



**"In their own words": Survivors'
perspectives on Conflict-Related Sexual
Violence in Myanmar and across borders**

Introduction

In Myanmar, conflict-related sexual violence (CRSV) has been widely documented over several decades of conflict and civil wars, and it remains a long-standing and deeply entrenched crisis. Since the 2021 military coup, the scale and brutality of sexual violence have sharply escalated, primarily committed by the military junta.

Sexual violence is not incidental. It has been used deliberately as a tactic of war—to intimidate, punish, and destabilize communities. The consequences of conflict-related sexual violence (CRSV) are profound and long lasting, leaving survivors with severe physical and psychological trauma. Pervasive stigma and fear of retaliation often silence survivors, preventing them from seeking the support they need. Breaking this silence and responding to this crisis requires centring survivors' experiences and insights to inform meaningful, effective action.

To this end, the Mukwege Foundation conducted in-depth consultations with 118 Myanmar survivors of conflict-related sexual violence and/or sexual and gender-based violence (SGBV) residing in Bangladesh, Thailand, Myanmar, and one in India, throughout the period March 2023 – December 2024. The objectives of the conducted consultations were to:

- Understand the current needs and priorities of survivors;
- Explore survivors' interest in forming survivor network(s) and identify challenges and opportunities, including inter-ethnic collaboration.

These consultations were conducted as part of a multiyear collaborative project started in 2022 titled “Empowering Survivors and Grassroots Actors to Document Conflict-Related Sexual Violence in Myanmar”, implemented in Consortium with Legal Action Worldwide, the Dr. Denis Mukwege Foundation, ALTSEAN-Burma, and the Chin Association of Maryland. The project aims to implement a comprehensive, survivor-centred response to CRSV in Myanmar and in neighbouring countries hosting refugees. Drawing on the Mukwege Foundation's expertise in survivor network-building, the consultations aimed to gather insight and to contribute to the formation of survivor-led networks that promote solidarity, healing, and collective advocacy.

The findings from these consultations provide rare and powerful insights into what survivors themselves identify as necessary for healing and current gaps. While several important studies have examined CRSV in Myanmar, few have directly engaged survivors at this scale or across such a broad geographic range. This research amplifies their priorities, in their own words.

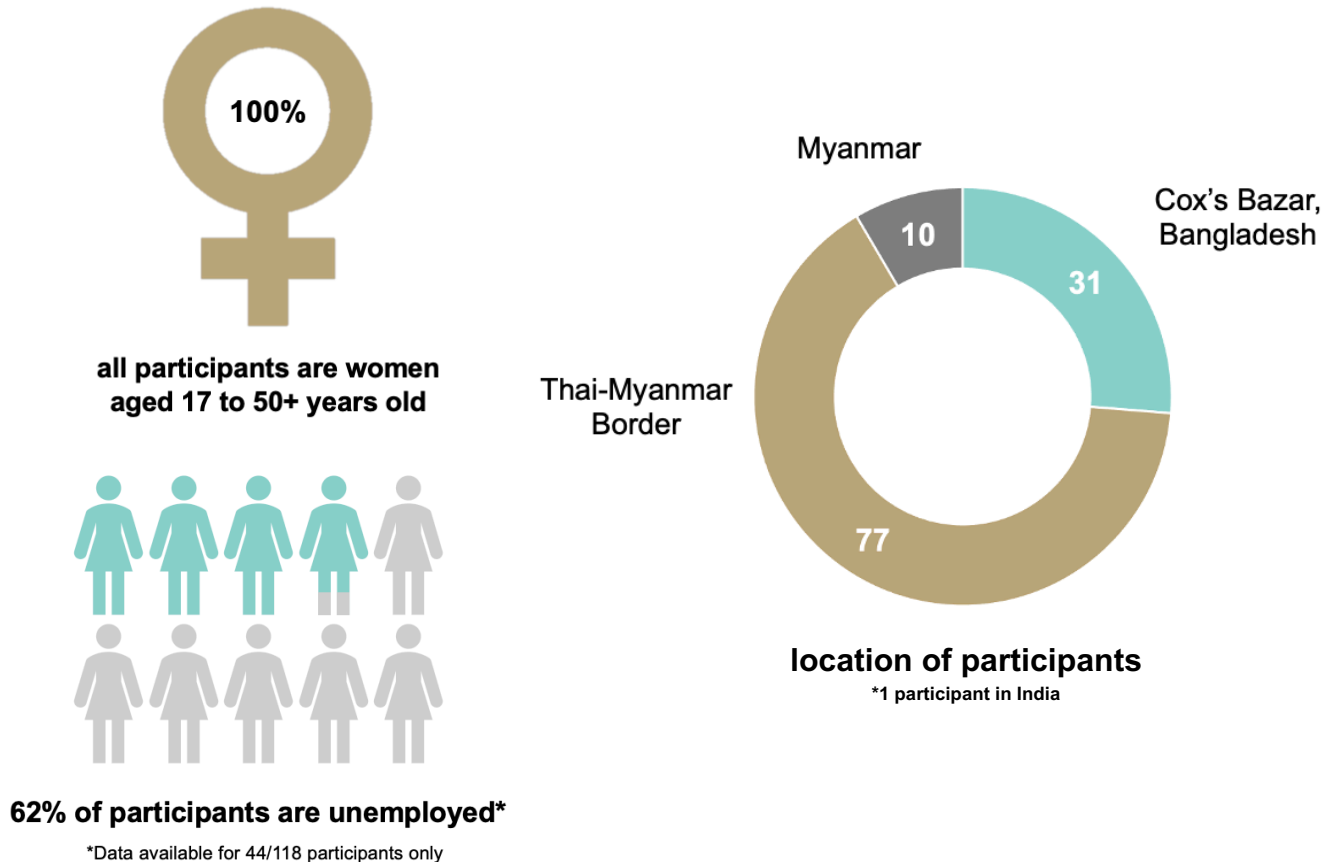
Methodology

The consultations were carried out primarily in three different regions: Cox's Bazar in Bangladesh within the period of March – May 2023, the Thai-Myanmar border within the period of November 2023 – February 2024, and particular regions of Myanmar, including the bordering Mizoram State in India, in the months of November 2023 and September 2024. The decision to conduct consultations in Myanmar's neighbouring countries is due to both the current difficulties in accessing survivors in Myanmar, and because many survivors are seeking refuge outside after the 2021 coup. For the Rohingya population, the mass displacement led to many seeking refuge in the camps of Cox's Bazar, which has become the largest refugee camp in the world.

The Mukwege Foundation directly conducted the consultations in Bangladesh, while in other areas, consultations were facilitated by local grassroots organizations, New Myanmar Foundation, Karenni National Women's Organization, Kayan Women's Organization, and Mizoram-based, The Ladies Organization. Due to pervasive stigma and fear of retaliation, it was extremely challenging for the Mukwege Foundation to directly consult survivors of CRSV in these regions. Instead, the Foundation adopted an approach tailored to the context and partnered with grassroots organisations, who were already in touch with survivors, had their trust, understand the context and risks, and speak their language. In order to ensure that consultations were conducted in a trauma-informed and survivor-centred manner, the Mukwege Foundation delivered training to all partner organisations prior to consultations.

With a survivor-centred, trauma-informed, flexible approach, the consultations consisted of a combination of individual interviews and both in-person and online focus group discussions, primarily with CRSV survivors but inclusive of SGBV survivors.¹ In the case of Cox's Bazar in Bangladesh, the target group was survivors of the Rohingya Genocide, also including CRSV survivors. In some regions, the Mukwege Foundation was able to consult only a very limited number of survivors, and so the results can only be considered tentative.

¹ The Mukwege Foundation uses the United Nations definition of CRSV: "The term "conflict-related sexual violence" refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict." In the context of Myanmar, where understanding and awareness of conflict-related sexual violence (CRSV) are often limited, many cases of sexual and gender-based violence (SGBV) can in fact be considered CRSV, as they occur in the context of conflict or displacement. During consultations in and around Chin State and Mizoram (India), this lack of awareness proved such a barrier to identifying relevant cases that the local partner began by conducting information sessions on CRSV.



Context: Conflict-Related Sexual Violence in Myanmar and border regions

Conflict-related sexual violence (CRSV) in Myanmar is both widespread and deeply entrenched. Since the military coup in February 2021, the scale and brutality of sexual violence have sharply escalated. Documented cases include rape and the subsequent murder of political detainees, with political activists, pro-democracy supporters, and ethnic minorities—particularly unmarried women and those with lower levels of education—facing heightened risk. The UN Human Rights Council's 2024 report raised alarm over sexualized torture and sexual violence in detention, highlighting the systematic use of such abuses by state forces. The reactivation of Myanmar's military conscription law in April 2024 has further deepened the crisis, triggering increased displacement, inflaming interethnic tensions, contributing to growing regional instability.

Amid these conditions, humanitarian access remains severely limited, leaving survivors of CRSV without essential healthcare, psychosocial support, or access to justice. The 2023 UN Secretary-General's Report on CRSV identified Myanmar as a country where sexual violence continues to be used deliberately as a tactic of war and repression. The section below provides

a brief overview of the different contexts in which the consultations were conducted, setting the stage for the presentation of the findings.

Cox's Bazar, Bangladesh

Rohingya women and girls were systematically targeted of sexual violence before, during, and after the 2017 clearance operations. The Independent Investigative Mechanism for Myanmar (IIMM) reports that sexual and gender-based crimes were so widespread during the clearance operations with most witnesses interviewed provided relevant evidence.² According to Human Rights Watch, these systematic attacks can be attributed to a larger campaign of ethnic cleansing, indicating that the aim was to wipe out the Rohingya community by targeting women and girls with sexual violence. The reports suggested that Rohingya women and girls were targeted with gang rapes, sexual slavery in military captivity, forced public nudity, humiliation, and murder.³ Today, women and girls remain at high risk amid ongoing clashes between the Arakan Army and the military junta, where sexual violence continues to be used as a weapon of war. In the refugee camps in Bangladesh, insecurity is rising while services for survivors are decreasing over time due to funding shortfalls, leaving women and girls with limited access to protection and care. As one survivor described it: *"I don't know what hell looks like, but we have seen it on Earth."*

Thai-Myanmar Border Context

The town of Mae Sot, in Thailand, has become a key refuge for those fleeing Myanmar's military violence, forced conscription and political persecution. Following the 2021 military coup, many political prisoners, pro-democracy activists, and members of civil society chose Mae Sot as a primary point of escape due to its proximity to the Myanmar border and relative safety. The town hosts a significant population of Myanmar refugees, including survivors of CRSV. Several humanitarian and community-based organizations in Mae Sot provide essential healthcare services to these populations, addressing both physical and psychological trauma. However, many survivors do not access these services due to stigma and fear. The ones that do seek support face challenges in accessing comprehensive support due to legal, logistical, and financial constraints. The lack of formal refugee status further exacerbates their vulnerability; frequent crackdowns by the Thai authorities, leaves them highly vulnerable to arrest, exploitation, and further trauma. Survivors also grapple with persistent insecurity, social stigma, and economic hardship, with limited pathways to long-term recovery and justice.

Mae Hong Son, another key border area, has received a substantial influx of refugees due to intensified fighting in Myanmar's Karenni State, where clashes between the military junta and

² Human Rights Council fifty fourth session, *Report of the Independent Investigative Mechanism for Myanmar*, 2023, <https://iimm.un.org/sites/default/files/2024/11/G2312500-1.pdf>

³ Human Rights Watch, *'All my Body was in Pain:' Sexual Violence against Rohingya Women and Girls in Burma*, November 16, 2017, <https://www.hrw.org/news/2017/02/06/burma-security-forces-raped-rohingyawomen-girls>

ethnic resistance forces have been ongoing for decades and escalated since the 2021 coup. The Karenni State has become one of the most conflict-affected areas in the country, with widespread airstrikes, shelling of civilian areas, and reports of grave human rights violations, including arbitrary killings, forced displacement, and sexual violence. As a result, thousands of civilians have fled across the border into Thailand, seeking safety in Mae Hong Son. While Mae Hong Son has become a refuge for those fleeing the violence in Karenni State, the influx of displaced individuals has stretched the local capacities and exposed refugees—particularly women and girls—to additional risks, including inadequate shelter and limited access to protection services. The lack of formal refugee status further exacerbates their vulnerability and restricts access to essential support.

Chin State and Mizoram Context

The Chin State, in Myanmar, has endured brutal military crackdowns, including airstrikes, village burnings, and mass arrests, leading to widespread human rights violations and the displacement of over half its population. Many have fled to India, especially in Mizoram State, where they lack formal refugee status and protection. Reports from the Chin Human Rights Organization⁴ and Burmese Women's Union⁵ have documented conflict-related sexual violence, including gang rapes during military raids, highlighting a broader pattern of gender-based violence by junta forces.

Consultations conducted by the Mukwege Foundation with survivors across several regions—including conflict-affected areas and refugee-hosting communities—revealed the devastating physical, psychological, and economic impacts of this violence. Survivors frequently face isolation due to entrenched social stigma, while displacement has deepened their vulnerability. Across nearly all settings, the consultations underscored an urgent need for comprehensive, survivor-centred support systems to address the layered consequences of CRSV.

The following sections present key findings from the consultations, highlighting survivors' expressed needs, the gaps in availability of services, and their willingness to form networks of mutual support.

Living with the consequences: survivors' needs across borders

The Rohingya community in Bangladesh continues to live in deeply precarious conditions, with women in the Cox's Bazar refugee camps facing some of the harshest challenges. For survivors of conflict-related sexual violence, this vulnerability is even more profound, as they cope with trauma, limited protection, and scarce support. Their status as displaced people means that

⁴ Chin Human Rights Organization, *Four Years On: Impact of the Coup on Human Rights and Humanitarian Conditions in Western Myanmar*, May 7, 2024, <https://www.chinhumanrights.org/four-years-on-impact-of-the-coup-on-human-rights-and-humanitarian-conditions-in-western-myanmar/>

⁵ Burmese Women's Union, *Sexual Violence Against Women under the Political Instability*, June 2023, <https://www.burmesewomensunion.org/wp-content/uploads/2023/06/Sexual-Violence-Against-Women-under-the-Political-Instability-ENG.pdf>

they are denied the right to work, access to education, or freedom of movement within Bangladesh, and there are very few opportunities for earning money or receiving formal education within the confines of the camps. As a result, the community is practically fully dependent on humanitarian assistance for their basic needs. They also consistently reported security concerns within the camps, referencing threatened and enacted violence towards members of their community. One group mentioned about their current situation: *'We are facing the same problems as we used to face in Myanmar. Terrorist groups are kidnapping our brothers, fathers, and sometimes women as well.'*

The Rohingya CRSV survivors in Bangladesh emphasised their vulnerability and highlighted the consequences of their victimisation on their physical and mental wellbeing. Many survivors noted persisting physical health issues caused by both sexual violence and other forms of violence which they suffered in Myanmar, as well as continued mental suffering due to the trauma of their previously experienced torture, violence and sexual abuse. One survivor illustrated: *'Whenever we remember the torture, we feel like dying. Our hearts ache and burn. Even now I can see all the things in front of my eyes.'* The survivors also highlighted the persistent stigma they face in their communities, with known victims of rape facing widespread disrespect, married survivors sometimes facing rejection from their husbands, and those who become pregnant from rape often confronted with exacerbated stigma and prejudice. One survivor explained: *'Whenever we go near our husband, they always insult us mentioning the rape that happened to us'.*

Despite some survivors feeling safer in the camps than in Myanmar, many described ongoing fear, insecurity, and general social exclusion. When prompted about their current needs, the participant groups stressed that in addition to increased availability of services, security and livelihood opportunities in the camps, Rohingya survivors need more support to get justice, including the prosecution of the perpetrators.

“ We want to request from the world that they talk in favour of us, they support us to get justice. We have lost everything in our life, but we don't want it to happen again for the next generation. We hope they get a good future, and we can go back [to our country]. We want women to be able to become, doctors, engineers, police, whatever they want. ”

In the Thai-Myanmar border area, all consulted survivors were displaced by the Myanmar conflict and lived either as Internally displaced persons (IDPs) in Myanmar, or as undocumented refugees in Thailand. Some of them had been subjected to sexual violence before their displacement, while others were assaulted during their journeys of displacement. Survivors consistently reported experiencing negative effects from their traumatic experiences on their psychological health, as well as poor physical health and a tendency to fall ill on a regular basis. In addition to this, many survivors described living in highly vulnerable socioeconomic circumstances, and all survivors described struggling with poverty,

unemployment, and maintaining their livelihood. One survivor living as an IDP in Myanmar explained: *“The combination of being internally displaced, a woman without income, and having the responsibility of caring for a child makes maintaining a livelihood very challenging”*.

The socioeconomic vulnerability of survivors is further exacerbated by experiences of stigma, including rejection and neglect by community members. Some married survivors described facing marital difficulties at home, with some even facing domestic violence and abuse. Other survivors reported perceived or actualised social exclusion due to judgement or victim-blaming from friends or family. Furthermore, many survivors were cut off from their social safety nets due to the regular phone and internet outages in Myanmar, making it difficult to reach friends and family members both within the country and from Thailand. Overall, the survivors indicated they lived in very vulnerable circumstances and were in dire need of support.

The consulted survivors inside Myanmar indicated that they faced various problems as a direct consequence of CRSV, displaying indicators of psychological trauma and stress in their interviews and reporting an array of negative mental and physical effects. As mentioned by one survivor *‘My private parts were injured, and I can’t afford the medical treatment. My mental health has been affected, I live in constant fear and anxiety’*. The consulted survivors also reported that safety concerns are prevalent, as many live under constant threat and security risks in their communities. Furthermore, survivors described facing stigma from their community, including victim-blaming and abusive comments.

The lack of stable employment or income opportunities leaves survivors financially dependent, adding to their hardships. When asked what the best way for the international community would be to support them, one survivor stated she thought increased livelihood opportunities would be the most important contributor to relieving survivors of poverty, as she considered her situation of poverty to be the most important factor that put her at further risk of CRSV: *‘We are in need of livelihood opportunities, which can transform CRSV survivors from a loser into a winner’*, and other highlighted the need to empower survivors in order to break the cycle of impunity: *‘Perpetrators get to live with no regrets, while survivors are struggling very hard to move on with their lives’*.

When asked about their most important needs, those most commonly mentioned by both survivors based in Myanmar and Thailand were the need for income-generating opportunities and vocational skill training. Also mentioned were hopes for more safe shelters for displaced survivors, pathways to justice, and increased MHPSS services. One survivor explained:

“ *‘Women who encountered sexual violence feel like a moth-eaten flower. They want to be flawlessly beautiful like other flowers but feel like they can never be. They need a lot of help to recover and to become confident that they are beautiful in their own ways.’* ”

Left behind: The struggle to access essential services

In Bangladesh, consulted survivors noted a significant decline in humanitarian aid and service availability within the camps since 2017. Material support and food provision have become increasingly limited, with survivors indicating that they do not have enough food for themselves and their families. Access to quality healthcare is also severely lacking in general, and there is little to no availability of specialised services responding to sexual violence. For example, one group stated: *‘Today the service is not like earlier – now they only give us basic medicines and tell us to leave.’* Another group added: *[Medical services] only provide paracetamol, whatever the problem. They have no services to test and identify our problems. ... Back in 2017, medical services were good and used to do proper diagnosis. Now they don’t really care, they ignore our problems’.* Mental Health and Psychosocial Support (MHPSS) is considered insufficient and inconsistent, with long waiting times or inaccessible referral systems. The survivors stressed that an increased availability of services and specialised trainings to avoid re-traumatization and ensure active listening would be helpful. They also highlighted the value of opportunities to meet with peers and participate in occupational therapy activities, such as singing, drawing, and livelihood trainings. One survivor stated her frustration *“We are like birds. We have to fight for our rights. We go from one tree to another and cannot get any respite.”*

In the Thai-Myanmar border region, the availability and accessibility of support services varies widely within Myanmar and Thailand. In Thailand, survivors indicated a somewhat higher level of availability of support services than in Myanmar, describing various forms of support such as emergency food assistance, medical support, MHPSS, access to safe houses, or legal aid. However, survivors also mentioned struggles and hesitations in accessing these services: many of the services available are overburdened, leading to long waiting times and slow progress, or they are widely mistrusted due to fears of insufficient confidentiality and skills of counsellors, lack of security of online consultations, and potentially crowded clinics. Additionally, the lack of legal status—most survivors being undocumented—creates a persistent fear of arrest or deportation, particularly when accessing clinics that require passing through checkpoints, which further discourages them from seeking support.

In Myanmar, the availability of services largely depends on the presence of local civil society organizations that either provide direct support or refer survivors to relevant service providers. In some areas, only basic assistance is accessible, while in others survivors have no access to support services at all. Although some survivors reported that limited services are available, overall, these services tend to be fragmented, insufficient, and often too costly to ensure sustained support. Some survivors also expressed that they still lack access to essential medical services and mental health care. Some also emphasized the need for safe and secure housing where they can feel protected. A minority of the consulted survivors were able to access some medical services shortly after their victimisation but indicated that they could not

access medical services in the long term due to the associated costs for travel and treatment. Survivors also indicated there were very limited options for socioeconomic support for survivors to cover these costs. Legal aid is rare, and efforts to report cases often stall due to political instability or community pressure.

Survivors in Myanmar indicated that they were unaware of any MHPSS services being available to them, especially not MHPSS-specific services for cases of sexual violence. As a result, most of them have not received any MHPSS after being subjected to sexual violence, with only one survivor reporting receiving any psychosocial support. In the case of the Rohingya, MHPSS has been more widely available as part of the refugee response; though access to specialised sustained support is limited. In all contexts, survivors widely expressed a need for livelihood support and vocational training to regain autonomy.

Strength in solidarity: Survivors' aspirations for building peer networks

Across all regions, most of the survivors expressed interest in joining or forming a survivor network, primarily to support each other, to reduce isolation, to empower themselves and to advocate for justice. Survivors emphasised valuing emotional support and peer-to-peer connection between those with shared trauma, and opportunities to share coping strategies. Many were motivated by the idea of working together to raise awareness, advocate for justice, and engage in practical activities such as psychosocial support sessions or vocational training.

Some survivors expressed apprehensions about joining a network due to fears of reexperiencing trauma and concerns about confidentiality, as well as highlighting risks associated with movement to attend network events or gatherings in certain regions. However, most of the survivors saw networks as vital platforms for mutual support, shared learning, and long-term recovery.

“ *I feel stronger and safer after sharing about my experiences to someone who knows how to listen.* ”

I find joy in meeting [other survivors] and realizing that I'm not alone in my suffering. Opening up to them brings a sense of relief and makes me feel lighter. ”

The consultations were possible thanks to the support of our partners:



Recommendations

The consultations highlighted the profound and multifaceted challenges faced by survivors of conflict-related sexual violence across all regions. Survivors continue to endure significant physical and psychological trauma compounded by limited access to essential medical, psychosocial, and legal services. Deep-rooted stigma and insecurity exacerbate their isolation, while economic hardship and lack of livelihood opportunities further hinder their recovery. Despite these challenges, survivors express a strong desire for peer support networks and meaningful participation in advocacy and healing processes. These findings underscore the urgent need for a holistic, survivor-centred approach that prioritizes safe access to comprehensive services, protection, and empowerment. The following recommendations are designed to address these critical gaps and support survivors in rebuilding their lives with dignity and resilience.



Guarantee access to holistic, trauma-informed, survivor-centred services

Ensure that all survivors of CRSV can confidentially access high-quality, holistic care, including specialised services. Survivors highlighted the importance of the following:

- **Comprehensive medical care**, that provides timely, tailored treatment addressing the full spectrum of physical consequences of sexual violence — from urgent physical injuries to reproductive health and necessary follow-up care, including specialised care.
- **Mental health and psychosocial support (MHPSS)** that is contextually and culturally tailored, and long-term vs short-term or one-off interventions.
- **Legal assistance and case management** designed to empower survivors to seek justice confidently without fear of judgment, retaliation, or retraumatisation.
- **Safe shelter options combined with sustainable livelihood support** that enable economic independence and promote long-term recovery.
- **Train care professionals including grassroot organisations and frontline workers** on trauma-informed, culturally sensitive and gender responsive approaches to deliver care that respects survivors' dignity. Holistic and survivor-centred care should be embedded within both humanitarian response and longer-term development programmes.



Strengthen protection and ensure access to civil documentation

Urgently guarantee the safety and rights of survivors by:

- **Strictly enforcing the principle of non-refoulement**, ensuring survivors are never forcibly returned to Myanmar or other places where they face risk of harm or persecution.

- **Facilitating timely and equitable access to status and identity documentation** which are critical to reducing protection risks, enabling access to services, and securing fundamental rights.
- **Establishing safe, survivor-centred spaces and tailored services within refugee and migrant communities**, where survivors can seek confidential support free from fear of discrimination, detention, or deportation.



Advance justice and accountability for conflict-related sexual violence

Support efforts that centre survivors in the pursuit of truth, justice, and reparation by:

- **Documenting violations** in a survivor-centred and trauma-informed manner, ensuring forensic evidence collection does not risk retraumatisation or exposure to reprisals.
- **Ensuring survivors are meaningfully involved in shaping justice processes** and policies that affect them, including reparations programs.
- **Investing in strategic litigation, truth-telling initiatives, and other mechanisms** that amplify survivors' voices and expose patterns of abuse.



Support survivor-led initiatives, accountability and community-based initiatives

Recognize and amplify the essential role of survivors as agents of change in all aspects of prevention, response, and healing. This requires:

- **Meaningful investment and sustained support for survivor-led networks**, positioning them as central actors in protection, peer support, and advocacy efforts, with adequate resources and capacity building to enhance their effectiveness and sustainability.
- **Comprehensive, culturally grounded stigma reduction campaigns co-designed and led by survivors**, aimed at transforming community attitudes, breaking cycles of silence, and fostering social inclusion.
- **Guaranteeing survivors' active and meaningful participation in decision-making processes at all levels**, from local community initiatives to national and international advocacy, ensuring their voices and lived experiences shape policies, programs, and accountability mechanisms.

The Mukwege Foundation's work in response to CRSV in Myanmar

Between 2022 and 2025, the Mukwege Foundation, as part of a consortium with Legal Action Worldwide, ALTSEAN-Burma, and the Chin Association of Maryland (CAM), has been implementing a survivor-centred response to CRSV in Myanmar. The “Empowering Survivors and Grassroots Actors to Document Conflict-Related Sexual Violence in Myanmar” project aims to implement tailored capacity-building for survivors of CRSV and grassroots civil society within and outside Myanmar to investigate and document CRSV to a high standard, and empower survivors to take leading roles in advocacy and in supporting other survivors within their communities.

Building on our extensive experience in more than ten conflict-affected countries, the Mukwege Foundation has contributed to this project by:

1. Accompanying and supporting CRSV survivors from Myanmar in establishing survivor networks and accessing MHPSS. After conducting consultations with 118 survivors and over 50 representatives of Burmese organisations, the Mukwege Foundation has established 3 survivor networks with 79 members in Thailand and Bangladesh. Over 50 survivors of CRSV have benefitted from MHPSS, in the form of group and individual sessions.
2. Building the capacities of grassroots actors working with CRSV survivors by providing tailored training and resources around survivor-centred trauma-informed holistic care. The Foundation has trained 86 professionals from Myanmar grassroots organisations. Clinical supervision sessions were also organised for continued support.

The project was implemented in Myanmar and the border areas hosting refugees and displaced people in Northern Thailand, Mizoram (India), and Cox's Bazar (Bangladesh). The Mukwege Foundation collaborates with Myanmar grassroots organisations across these four countries, strengthening their capacities and fostering fruitful collaborations to give meaningful and culturally appropriate support to survivors of CRSV.

Survivors participating in the network building workshops provided overwhelmingly positive feedback, with many expressing that this was their first opportunity to connect with others who share similar experiences. This connection has had a meaningful impact on their lives as they navigate the consequences of the violence they have endured.

dr. Denis
Mukwege Foundation

The Dr. Denis Mukwege Foundation is an international survivor-centred, rights-based organisation working to change the global response to conflict-related sexual violence.

We support survivors' demands for a world where sexual violence as a weapon of war is no longer tolerated and bears consequences for individual perpetrators and states. We work for a future where survivors receive the holistic care and compensation they need to rebuild their lives. We create opportunities for survivors to speak out and be heard, and where they can organise to create change, influence policies, and demand justice and accountability.

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