

**REINFORCEMENT OF THE MULTI-SECTORIAL SERVICE PILLAR TO IMPROVE ACCESS TO QUALITY LIFE-SAVING SERVICES FOR SURVIVORS OF SEXUAL VIOLENCE THROUGH STRENGTHENED COORDINATION MECHANISMS.
MPTF OFFICE GENERIC FINAL PROGRAMME¹ NARRATIVE REPORT
REPORTING PERIOD: FROM February.2012 TO April.2013**

<p align="center">Programme Title & Project Number</p> <ul style="list-style-type: none"> Programme Title: Reinforcement of the Multi-Sectoral Service Pillar to improve access to quality life-saving services for survivors of sexual violence through strengthened coordination mechanisms Programme Number <i>(if applicable)</i> MPTF Office Project Reference Number:³ 	<p align="center">Country, Locality(s), Priority Area(s) / Strategic Results²</p> <p><i>(if applicable)</i> Country/Region Democratic Republic of Congo DRC at both national and sub-national level and with a specific focus in Eastern DRC, North and South Kivu, and Ituri in Oriental Province.</p> <hr/> <p><i>Priority area/ strategic results</i></p>
<p align="center">Participating Organization(s)</p> <ul style="list-style-type: none"> Organizations that have received direct funding from the MPTF Office under this programme <p>UNICEF</p>	<p align="center">Implementing Partners</p> <ul style="list-style-type: none"> National counterparts (government, private, NGOs & others) and other International Organizations
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: \$926,400⁴</p> <ul style="list-style-type: none"> MPTF /JP Contribution⁵: \$299,600 <i>by Agency (if applicable)</i> Agency Contribution <i>by Agency (if applicable)</i> 	<p align="center">Programme Duration</p> <p>Overall Duration <i>(months)</i> Start Date⁶ 01.02.2012 -</p> <p>Original End Date⁷ 31.01.2013</p>

¹ The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page on the [MPTF Office GATEWAY](#).

⁴ \$626,800 is an estimated amount for the financial commitment UNICEF DRC makes for human resources under the Multi-sectorial Service Pillar (e.g.: 2 international staff (1 in Kinshasa and 1 in Goma), 5 national staff in the east, 1 national staff in Kinshasa and 4 national staff across the remaining provincial offices). The financial total contribution that UNICEF DRC makes towards this pillar goes well beyond the resources for human resources.

⁵ The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)

⁶ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

⁷ As per approval of the original project document by the relevant decision-making body/Steering Committee.

Government Contribution
(if applicable)

Other Contributions (donors)
(if applicable)

TOTAL:

Programme Assessment/Review/Mid-Term Eval.

Evaluation Completed

Yes No Date: 11.2012 (Started)

Evaluation Report - Attached

Yes No Date: dd.mm.yyyy

A formal evaluation was not carried out for this programme, however, an External evaluation of the multisectoral coordination mechanism was carried out by UN Women in 2012 and the draft report has been shared with the 5 pillars-lead agencies for comment. It is unclear when the final report will be shared.

The 2013 Refugees International report on GBV coordination (see link below) is a reference that could be considered as well, as it looked specifically at the performance of the pillar-lead agencies

<http://refugeesinternational.org/policy/field-report/dr-congo-poor-coordination-obstructs-emergency-response-gender-based-violence>

Actual End date⁸ 30.04.2013

Have agency(ies) operationally closed the Programme in its(their) system? Yes No



No

Expected Financial Closure date:
30.04.2013

Report Submitted By

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⁸ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

The project's central achievement has been its contribution to the coordination of improved services for survivors of gender-based violence (GBV) in DRC. It has worked on both a national and sub-national level, in full cooperation with the Congolese Government and key national and international stakeholders. Despite the challenges of a changing Government, renewed conflict in the east, and decreased funding sources for GBV services during the period covered by the project, UNICEF was able to support the Government in harmonizing care provided to survivors and work with key actors to improve monitoring and reporting of cases and response efforts.

The UN Action funds which allowed for additional dedicated staff has enabled UNICEF to ensure that the Multi-Sectoral Assistance (MSA) pillar can coordinate the services provided by multiple actors across vast geographical areas. At the same time it has allowed UNICEF to continue working with the Government to improve the standards of services offered on a national level through the development of the national protocols for GBV care. These protocols are essential in ensuring that all actors providing care to survivors meet a minimum quality standard. They are also a first and vital step for the Government in taking operational ownership of the delicate and extremely complex issue of GBV in DRC.

Finally, a central achievement of the project has been to ensure that the Multi-Sectoral Assistance pillar is resilient in the face of challenges, of which there were many in 2012. During the entire period of the crisis in the east, including the fall of Goma in November 2012, the Multi-Sectoral Assistance pillar not only continued to be fully operational, but it coordinated the evaluation, early recovery and resumption of services in North and South Kivu. In conclusion, the support provided by this project has been crucial in enabling UNICEF to provide valuable coordination and technical assistance in the effort to improve services for GBV survivors in DRC.

I. Purpose

Introduction of the project: The project was developed in the context of the continuing and appalling levels of sexual violence in the DRC. It was based on the service delivery and coordination challenges faced by international and national actors in their response efforts. In 2009 the development of the Comprehensive Strategy for Combatting Sexual Violence in DRC was succeeded by the Government adopting it as the National Strategy on Sexual and Gender Based Violence (SGBV). UNICEF, with the Ministry of Health, is the lead agency to implement their strategy within the coordination mechanism created by the Government and the UN. Their response- the Multi-Sectoral Assistance pillar – was coordinated with a goal to improve the quality, accessibility, and delivery of services for survivors.

The Multi-Sectoral Assistance pillar requires the coordination of dozens (and in some provinces hundreds) of service providers, international NGOs, national NGOs and voluntary actors, all of whom provide different types of services to survivors of sexual violence. Although most actors adhere to the survivor-centered holistic approach and multi-sectoral services (comprised of medical, psychosocial, socio-economic and educational reintegration, as well as referral to legal services), the variations in methodologies, capacities and implementation structures are such that this pillar faces many challenges in the current context.

Main objectives: Addressing sexual violence in the DRC requires emergency response and long-term programming. It demands a multi-sector approach spanning from primary health care to security sector reform.

The project aimed to support UNICEF by reinforcing its leadership capacity for the Multi-Sectoral Assistance component of the DRC National Strategy. It sought to ensure coordination of appropriate service delivery and timely response, while improving quality and standards of care for GBV survivors. By doing so it aimed to promote better care in both the short- and long-term. UNICEF's role was to ensure that the Multi-Sectoral Assistance Pillar was aligned with the overarching coordination mechanism under the National Strategy on SGBV. The key goals of this proposal were; to improve care for survivors by expanding service provision in areas that have been neglected; to increase the reach and accessibility of services through capacity building of Multi-Sectoral service providers; and to promote the finalization, endorsement and roll out of related protocols through a well-coordinated Multi-Sectoral Assistance response.

Specific objectives of the project were:

- To support the integration of improved coordination monitoring and reporting mechanisms among actors involved in the Multi-Sectoral Assistance Pillar
- To support the Government, in particular the Ministry of Health, in ensuring a coordinated and cohesive response to GBV
- To strengthen capacity of service providers to provide quality care for both adult and child survivors of GBV through dissemination of standardised protocols
- To support improved adherence to key principles and guidelines for appropriate care;
- To advocate for increased access to services for GBV survivors, especially in areas that continue to be affected by the conflict

Expected outcomes: The expected results for the project included:

- The reinforcement of the Multi-Sectoral Assistance Pillar through the work of a dedicated coordinator, the ability to strategically influence relevant stakeholders to better address the need of GBV survivors, and the mobilization of resources to scale-up response activities where and when required
- Improved monitoring and reporting on the impact of the efforts that are harnessed under the Multi-Sectoral Assistance Pillar
- Harmonization of response modus operandi to address needs of GBV survivors
- Increased number of service providers that are able to deliver assistance to GBV survivors according to guiding principles and international and national standards of care

II. Assessment of Programme Results

i) Narrative reporting on results:

Key stakeholders: The activities of the project were undertaken in coordination with the UN Action network at the global level. At the country level the project was coordinated by the national Multi-Sectoral Assistance pillar (and corresponding working group) co-led by UNICEF in collaboration with the Ministry of Health and with support from the Sexual Violence Unit of MONUSCO. Field activities were coordinated by the provincial Multi-Sectoral Assistance pillar including members of the Government, UN Agencies, MONUSCO Sexual Violence Unit and national and international NGOs. The Minister has shown a high level of engagement, and has chaired every monthly 'Equipe technique' coordination meeting (which brings together all the pillars and the coordination leadership) herself.

Key beneficiaries: The direct beneficiaries of the project were the Government counterparts, particularly the Ministry of Health, alongside service providers operating in health, psychosocial, security and legal support areas. The main indirect beneficiaries were the survivors themselves, who benefited from improved access to quality services over a greater geographical area. However, it is important to note that in this project, the

impact on indirect beneficiaries was both more real and more measurable than the term ‘indirect beneficiary’ usually implies.

- **Outcomes:** The main outcomes of the project have been as follows:

- Improved monitoring and reporting on the impact of the efforts that are harnessed under the Multi-Sectoral Assistance Pillar: During the course of the project, UNICEF has succeeded in ensuring that MSA figures are coherent and comprehensive, offering a clear picture of the increase in survivors able to access care. Based on these efforts, UNICEF has been able to provide quality contributions to monthly reports within the mechanism, UN reports to the Secretary General (including the MARA report based on UNSC1960) and general information shared with the Government and donors.
- Care provided to survivors is harmonized, based on established standards: In March 2012, the DRC government validated the Protocols for minimum quality standards of care for GBV survivors, which were developed with UNICEF assistance. In 2012, UNICEF partners provided Multi-Sectoral Assistance to 15,868 survivors, including 5,791 children. The four protocols cover the main components of the multi-sectoral survivor-centered assistance, namely medical care, psychosocial care, socioeconomic and educational reintegration, and referral to legal assistance. Training for service providers on the protocols is currently being rolled out.
- Progress on the MARA mechanism: UNICEF, as the co-lead of the Multi-Sectoral Assistance pillar, has been extremely vocal on the need to establish a reporting mechanism in DRC as mandated by UNSCR 1960 on sexual violence in conflict. UNICEF was able to establish an ad-hoc committee and produce a comprehensive annual report in October 2012, and is currently in the final stages of negotiating a MARA mechanism to be co-led by the Joint Human Rights Office in MONUSCO and UNICEF.
- Enhanced and strengthened coordination of the MSA pillar: A key outcome of the project has been the significant reinforcement of UNICEF’s coordination of the MSA pillar, including greater reporting capacity, a greater focus on rationalizing data, better and more coordinated response by actors during emergency, and greater access to quality care for survivors.

- **Outputs:** Key outputs of the project have been as follows:

- Regular and coherent reporting: UNICEF has succeeded in ensuring that reporting within the GBV coordination mechanism as a whole is produced according to the reporting calendar, and that data is recorded in a more coherent and consistent manner. The resulting reports have improved the National Strategy’s credibility with donors, and ensured that there are fewer mediatized ‘data battles’ among GBV practitioners in DRC.
- GBV quality standard protocols: The protocols represent one of the most important achievements of the project, leading to a clearer framework for service providers and to improved services for survivors. Once the protocols were validated, UNICEF supported the Government in developing training modules based on each protocol. It has since assisted the Government in rolling out training courses on the medical and psychosocial protocols to service providers in Kinshasa, Bunia, Goma and Bukavu. Training continues on these modules, and UNICEF is assisting the Government in developing the modules for the remaining protocols.

- MARA annual report: In the continued absence of an established MARA mechanism, UNICEF led the initiative to create an ad-hoc committee to produce the annual report. It was instrumental in ensuring that the final report was coherent and that it provided correct and verified information by a variety of relevant actors within the UN country team.
- Regular meeting of the MSA pillar: Regular monthly meetings of the MSA pillar were held in Goma (North Kivu), Bukavu (South Kivu), Bunia (Ituri District of Orientale Province), and Dungu (Orientale Province), as well as on the national level.
- **Qualitative assessment**: Overall, the project has achieved its key initial objective of reinforcing the MSA pillar coordination in DRC through dedicated staff and increased resources for training, field evaluation and capacity-building visits. UNICEF's key partnerships during the project have been with its pillar co-lead, the Ministry of Health; the UN agencies leading the other pillars; and the mechanism leadership, namely the Sexual violence unit of MONUSCO and the Ministry of Gender. The funding reported on here has been catalytic to the achievement of these results and has been central to UNICEF's ability to improve coordination of assistance to survivors.

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP**s - provide details of the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why.

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
<p>Outcome 1⁹ To reinforce the Multi-Sectoral Assistance Pillar through the work of a dedicated coordinator, to be able to strategically influence relevant stakeholders to better address the need of GBV survivors, and to mobilize resources to scale-up response activities where and when required</p> <p>Indicator: number of coordination meetings per province (South Kivu, North Kivu, Ituri) and at national level Baseline: N/A Planned Target: 14</p>	Number of coordination meetings :15		Coordination meeting reports, Monthly reports, quarterly and annual reports
<p>Output 1.1 To support the integration of improved coordination monitoring and reporting mechanisms among actors involved in the Multi-Sectoral Assistance Pillar</p> <p>Indicator 1.1.1 : number of coordination meeting per province (South Kivu, North Kivu , Ituri) and at national level</p>	<p><u>Regular and coherent reporting:</u> UNICEF has succeeded in ensuring that reporting within the GBV coordination mechanism as a whole is carried out according to the reporting calendar, and that data is recorded in a more coherent and consistent manner. The resulting reports have improved the National Strategy's credibility with donors,</p>		Coordination meeting reports, Monthly reports, quarterly and annual reports

⁹ Note: Outcomes, outputs, indicators and targets should be **as outlines in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
<p>Baseline: N/A Planned Target:48</p> <p>Indicator 1.1.2 : Number of monthly (12), quarterly (4) ,(annual (1) reports Baseline: N/A Planned Target: 15</p>	<p>and have ensured that there are fewer mediatized ‘data battles’ among GBV practitioners in DRC. 64 coordination meetings were held in 2012 21 in Goma, 19 in Kinshasa, 12 in South Kivu and in 12 in Ituri .</p>		
<p>Outcome 2¹⁰ To harmonize a response modus operandi to address needs of GBV survivors</p> <p>Output 2.1 To support the Government, in particular the Ministry of Health, in ensuring a coordinated and cohesive response to GBV</p> <p>Indicator 2.1.1 Baseline: 0 Planned Target:4</p>	<p><u>4 GBV quality standard protocols:</u> The protocols represent one of the most important achievements of the project, leading to a clearer framework for service providers and to improved services for survivors. Once the protocols were validated, UNICEF supported the Government in developing 4 training modules based on each protocol. It has since assisted the Government in rolling out training courses on the medical and psychosocial protocols to service providers. 143 people were trained as trainers in Kinshasa (43), Bunia (20), Goma (40) and Bukavu (40). Training continues on these modules, and UNICEF is assisting the Government in developing the modules for the remaining protocols</p>		<p>Partner reports Workshop reports Purchase orders, delivery or waybill.</p>

¹⁰ Note: Outcomes, outputs, indicators and targets should be **as outlines in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
<p>Outcome 3¹¹</p> <ul style="list-style-type: none"> To increase the number of service providers able to deliver assistance to GBV survivors according to guiding principles and international and national standards of care. <p>Indicator: Number of service providers reinforced Baseline: 0 Planned Target: 143</p>	<p>Number of service providers reinforced: 143.</p>		<p>Workshop reports from partners</p>
<p>Output 3 .1</p> <ul style="list-style-type: none"> To strengthen capacity of service providers to deliver quality care for both adult and child survivors of GBV through dissemination of standardised protocols; <p>Indicator 3.1.1 Baseline: 0 Planned Target:143</p>	<p>143 trainers have been trained on the medical and psychosocial care of survivors of SGBV, including 43 at the national level and 100 at the provincial level (Ituri, Bukavu and Goma)</p>		<p>Partners reports</p>
<p>Outcome 4</p> <p>To improved monitoring and reporting on the impact of the efforts that are harnessed under the Multi-Sectoral Assistance Pillar</p> <p>Indicator: Number of mechanisms Baseline:1 Planned Target:1</p>	<p>MARA mechanism operational</p> <p><u>Progress on the MARA mechanism:</u> UNICEF was able to establish an ad-hoc committee and produce a comprehensive annual report in October 2012, and is currently in the final stages of negotiating a MARA mechanism to be co-led by the Joint Human Rights Office in</p>		<p>MARA reports</p>

¹¹ Note: Outcomes, outputs, indicators and targets should be as outlines in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
	MONUSCO and UNICEF.		
<p>Output 4.1 To support improved adherence to key principles and guidelines for appropriate care; To advocate for increased access to services for GBV survivors, especially in areas that continue to be affected by the conflict</p> <p>Indicator 4.1.1: Number of mechanisms Baseline: 1 Planned Target:1</p>	<p>Mult-sectoral assistance pillar in place</p>		<p>Monthly reports</p>

iii) Evaluation, Best Practices and Lessons Learned

- Internal Evaluation: In early 2012, the overall coordination mechanism under the national strategy began an internal re-evaluation of the mechanism's governing documents, led and managed by the Sexual Violence Unit (SVU) of MONUSCO. The aim of this internal evaluation was twofold; to reassess – after 3 years – whether the results framework, 'feuille de route' (activity road map) and attendant indicators were fit for purpose; and to realign the ways in which each pillar measured its success. UNICEF contributed to the internal evaluation with feedback and proposed changes to each of the documents, including both general contributions and specific suggestions regarding the Multi-Sectoral Assistance pillar. In particular, UNICEF sought to re-evaluate how better to incorporate the achievements of the GBV mechanism within the wider ISSSS stabilization strategy in Eastern Congo. Once all the pillars had contributed, new proposed documents were elaborated. They will be shared and used from early 2013, following some internal MONUSCO delays.
- External Evaluation: In parallel with the internal evaluation, the steering committee (including pillar leads, donors and government) discussed the possibility of conducting an external evaluation to gain a more complete picture of the achievements of the coordination mechanism as a whole. Following 3 years of implementation and two rounds of stabilization funding, UNICEF considered it extremely important to evaluate whether the complex coordination mechanism established by the UN and the Government in 2009 was succeeding in the difficult task of coordinating GBV-related activities.

The external evaluation began in late October 2012, following an extensive dialogue, in which UNICEF contributed repeatedly to the terms of reference of the evaluation. Initially the evaluation was due to be completed in 2 months, based on the terms of reference. However, the first draft of the evaluation was only shared in mid-February and is still under discussion today.

- Challenges and risk mitigation: The project encountered two main challenges, as follows:
 - Coordination: While the MSA pillar co-led by UNICEF and covered by this project functioned very well during the stated period, some delays were experienced at coordination leadership level between MONUSCO and the Ministry of Gender. During the course of the project, a new Government was named following the elections, and there was a need by the SVU at the MONUSCO level to re-establish relationships with key actors within the Ministry.

At the same time, not all pillars have the same capacity to implement their key activities. This results in variable progress, depending on pillar and agency co-lead. The Multi-Sectoral Assistance pillar has been cited by many sources (including evaluations, studies and in meetings) as the highest performing pillar. It has been able to continue its work on the national level and in the provinces even during periods of coordination difficulty at the mechanism leadership level.

- Security situation: The security situation has suffered a significant deterioration in 2012, with the M23 rebellion destabilizing North Kivu from April onwards, climaxing in the fall of Goma in November 2012. However, the repercussions of the situation in North Kivu have extended far beyond the province. The Congolese armed forces (FARDC) withdrew from some areas in favour of action in North Kivu, which resulted in a vacuum soon filled by a variety of armed

groups. This highly volatile situation has caused a clear surge in GBV cases, with rape by civilians and armed men alike increasing dramatically in a number of areas.

In response to the situation, UNICEF stepped up the activities of the MSA pillar, in order to ensure that response activities were coordinated, harmonized and based on existing capacities. During and immediately following, the fall of Goma, UNICEF dedicated GBV staff were on the ground to help MSA members coordinate early recovery evaluation missions; to assess partner capacities in the IDP camps in and around Goma (Kanyarutchina, and then once it was emptied by approaching forces Mugunga I and III, Lac Vert); and to increase NGO medical and psychosocial staff once needs and capacities had been clearly identified. UNICEF was also instrumental in advising MONUSCO on increasing patrols around the camps, due to several incidents of attack on the camps and the high risk to women and girls when fetching water and firewood between the camps and Virunga Park.

- Best Practices and Lessons Learned: The project has been extremely useful in determining how best to coordinate a pillar/mechanism over a large geographical area, covering hundreds of actors and as part of a larger complex mechanism. A key conclusion of the project for UNICEF is that dedicated staff at both the national and provincial level, are crucial to successful coordination of services. In addition, support of key national staff in monitoring, communicating with pillar members and conducting field visits is invaluable. It is recognized that coordination skills are essential, and all persons working on such issues should benefit from regular training and capacity building, including in emergency situations.

Another important lesson learned is that within a broad coordination mechanism, highly functional components can still be adversely affected by coordination weaknesses in other parts of the framework. In this instance, weaknesses in the coordination leadership within MONUSCO contributed to delaying, and in some cases blocking, UNICEF's efforts within the MSA pillar, which led to poorer results on the ground. One conclusion for UNICEF has been the need to ensure that coordination blockages are identified as soon as possible and promptly dealt with at a UN country team level.

As a community of practice, the MSA pillar has made important progress. UNICEF supported the Government in development the National Protocols on minimum quality standards of care for GBV survivors. The four protocols were validated by the Government in February 2012. Since then, training modules have been developed and training has been rolled out on a national level and in Eastern DRC, with more to come in 2013.

During the recent Goma crisis in November 2012, the response by actors (including evaluation missions, response in the IDP camps, and PEP kit provision to such areas as Minova) was effective, with good levels of information-sharing. This is a product of improved coordination and of a better understanding of the GBV community as a whole on how to provide quality services in a constrained security and funding environment.

ACKNOWLEDGEMENTS

We sincerely thank UN Action for its generous contribution, which allowed UNICEF to reinforce its leadership in the coordination of the multisectoral pillar in DRC.

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