholders; - o Institute economic study to map available services and vocations, to systematise the range of socio-economic activities (individual or communal and vocational or agricultural) and evaluate them against economic impact, sustainability, and reparative value. To consider feasibility and costs of measures/services; - o Convene participatory dialogue sessions within the mechanism with beneficiaries to deliberate and select among the socio-economic options; - o Communicate and systematise outcomes of participatory mechanism as called upon in line with the TFFV's socio-economic reparations methodology for implementation under Project Socio-economic 2.						
Measure Socio-economic 2	<u>Income-generating and livelihood initiatives to address material harm and economic hardship of beneficiaries</u> •This measure implements the socio-economic rehabilitation initiatives as per the socio-economic facility (Measure Socio-economic 1) and in line with the TFFV's socio-economic reparations methodology. •Locations: at appropriate locations in and around the four case locations or in Gulu, and at other locations where beneficiaries, in particular thematic crime victims, reside, insofar as appropriate. •Specific services may include, including through group formation, but are not limited to: - o Vocational training coupled with provision of starter kits;. - o Support of diverse vocations, including agricultural vocations, coupled with material and equipment; - o Village Savings and Loan Associations (micro-credit initiatives within communities); Income generating initiatives; Small enterprise development and business coaching.	Material, community and moral.	Measures Socio-economic 1 and 2: Overview of steps required for implementation: As the implementation of <i>Measures Socio-economic 1 and 2</i> is conducted by one or more IPs, the same steps and timeline apply as set out under Measures Medical 1 and 2 with the following main additions: - o <i>Preparatory phase:</i> TFFV engages socio-economic expert for purposes of developing the TFFV's socio-economic reparations methodology and conducts the economic study, while procurement of IPs is ongoing; - o <i>Startup phase (duration 12 to 18 months):</i> •Socio-economic expert conducts the economic study (duration 6 to 8 months); •TFFV, IP and socio-economic expert develop TFFV's draft socio-economic reparations methodology (duration 9 to 12 months); •TFFV and IP seek input on draft methodology from relevant stakeholders (Ugandan authorities, civil society, etc.) and consult with victims through the participatory mechanism (Measure Programme-wide); •TFFV and IP, in close coordination with Registry conduct communication campaign on the TFFV's socio-economic reparations methodology; •TFFV finalises KPI development once the methodology and economic study have been adopted. - o <i>Ongoing implementation phase:</i> •IPs establish close working relationship with the participatory mechanism (Measure Programme-wide) and supports it, including logistically, whenever required.		Additional information concerning all topics mentioned above are needed. Moreover, additional information on addressing certain specific material harms (loss of education, loss of shelter and loss of property) are needed, see paras. 25-26 of the observations.		

II. COLLECTIVE COMMUNITY-BASED SYMBOLIC AND SATISFACTION MEASURES

Measure Symbolic 1	<u>Memorialisation and commemoration as symbolic and satisfaction measures</u> •The community of beneficiaries takes active part in the dialogue on, design, organisation, construction, and/or roll out of the community-based symbolic and satisfaction measures as selected through the participatory mechanism (Measure Programme-wide). •Locations: at appropriate locations in and around the four case locations or in Gulu, and at other locations where beneficiaries, in particular thematic crime victims, reside, insofar as appropriate. •Symbolic and satisfaction measures to be contemplated by the participatory mechanism may include: structures or monuments; memorial prayer services; cultural cleansing and reconciliation ceremonies; a possible apology by Mr Ongwen; traditional music, dance, and drama; sporting events; youth-elderly cultural mentorship programme concerning ritual practices and stories, etc.	Moral, transgenerational and community.	<u>Measures Symbolic 1 to 3: Overview of steps required for implementation:</u> <u>Preparatory phase:</u> 1. Finalisation of programmatic framework, based on approved DIP, including M&E framework, Gender Action Plan, and KPI development (duration 4 to 8 months). 2. Determine whether to proceed with procuring one or more IPs for the purposes of implementation or hire only consultants; providing for points in time when this decision is revisited if TFV proceeds without IP. 3. Hire consultant(s), insofar as required for implementation purposes (duration 3 to 6 months). 4. TFV, in close collaboration with the Registry, designs feedback mechanisms to provide the appropriate channel for beneficiaries to directly ask for information, provide feedback, ask questions, convey complaints or queries about the IP or the TFV (duration 10 to 14 months). <u>Implementation phase:</u> 1. Upon establishment of participatory mechanism (Measure Programme-wide), TFV and IP/consultant(s) conduct participatory sessions by community with relevant stakeholders to move forward the process of selection and/or design of the relevant satisfaction and symbolic measures (duration: as required, throughout the life of the programme). a. Provide logistical support for the sessions of the participatory mechanism with other stakeholders; b. Maintain a record of decisions taken by the participatory mechanism with relevant stakeholders in the development and selection of measures. 2. Ensure good data management and data protection as well as confidentiality, as required. 3. TFV, in close collaboration with Registry, institutes feedback mechanism (duration 6 to 10 months). 4. Upon selection and development of the relevant measures, ensures execution of the measures in close coordination with the participatory mechanism, the relevant stakeholders and the Registry (duration: throughout the life of the programme). 5. Report to Trial Chamber. 6. Report to donors. 7. Procure and conduct mid-term evaluation of measures as appropriate (duration 12 to 18 months). <u>Closure phase (starts when nearing completion of reparations programme):</u> 1. Information campaign together with PIOS on upcoming project and, if applicable, programme completion (duration 12 months). 2. Closure of programme. 3. Procure and conduct programme-wide final evaluation (duration 18 to 24 months). 4. Draft and submit programme-wide final report to Chamber per TFV Regulation 58 (to be filed 12 to 18 months after programme-related contracts come to conclusion).	Additional information concerning the timeline and sequencing of implementation are needed - see paras. 28-33 of the observations.		
Measure Symbolic 2	<u>Art, music, dance, sport, religious, cultural, and traditional expressions as healing</u> •Beneficiaries, with TFV support, organise and select measures through the participatory mechanism aimed at fostering community healing, promoting collaboration and togetherness through select cultural, traditional, religious, and recreational activities. •Locations: at appropriate locations in and around the four case locations or in Gulu, and at other locations where beneficiaries, in particular thematic crime victims, reside, insofar as appropriate. •Measures may include, but are not limited to, traditional music, dance, and drama initiatives as well as sporting events. Promote youth and elderly mentorship projects.					
Measure Symbolic 3	<u>Campaigns to combat stigma faced by victims as symbolic and satisfaction measures</u> •Community leaders and stakeholders are sensitised to bring attention to impediments within communities and social structures created by stigma directed against victims, including survivors of SGBC, children of SGBC survivors, former child soldiers, persons with disabilities, persons with visible or evident scars and injuries, and victims with transgenerational harm. •The community of beneficiaries is involved in the design and development of these campaigns through the participatory mechanism. •Local leadership structures, religious leaders, cultural institutions, and relevant groups, such as women's groups, are involved in developing and rolling out anti-stigma campaigns to support reintegration and mitigate stigmatising acts. •Locations: at appropriate locations in and around the four case locations or in Gulu, and at other locations where beneficiaries, in particular thematic crime victims, reside, insofar as appropriate. •Activities may include, but are not limited to: implementing and reforming bylaws, advocacy campaigns, sensitisation trainings, and workshops.					

III. PROGRAMME-WIDE MEASURES/ACTIVITIES							
Measure Programme-wide	<u>Participatory mechanism, including local group meetings and locally based committees and other representative methods, for information, dissemination, ongoing consultation, feedback and validation of reparations for victims</u> •The community of beneficiaries is actively involved in the design, selection, implementation and monitoring, as appropriate, of reparations measures. •Locations: at appropriate locations in and around the four case locations or in Gulu, and at other locations where beneficiaries, in particular thematic crime victims, reside, insofar as appropriate. •Activities may include: o Dissemination of information to beneficiaries about the implementation of reparations; o Establish methodology for the formation and functioning of the participatory mechanism taking into account gender-balance, gender-inclusiveness and conflict-sensitivity criteria; oSet up of participatory structures as foreseen in the methodology and required.	All, with focus on moral, community and material harm.	<u>Measures Programme-wide: Overview of steps required for implementation:</u> <u>Preparatory phase:</u> 1. Finalisation of programmatic framework, based on approved DIP, including monitoring and evaluation (M&E) framework, Gender Action Plan, and key performance indicator (KPI) development (duration 4 to 8 months) with the involvement of Registry, insofar as possible and appropriate. 2. Hire expert(s) e.g. on strengthening victims’ agency, beneficiary participation in programmes and Northern Ugandan society, as appropriate (duration 3 to 8 months). <u>Implementation phase:</u> 1. Develop methodology through hired experts in close cooperation with the TFV and Registry for forming a participatory mechanism, as appropriate (duration 12 to 18 months): •Consult with all relevant stakeholders; •Develop formation methodology with stakeholders; •Validate formation methodology with stakeholders; •Approval from TFV of formation methodology. 2. In close collaboration with the Registry, ensure information about reparations is disseminated to beneficiaries and the relevant stakeholders, as appropriate (duration: throughout the life of the programme). 3. Enable formation of the participatory mechanisms according to the methodology and develop KPIs for this purpose, adapted to the programmatic framework accordingly. 4. Ensure functioning of the participatory mechanisms as well as the logistics and systematisation of results in line with the methodology (duration: throughout the life of the programme). 5. Ensure good data management and data protection as well as confidentiality, as may be required. 6. Report to the Trial Chamber. 7. Report to donors. 8. Procure and conduct mid-term evaluation of measures (duration 12 to 18 months). <u>Closure phase (see Measures Symbolic 1 to 3 for timeline and steps).</u>				

DIP Preconditions				
1. Receipt of prioritised list of eligible victims from VPRS 2. Availability of funding to support planned activities 3. Availability of service providers and in-country expertise as required 4. Beneficiaries are reachable and can be invited for intake 5. Access of IPs to relevant localities for service provision 6. TFV country-level access				