Physicians for Human Rights

Trainers Regional Roundtable Summary Report

September 2017

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We also thank each of our participants for their time and invaluable contributions to the discussion.

Cover: Dr. Sandrine Masango Kaboya of the Hôpital général d'Uvira presents the DRC trainers action plan at the PHR 2017 Trainers Regional Roundtable

Overview

Physicians for Human Rights' (PHR) Program on Sexual Violence in Conflict Zones (Program) convened a three-day regional trainers roundtable discussion (Roundtable) from September 11 to 13 in Nyahururu, Kenya to bring together 32 colleagues from the medical, law enforcement, and legal professions from the Democratic Republic of the Congo (DRC) and Kenya who have been engaged with the Program as expert national trainers (see Annex A for the list of participants). This regional gathering helped forge new avenues to train a new multisectoral cadre of professionals to collaborate to document forensic evidence of sexual violence and support survivors on their pathway to recovery and justice.

During the Roundtable, participants exchanged ideas in a series of interactive plenary sessions and smaller working groups on subjects delineated below to share, brainstorm on, and address the challenges of supporting survivors of sexual violence, and to plan for trainings of new professionals to document cases of sexual violence. Discussions were open, frank, friendly, and confidential.[1]

The purpose of this report is to provide a summary of the discussions that took place during the Roundtable, and the country-specific action plans for training and advocacy that participants developed together. It highlights the ideas and lessons learned from stakeholders in the DRC and Kenya, who are actively engaged as trainers to train their counterparts in their respective countries to collaborate in multisectoral networks to end impunity for sexual violence.

1. Roundtable Goals and Objectives

The Roundtable aimed at creating a unique opportunity for a South-to-South dialogue, where key PHR partners who have been previously trained by PHR through trainings of trainers workshops could:

1. Share their challenges, successes, and lessons learned while training other professionals within and across sectors to collaborate as multisectoral networks to collect, document, preserve, and use forensic evidence of sexual violence to support and care for survivors;
2. Reinforce a regional network of trainers and peer mentors; and
3. Develop country-specific action plans for sustainable training and mentoring initiatives for the next two years.

1 The format of the Roundtable included a combination of plenary sessions, small group workshops, and brainstorming discussions. Designated participants served as facilitators for certain sessions, but all participants actively took part in the discussions. The Roundtable also included working lunches where participants were divided into groups by sector and were asked to discuss certain questions. There was also an opportunity for informal discussions at the end of each day. Formal sessions were supported with simultaneous French-English-Swahili translation to facilitate discussion.

The Roundtable provided opportunities for national trainers from Kenya and the DRC to:

- Reflect on their role as trainers since they participated in an earlier series of PHR training of trainers workshops;
- Reinforce regional collaboration since the 2015 Regional Roundtable;
- Understand what it means to be a trainer of PHR's multisectoral training curriculum (i.e., responsibilities, code of conduct);
- Define the mutual roles and responsibilities of PHR and trainers using PHR's curriculum;
- Deepen training skills reinforced at previous training of trainers workshops;
- Define mutual goals for scaling up training and mentorship initiatives; and
- Conduct joint planning and solidification of country-specific action plans.

The Roundtable provided a forum for participants from the DRC and Kenya to continue the important regional discussions started in 2015, while allowing for skills enhancement and deeper reflection on their roles as trainers with PHR and beyond.

2. Background

In 2011, PHR launched the Program on Sexual Violence in Conflict Zones (Program), a multi-year training and advocacy initiative, with the aim of forging coalitions among medical, law enforcement, and legal experts at local, national, and regional levels. The Program piloted the initiative in the DRC and Kenya – two countries with recent experience of mass sexual violence in conflict and widespread impunity for perpetrators of these crimes. The Program seeks to dramatically increase local and regional capacity for the collection of court-admissible evidence of sexual violence in order to support effective local, regional, and international prosecutions of these crimes. In 2017, the Program began training efforts in the Central African Republic.

To accomplish its goals, PHR has been convening basic and advanced training workshops on the collection, documentation, and preservation of forensic evidence of sexual violence in close partnership with medical, law enforcement, and legal stakeholders in multiple communities in the Central African Republic, the DRC, and Kenya.

An essential goal of the Program is also to support the building of cross-sectoral networks across communities in both urban centers and remote regions. By cultivating these networks, doctors, nurses, police officers, lawyers, and judges learn from each other, share challenges, and identify best practices and lessons learned. These stakeholders, as peers, also share information about how to overcome scarce resources and infrastructural challenges, security risks, and other obstacles to justice. The Program has prioritized network cultivation across regions and jurisdictions as an essential element of building capacity and sustainability for best practices.

In February 2015, PHR brought together professionals from the DRC and Kenya to share best practices and lessons learned in combating impunity for sexual violence while simultaneously discussing the challenges and frustrations encountered in the various intersections with the justice system in handling sexual violence cases. The meeting also sought to develop advocacy strategies that would more effectively engage survivors, develop network cultivation, devise methods for tracking cases throughout the sectors, and explore new ways to harness technology to support accountability. Participants also produced regional action plans for collaboration, network building, and capacity development.

Since that meeting, PHR began intensively training skilled local leaders who have demonstrated a clear commitment to their local medical-legal networks through a series of six training of trainers workshops and consultative meetings held in the DRC and Kenya. These workshops sought to further develop national trainers' facilitation and training skills. Since then, PHR-trained network members have trained over 2,000 medical, legal, and law enforcement professionals in their home countries and beyond.

Summary of the Trainer Roundtable

The regional trainer roundtable discussion (Roundtable) in Nyahururu, Kenya was a continuation of work by the Program on Sexual Violence in Conflict Zones (Program) at Physicians for Human Rights (PHR). The forum provided expert trainers who had been previously trained in PHR's multisectoral, advanced, and training of trainers training workshops from both the Democratic Republic of the Congo (DRC) and Kenya with a platform to share best practices and lessons learned while training others to care for and treat survivors of sexual violence on their path to health and justice while combating impunity for crimes of sexual violence in their communities. The overarching and broad themes emerging from such dialogue informed a regional plan that focused on expanding the scale of the current training and network initiatives.

Participants at the PHR 2017 Regional Trainers Roundtable.

The Roundtable aimed to understand how better to develop a sustainable network-led training initiative, while providing expert trainers with additional training skills. The summary that follows provides an overview of training and capacity development progress since the 2015 regional roundtable, training and capacity development, and regional network collaboration. The report concludes with country-specific action plans for network-driven training and capacity development efforts in the DRC and Kenya.

Part 1: Progress since the 2015 Regional Roundtable

The Roundtable began with an update of progress made in the DRC and Kenya since the 2015 Regional Roundtable. Participants from the DRC shared some of the progress they have made since 2015. The Kenyan Post-Rape Care Form, a nationally gazetted medical-legal documentation form for cases of sexual violence, inspired Congolese participants in the 2015 meeting to begin advocacy to nationally adopt a similar form in the DRC. Since 2015, network members have advocated at the local, national, and international levels for the adoption of a similar form in the DRC. Furthermore, medical-legal networks have emerged in multiple cities across the DRC and there now exists a cadre of local trainers based in Bukavu, Goma, Kinshasa, and Uvira. Medical professionals noted that post-rape care services have been more formally integrated within their health care facilities, including enhanced survivor-centered referral pathways in some structures. Despite this progress, mental health service provision was noted as an area where progress has yet to be made due to the lack of mental health care professionals in the DRC.

For their part, Kenyan delegates reported that PHR-trained trainers now work in collaboration with other partners to use the PHR multisectoral training curriculum to train many other professionals, including the Kenya Defense Forces, health care workers, legal professionals, police officers, and other human rights professionals. Trainers have supported multisectoral networks across Kenya through in-house mentoring, providing on-the-job training, and deepening community-level partnerships through chiefs and community health workers to strengthen the service/referral pathway. In Kenya, technology helped support this dramatic expansion of network member activities to support survivors of sexual violence by providing active communication pagers for trainers and network members via WhatsApp groups.

Despite these successes, Kenyan delegates reported that they still face challenges to properly providing survivors with high quality post-rape care and access to justice. Notably, health care facilities rely on junior health care workers to provide medical management of survivors of sexual violence. As such, only these junior health care workers attend trainings and many move on from providing post-rape care in favor of

other specialties as they advance in their careers. Consequently, there are no medical specialist trainers in the network. As a solution to this challenge, delegates noted that there is a major opportunity to focus on pre-service training to ensure that all medical, legal, and law enforcement professionals are properly trained to work together and with survivors of sexual violence before entering the workforce. Furthermore, the doctors' and nurses' strikes of 2017 severely impacted the public health care system's ability to provide medical-legal examinations and other post-rape care services to survivors of sexual violence.

Part 2: Training and Capacity Development

1. Qualities of a PHR Trainer

Participants reflected on the role of a trainer and the qualities of PHR trainers. During the discussion, it became clear that there is a marked difference between an expert and an expert trainer. While an expert has deep understanding of their field, they lack the necessary knowledge to effectively transmit and convey information to adult learners in a way that promotes skills-building. An expert trainer must master both the technical aspects of their field and the art of teaching adults. Participants agreed that trainers of the PHR multisectoral training curriculum must be expert trainers and have deep competence within and understanding of their field *and* training methodologies.

Delegates noted that trainers must have a passion for helping survivors of sexual violence access care and justice, as well as an open-minded, non-discriminatory, and accommodating personality. This personality must be complemented by excellent communication skills, including listening skills; the ability to recognize the strengths and weaknesses of trainees; the ability to utilize different training materials; respect for other people and their opinions; the ability to control the sessions; and the ability to create a positive learning environment. The multitude of skills required to be a good trainer was best summarized by one participant, who noted that for a trainer "*to teach as much as the finger, you must know the length of the arm.*" All participants agreed that a trainer's knowledge cannot be static and that all trainers must be continuously willing to advance their own capacity and skills.

An expert trainer must be able to choose teaching methodologies that capture the attention of a variety of audiences, sometimes changing the training plan at a moment's notice. In order to have this flexibility, expert trainers are organized and prepared with multiple lesson plans, activities, and training methodologies to seamlessly change course to ensure that participants achieve the training's goals and objectives. An expert trainer understands that a training is only as successful as the amount of new knowledge and skills trainees acquire. To achieve this, an expert trainer must be able to

have a good grasp of the language they use, both verbal and body, to ensure that participants in the training benefit from a positive environment that promotes learning.

Roundtable participants developed a list of key attributes that all expert trainers must display, including:

- Passion for helping survivors of sexual violence access care, treatment, and justice;
- Ability to inspire others to better serve survivors of sexual violence and to use a survivor-centered approach;
- Humility to know when they made a mistake;
- Patience to help learners learn at their own pace;
- Non-discrimination. An expert trainer creates a safe, open, welcoming, and non-judgmental environment so all trainees feel comfortable in the training no matter their background or life experience;
- Confidentiality, so that all trainees are able to share their thoughts, feelings, and experiences without fear of others finding out;
- Flexibility to change plans to meet the needs of learners;
- Respect for all trainees, even if they have opinions, attitudes, or beliefs that go against your own;
- Well-developed communication skills, such as oral communication, non-verbal communication (including listening skills), and the ability to present information in many different ways;
- Courage to address difficult conversations when they arise during trainings;
- Ability to carry out training with an ethical and fair approach; and
- Generosity with their time, experience, knowledge, and mentorship.

Participants agreed that a code of conduct should guide trainers as they train peers on the PHR multisectoral training curriculum in their communities. In addition to capturing the qualities above, delegates agreed that the code of conduct must include the following key principles:

1. Trainers should have substance/content expertise, knowledge, and skills. This requires continuous professional development and advanced training to enhance trainers' knowledge and skills over time; experiential learning and practice of knowledge and skills in order to impart practical lessons to participants; and availability of resources and materials such as a toolkit with various training approaches and activities.
2. Trainers need to be well versed in training techniques and methodologies.
3. Trainers need to possess and exercise the right values (non-judgment, confidentiality, respect etc.) during trainings.
4. Trainers should be guided by a common set of professional standards or code of conduct that applies across the board despite being in different settings.

2. Lessons Learned While Training Others

The Roundtable allowed participants to share experiences and key lessons learned while training others. Participants shared solutions for a range of issues, including: time management; fostering training environments that are conductive to learning and open exchange; difficult conversations and meeting the needs of diverse audiences; preparing a training; managing large groups of trainees; cross-cultural communication and harmful cultural practices; developing training activities that foster active participation; and how a trainer can model best practices.

To address these challenges, Roundtable participants noted replicable solutions that peers can incorporate into their own training practice. For example, when discussing the challenges in organizing and preparing for trainings, participants discussed the utility of guidelines and checklists that trainers can follow to ensure that trainers do not forget any key steps in training preparation. Participants also shared how a large training group that is dominated by a few key voices can be broken down into smaller groups to allow for active participation of all trainees. Delegates noted the need for clear communication and information sharing amongst the training team, and shared strategies to facilitate conversations amongst the trainers. Participants also reviewed key lessons learned during the training of trainers workshops.

Participants also discussed strategies to address how these professionals, as facilitators, manage difficult-to-answer, sensitive questions or bias that inevitably surface in each training. To facilitate this conversation, delegates responded to a series of case studies in which survivors of sexual violence who are men who have sex with men, commercial sex workers, or women who wear revealing clothing were stigmatized. They also considered how to respond to beliefs that a wife cannot be raped by her husband. In responding to these case studies, participants revealed challenges they have experienced as well as strategies to respond to these issues in a manner that upholds human rights and reduces service provider bias against certain survivors of sexual violence during trainings.

In response to the case studies, delegates noted that, as a trainer, they must cast aside their personal bias and remain objective at all times. Trainers must ensure that all those present in their training feel comfortable and are able to freely express themselves without judgement. Roundtable participants shared that it is important to address these difficult questions when they arise – not avoid or ignore them – and to address them with an open and flexible mind with the aim of reinforcing non-discrimination, objectivity, and the best interests of the survivor. Participant-identified solutions to addressing potentially contentious issues emerged during the discussions, including focusing on objective laws (i.e., the Constitution, penal codes), protocols, and guidelines to support the point you are trying to make. For example, if a participant in a training blames a woman for her rape because of how she is dressed, a trainer can challenge that belief by asking a participant what laws prevent a woman from dressing the way she

wishes. This allows for fact-based debate and avoids making the conversation emotional.
After considering the case studies, participants noted that an expert trainer must do the following when navigating difficult conversations:

- Model the attitudes and behaviors they seek to promote and encourage;
- Stay in control of the session and never let the discussion or training go off in directions that are not productive;
- Rely on technical expertise and facts (science, medicine, established laws, etc.), ethics, international and national standards, and professional codes of conduct;
- Consider the objectives of the training (i.e., providing excellent medical and legal support for survivors) as the basic principle to guide the discussion; and,
- Never avoid difficult questions. Instead, an expert trainer deftly steers the discussion to find the most productive way forward by calling on experts in the room and by leaning on technical medical and legal instruments, national and international standards and guidelines, and professional ethics.

Participants concluded by urging one another to be courageous and tackle questions or issues when they arise during trainings.

PHR's Kenya Head of Office, Tina Alai, leading a discussion.

3. Resources and Tools Used in Training

During reflection of their experience as trainers since 2015, participants explored the tools and resources that are necessary inputs for a successful training. Delegates identified domestic and international guidelines, standards, and best practices as important resources to use when training. Participants also identified a number of guidelines and protocols that can be used during their trainings, ranging from the National Guidelines on the Management of Sexual Violence in Kenya to the Istanbul Protocol. These best practices and guidelines allow trainers to understand how to structure training sessions and ensure that they are of a high quality. Most importantly, such standards and guidelines provide clear frameworks that trainees can use to consistently replicate the lessons learned in a training in their workplaces.

Not limited to guidelines and protocols, Roundtable participants also determined the material resources and tools which trainers need in order to conduct successful trainings. Technology emerged as a key resource that can enable trainers to conduct high-quality trainings. For example, training videos were identified as a tool that can allow trainers to train others on new materials. Many participants felt that videos allow trainees to engage with material differently than through a presentation. PHR informed participants of the creation of PHR training videos on informed consent and forensic photography that are now available in English, French, and Swahili. PHR will make the training videos available to trainers. In addition to training videos, participants identified the need for a photo library of annotated images of specific injuries, crime scenes, and diagrams for trainers to use during trainings.

In order to reproduce the multisectoral training, expert trainers noted the need for additional, finalized curriculum materials. While PHR has produced a facilitator's guide and PowerPoint presentations, participants provided PHR feedback on how to improve those resources. For example, PHR must increase the number of curriculum materials available for trainers to use. Additionally, trainers mentioned that the curriculum materials that are available should be less academic and include very clear, practical instructions for facilitating training sessions and activities. PHR also informed participants that the organization is working to update training materials and case studies for cross-sectoral training, training of trainers, and advanced trainings. It was noted that training materials are focused on in-service training, and additional materials to conduct pre-service training must be created to ensure that all professionals are trained to collect forensic evidence, care for survivors, and collaborate in multisectoral networks before entering the workforce. These materials will be made available to trainers when finalized.

Participants identified the lack of PHR communication materials as a hindrance to expanding the reach and reputation of the PHR multisectoral trainings. Additional information, education, and communications materials will enable trainers to communicate the key lessons of the training to communities. These can also help

generate awareness about survivors' rights and how to access post-rape care, including forensic evaluations. Trainers also identified the need for access to PHR-branded materials that they can use when conducting trainings. This visibility creates credibility, as it will allow trainers to feel like they are part of a movement and to be identified with PHR.

Part 3: Regional Network Collaboration

Roundtable participants provided valuable insights on how to guide regional network collaboration and trainers' relationships with PHR in the years to come.

1. Regional Network Engagement

A key theme to emerge from these discussions is the need for increased opportunities for trainers' professional development. Professional development can take many forms. For example, some trainers reported a desire to advance their skills and expertise through collaborative research and academic publications related to sexual violence in their communities. Others reported a desire to conduct site visits to established institutional centers of excellence in their countries and internationally to learn successful models of caring for survivors that can be incorporated into their own workplaces.

Delegates identified mentorship as a key area for future development. Many trainers were inspired to hear that PHR had previously embedded a forensic medical expert for a period of six months at L'Hôpital Général de Référence de Panzi in the DRC and inquired about the possibility of providing longer term mentorship opportunities to network members based at other sites. Not restricted to medical care, participants noted that trainees require additional mentorship and that guidance is needed on how to conduct mental health assessment of survivors of sexual violence.

Participants also expressed a desire to keep networking with one another in a variety of forms. This may include opportunities to attend conferences and professional meetings, and to join professional associations to learn more about supporting survivors of sexual violence. This could also take the form of a bulletin, newsletter, or other way of informing participants of updates in the network. Such venues for continued networking and professional exchange will allow trainers and network members to share ideas, innovations, and best practices and receive support from peers across the region.

When considering how to expand the network of professionals who conduct forensic medical evaluations, Roundtable participants engaged in an important discussion of the role of nurses in supporting forensic medical evaluations for sexual violence cases. In

both Kenya and the DRC, there is a gap in the number of medical professionals who can conduct medical-legal evaluations of sexual assault and provide testimony in court. As a potential solution to this problem, delegates considered the Sexual Assault Nurse Examiner (SANE) model that exists in many parts of the United States.[2] A SANE is a nurse who is specially trained to attend as a first responder to survivors of sexual violence; SANEs are able to provide a range of post-rape care services, including medical, mental health, and forensic examinations. Participants expressed much interest in how the SANE program works in the United States and how the DRC and Kenya might be able to benefit from similar training and expand the network by developing a cadre a specially-trained SANEs in their own communities.

2. Collaboration with PHR

As part of discussions about how to ensure continued network engagement, trainings, and advocacy, participants in the Roundtable identified the respective roles of PHR and network members.

PHR should continue to act as the convener and supervisor of training workshops. Additionally, PHR should take the lead on the development of training materials and manuals, but to expand those materials to comprise both pre-service and in-service training. Not limited to training, PHR should support networks to ensure they are healthy and continue to function. This includes supporting the coordination and facilitation of local and regional networks. However, networks will continue to lead national and international lobbying efforts, to help make as large an impact as possible. Through all of these activities, trainees expect that PHR will remain in regular contact with trainees, providing updates and support on an on-going basis. Finally, participants noted that PHR will need to continue to provide some financial, material, and human support in order to ensure that the training initiative continues and expands.

Trainers from the DRC and Kenya agreed to commit to PHR's vision and goals. They will be readily available for collaboration with PHR to train and develop the capacity of their community members. Expert trainers will also help conduct needs assessments and to use those community needs to help inform training strategies, training modules, activities, and programmatic vision. When trainings are being organized, expert trainers will help identify and recruit potential trainees. In their networks, expert trainers will be the custodians of standards and best practices and work to help mentor and develop the skills of their peers to ensure that everyone is supporting survivors to the best of their ability. They will also work to help promote the role of medical-legal networks in their communities. And, they agreed to help re-energize their networks and ensure they continue sustainably.

2 The Roundtable benefited from the presence of Lucia Zuniga, a Sexual Assault Nurse Examiner (SANE) based in the United States, who presented on the SANE SAFE (Sexual Assault Forensic Examiner) program in the United States.

Finally, it was agreed that PHR and trainers should work together to provide feedback on training workshops and to jointly monitor and evaluate the impact of the networks and training initiatives.

Roundtable participants Hon. Harrison Adika and Pres. Judge Baudouin Kipaka Basilimu are applauded by Karen Naimer, director of PHR's Program on Sexual Violence in Conflict Zones, at the certificates ceremony concluding the workshop.

Part 4: Country-specific Action Plans

At the conclusion of the trainer roundtable discussion (Roundtable), partners from the Democratic Republic of the Congo (DRC) and Kenya formed country-specific working groups to define and delineate actions for next steps in their communities. Country-specific working groups allowed participants to identify plans of action appropriate for each country context and to then execute these plans as leaders in regional, peer-led capacity development in multisectoral networking and the collection, documentation, use, and transfer of forensic medical evidence of sexual violence.

Country-specific working groups shared the following action plans:

Trainer Action Plan: Kenya

I. Objectives

1. Global Objective:
   i. Contribute to the fight against impunity for sexual violence
2. Specific Objectives:
   i. Conduct both in-service and pre-service trainings for other service providers and trainers
   ii. Explore mentorship for other service providers and trainers
   iii. Improve advocacy efforts
   iv. Develop resource materials

II. Duration

Two years

III. Targeted Sites

i. Eldoret
ii. Kisumu
iii. Mombasa (Government Chemist)
iv. Nakuru
v. Nairobi
vi. Naivasha

IV. Beneficiaries

i. Direct: Nursing students, resident clinicians, psychologists, ODPP, police
ii. Indirect: Victims

Trainer Action Plan: DRC

I. Objectives

1. Global Objective:
   i. Contribute to the fight against impunity for sexual violence
2. Specific objectives:
   i. Train providers to increase their numbers
   ii. Train the trainers
   iii. Improve the holistic care of victims of sexual violence

II. Duration

24 months

i. 2017-2018: Initial training of providers
ii. 2018-2019: Two training of trainers

III. Targeted Sites:

i. Bunia (Ituri)
ii. Goma (North Kivu)
iii. Kasai-Occidental and Kasai-Oriental
iv. Kinshasa

IV. Beneficiaries

i. Direct: Lawyers, magistrates, medics, police, psychologists
ii. Indirect: Victims

Trainer Action Plan: Kenya *(cont.)*

V. Activities

i. Trainings: Grow the pool of trainers; advanced trainings on documentation (psychological assessments).
ii. Mentorship: On-site mentorship and sensitization by PHR-trained trainers
iii. Resource development
- Information, education, and communication materials
- Trainers' toolkit
- Branding items (posters, dust coats, bags etc.)
- PHR resources for trainers' professional development

iv. In-service trainings for nurses through the SANE/SAFE program
v. Pre-service training
- Certified short courses offered at training institutions

vi. Advocacy
- Nationally, county-based and facility-focused
- National, regional and international benchmarking

vii. Professional development
- Accreditation as PHR Trainers
- Mentorship
- Continuous learning
- Focus on psychological assessments
- Support for trainers to attend professional conferences
- Collaborative research

viii. Continuous regional networking
ix. Collaborative monitoring and evaluation of activities

Trainer Action Plan: DRC *(cont.)*

V. Activities

i. Validation of curriculum modules
ii. Conduct five multisectoral trainings
iii. Conduct two refresher courses and/or trainings of trainers
iv. Identification of service providers to train as trainers
v. Training of trainers, then
vi. Monitoring and evaluation of training activities
vii. Advocacy (harmonization of the medical certificate)
viii. DRC network revitalization
ix. DRC-Kenya experience exchange
x. Prevention of sexual violence through sensitization (radio, schools, etc.)

Annex A: List of Roundtable Participants

- Harrison ADIKA, Senior Resident Magistrate, Nyeri, Kenya
- Christine ALAI, Head of Office PHR-Kenya (PHR)
- Patrick BIGABWA BITINGINGWA, Doctor, Bukavu, DRC
- Tatiana BUGENI NDAGIJIMANA, Judge, Goma, DRC
- Justin CIKURU, Psychologist, Bukavu, DRC
- Henri CIRIMWAMI CIROYI, Prosecutor, Uvira, DRC
- Nelly SEYA KAZADI, Judge, Bukavu, DRC
- Joseph KIBET, Detective Corporal, Nairobi, Kenya
- Suzanne KIDENDA, Program Associate, PHR-Kenya
- Seraphine KILONGOZI MUSAMBI, Prosecutor, Kinshasa, DRC
- Baudoin KIPAKA BASILIMU, Judge, Kinshasa, DRC
- Emily KIRAGU, Nursing Officer, Naivasha, Kenya
- Georges KUZMA, Police and Justice Expert Consultant (PHR)
- Polycarp LUTTA, Senior Forensic Analyst, Kisumu, Kenya
- Aurelien MAHAMBA KIKOLI, Doctor, Goma, DRC
- Sandrine MASANGO KABOYA, Doctor, Uvira, DRC
- Christine MATINDI, Forensic Analyst, Nairobi, Kenya
- Doreen Osiemo-MAYIEKA, Registered Nurse and Principal, Nairobi, Kenya
- Thomas McHALE, Senior Program Officer, Program on Sexual Violence in Conflict Zone (PHR)
- Sylvester MESA, Clinician, Naivasha, Kenya
- Pascal MUHINDO VAHWERE, Doctor, Goma, DRC
- Teophila MURAGE, Senior Nursing Officer, Nakuru, Kenya
- Josaphat MUTAYONGWA BASHOMEKA, Police Officer, Goma, DRC
- Maureen MUTHINZI, Program and Operations Associate(PHR)
- Julien MUTOMBO WA ILUNGA, Police Officer, Kinshasa, DRC
- Thierry NASIBU NTUMBA, Doctor, Minova, DRC
- Karen NAIMER, Director, Program on Sexual Violence in Conflict Zones (PHR)
- Justus NONDI, Doctor, Nairobi, Kenya
- Justin NYATETE, Police Officer, Nakuru, Kenya
- Michael ODUOR, Doctor, Nairobi, Kenya
- Rose WAFUBWA, Assistant Chief Nurse, Nairobi, Kenya
- Lucia ZUNIGA, Expert Medical Consultant, PHR

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Nobel Peace Prize
Co-laureate

Through evidence, change is possible.