

**MULTI-DONOR TRUST FUND FOR  
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT  
PROJECT PROPOSAL SUBMISSION FORM**

<b>Part A. Meeting Information</b> (To be completed by the UN Action Secretariat)			
<b>RMC Meeting No:</b> UNA015		<b>Project<sup>1</sup> No:</b> UNA022	
<b>Date of Meeting:</b> 19 December 2011		<b>RMC members in attendance at meeting:</b> Kate Burns, Sarah Douglas, Mendy Marsh, Veronica Birga, Natalie Mann, Gillian Holmes, Mari Matsumoto	
<b>Part B. Project Summary</b> (To be completed by the Participating UN Organization)			
<b>Date of Submission:</b> 06/12/2011		<b>Participating UN Organization(s):</b> UNFPA, UNHCR, UNICEF, WHO	
		<b>Participating UN Organization receiving funds:</b> UNFPA, UNICEF	
<b>Focal Point of the Participating UN Organization(s):</b> Name: Erin Kenny, UNFPA New York Telephone: (+ 1) 212 297 4981 Email: <a href="mailto:ekenny@unfpa.org">ekenny@unfpa.org</a>  Name: Mendy Marsh, UNICEF, New York Telephone: (+ 1) 212 824 6313 Email: <a href="mailto:mmarsh@unicef.org">mmarsh@unicef.org</a>		<b>Project Title: Expanding the reach, utility and sustainability of the Gender-Based Violence Information Management System (GBVIMS)</b>  <b>Project Location(s):</b> To be determined. Countries will be selected based on a predetermined set of eligibility criteria already in use by the inter-agency GBVIMS team, while also taking into consideration UN Action's list of priority countries.	
<b>UN Action pillar of activity:</b> <input type="checkbox"/> Advocacy <input checked="" type="checkbox"/> Knowledge building <input type="checkbox"/> Support to UN system at country level		<b>Projected Project Duration:</b> 12 months	
<b>Proposed project, if approved, would result in:</b> <input checked="" type="checkbox"/> New Project <input type="checkbox"/> Continuation of previous funding <input type="checkbox"/> Other (explain)		<b>Total Project Cost:</b> (approx.) US \$1,117,000 per annum  <b>Amount of MDTF funds requested:</b> US \$642,000  <b>Percentage of indirect support costs from MDTF contribution:</b> 7%	
<b>Projected Annual Disbursements:</b>	<b>2011</b>	<b>2012</b> \$642,000	<b>2013</b>
<b>Projected Annual Commitments:</b>	<b>2011</b>	<b>2012</b> \$642,000	<b>2013</b>

<sup>1</sup> The term "project" is used for projects, programmes and joint programmes.



## Narrative Summary

### I. Overview

#### a. Background

Security Council Resolution 1960's Monitoring, Analysis and Reporting Arrangements (MARA) were created with the aim of contributing to ending impunity for perpetrators of conflict-related sexual violence (CRSV), a goal that the community working to address CRSV has enthusiastically supported. However, preliminary feedback from on-the-ground agencies tasked with MARA data collection and reporting has highlighted the same challenges that have concerned GBV field practitioners for decades: inconsistent terminology across agencies and sectors, which makes data aggregation impossible; safety concerns for survivors and those helping them due to pervasive "bad practice" data collection processes; and ethical concerns related to data collection in the absence of services.

The Gender-Based Violence Information Management System (GBVIMS) was created to address the same challenges that have been revealed in the context of MARA implementation. By providing GBV programme managers with one simple system to manage their data on reported GBV cases, the system can standardize the way in which various types of GBV are categorized and counted, both within and across organizations, removes any identifiable information about the survivor or the service provider, and creates a structure to enable the safe and ethical sharing of reported GBV incident data alongside service provision. Effective utilization of the GBVIMS can assist service providers to better understand reported GBV cases they receive in order to: adjust their programming to more effectively respond to the needs of survivors; aggregate data to analyse wider trends and threats; and enable safe sharing for improved inter-agency coordination on GBV data collection. Although this data does not provide prevalence or incidence rates, it is useful for planning services and identifying patterns in reported cases of GBV. GBVIMS data can easily complement prevalence surveys and other data gathering exercises, and the system's easy implementation procedure allows provision of data to become a core component of overall GBV programming.

Over the past four years since the system was introduced, the inter-agency GBVIMS team—now comprised of UNFPA, UNHCR, UNICEF, WHO and the International Rescue Committee (IRC)—has continued to design, test, refine, and implement the system tools in humanitarian contexts throughout the world. Since the beginning of 2011 alone, the GBVIMS has been rolled out with qualified agencies working in conflict-affected areas of: Burundi, Chad, Colombia, Côte d'Ivoire, the Democratic Republic of Congo, Ethiopia, Iraq, Kenya, Nepal, Somalia, South Sudan, and Uganda.<sup>2</sup> Additionally, a GBVIMS support

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<sup>2</sup> A GBVIMS roll-out begins with consultations with the requesting country and lead GBV organization(s) on the ground to assess the benefits and potential limitations to applying the system within the country context. Once a decision has been

mission was conducted in Haiti, where five years' worth of lessons learned through developing and rolling-out the GBVIMS were used as a platform from which to provide input on the country's own nationally-driven GBV data management system. Finally, in the context of the inter-agency ECHO-funded GBV Capacity Development Project, the inter-agency GBVIMS team supported "partial roll-outs" in five countries not listed above: Sudan, Palestine, CAR, Afghanistan and Pakistan. Actors working in twelve (12) additional countries have requested roll-out support from the inter-agency GBVIMS team.<sup>3</sup>

Examples of GBVIMS application include:

- In a refugee context in South Asia, data from the GBVIMS showed an increase in reported cases of sexual violence. Data also revealed sexual violence survivors were not reaching the health clinic for emergency care within the critical 5-day period post-incident. In response, a campaign was developed to inform the community about the importance of health services for all GBV survivors and how to access them.
- In Northern Uganda, data from the GBVIMS was used to dispel myths that sexual violence was committed primarily by strangers. The service provider showed that over 60% of survivors reported that the alleged perpetrator was someone they knew and the act of violence had been committed in locations that were assumed to be safe. This promoted stronger and more specific advocacy and coordination with other stakeholders.
- In Northern Uganda, GBVIMS data showed the frequency of reported sexual violence incidents that were committed in the school environment. GBVIMS data helped the service provider gain access to local schools to raise awareness of GBV and inform school officials about available services. This data helped the service provider advocate for the creation and implementation of codes of conduct for teachers and administrators regarding GBV.

The GBVIMS team utilizes a rigorous set of criteria to select GBVIMS roll-out sites and entities.<sup>4</sup> For multi-agency roll-outs in a single country, there must be a functioning local-level GBV coordination mechanism in place. Necessary resources at the coordination level include well-informed staff that understand the GBVIMS, have the desire to implement the system, and are able and willing to provide quality training and follow-up support to guide organizations through the implementation process. There should be a basic referral network in operation and a clear mapping of service providers in proposed pilot areas. Where feasible, Government actors are oriented to the GBVIMS as a priority first step to both ensure their buy-in, and engage them at the earliest possible stage for eventual system management.

Within individual organizations, the inter-agency GBVIMS team uses the following

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made to move forward with implementation a core group of pre-screened health, psychosocial or legal service providers are selected to attend a four-day GBVIMS training where the service providers and GBV stakeholders learn how to use all the GBVIMS components (GBV Classification Tool, Standardized Intake form with confidentiality statement, Incident Recorder and analysis tables, and the Information Sharing Protocol). During the training, tools are customized based on the context and handed over to the implementing agencies for immediate application.

<sup>3</sup> These countries are: Cameroon, Ecuador, Egypt, Guinea, Jordan, Lebanon, Libya, Madagascar, Rwanda, Tanzania, Vietnam and Zambia.

<sup>4</sup> See Annex A.9 for the GBVIMS roll-out selection criteria.

assessment factors: infrastructure (computers, secure offices, etc.); human resources (supervision of GBV services, IT skills and support, etc.); and organizational commitment to implement the system. Local GBV service providers are also consulted about their interest in participating in the process and about the availability of time and resources to invest in this initiative.

The GBVIMS tool kit to support roll-out and implementation is now available in Arabic, English, French, Spanish, and Kurdish (pending final edits). New tools include an emergency intake form as well as sector-specific intake forms for health and legal service providers, the last two of which are in the final stages of development. Users can access all materials at [www.gbvims.org](http://www.gbvims.org), as well as technical support via Skype (Username: “gbvimshelp”) and email ([gbvims@gmail.com](mailto:gbvims@gmail.com)).

The inter-agency GBVIMS team is also in the process of training regional technical support focal points, starting with a team of five Francophone focal points who recently completed a UNFPA-lead and organized GBVIMS training in Dakar. Another training of support focal points and GBVIMS trainers was held in Nairobi to strengthen the capacity of actors working in several regions of Somalia and the Kakuma Refugee Camp. The inter-agency GBVIMS team is also in the process of developing a robust Training-of-Trainers curriculum which will be used to train up to 25 new GBVIMS trainers in early 2012 to ensure a wider reach and more timely technical support to countries.

Though the GBVIMS was not developed for use in reporting to the Security Council on CRSV, elements of the system could also help address some of the challenges experienced during the MARA implementation. A careful examination weighing the potential benefits and risks of affiliating the two systems would need to be undertaken in each specific MARA context before GBVIMS-generated data could be considered to contribute to the MARA. However, the inter-agency GBVIMS team is prepared to advise MARA roll-out countries on relevant elements of CRSV data management including: standardizing terminology and methodology to ensure incidents are being recorded in the same way and counted only once; removing any identifying information about survivors to protect their safety and ensure confidentiality; and ensuring data collection is performed in conjunction with the provision of services to survivors.

## **b. Goals and objectives**

Thus far, in locations where the GBVIMS roll-outs have been completed, the results have been positive. However, system users still represent a relatively small number of countries/service providers.<sup>5</sup> The overarching goal for the next phase of GBVIMS development is to create a “critical mass” of system users around the world, making the GBVIMS the go-to tool for collection and analysis of reported GBV incident data in conflict-affected and other humanitarian contexts. In order to achieve this critical mass, the inter-agency GBVIMS team would like to focus on increasing the reach, utility and sustainability of the system as a whole, with an emphasis on conflict-affected contexts. This will include

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<sup>5</sup> As of December 2011, there were 67 agencies using the GBVIMS in humanitarian contexts worldwide.

aiming to have the system endorsed by both the UN Action network and the Inter-Agency Standing Committee (IASC) so that it becomes standard practice across agencies.

A few key elements in the current strategy have been identified as needing particular attention in 2012:

- The labour-intensive nature of the current roll-out model and the limited number of people who are qualified to conduct system roll-outs and/or provide the necessary technical support to roll-out countries.
- The tendency for users to employ the GBVIMS tools at a basic level but to stop short of utilizing the system's full range of capabilities.
- The need for greater attention to training and support for data analysis and contextualization.
- The gap in survivor-centred care (a core prerequisite to GBVIMS implementation), which at best limits the utility of the GBVIMS and, at worst inadvertently focuses programme attention on data gathering over the provision of high-quality services.
- A more robust evaluation of implementation considerations and usage, particularly in conflict-affected contexts.

In order to address these issues, the inter-agency GBVIMS team has laid out the following objectives for moving the project forward in 2012:

1. To expand—in terms of size, geographic location, and language skills—the network of professionals qualified to provide training and technical support on the GBVIMS to conflict-affected contexts.
2. To encourage system users' full utilization of the system (including engaging in appropriate context analysis of GBVIMS-generated data) by increasing the quantity, variety, availability, accessibility and utility of technical assistance resources for GBVIMS users.
3. To facilitate peer-to-peer knowledge exchange, trouble-shooting and general support among GBVIMS users.
4. To continue to support on- and off-site inter-agency roll-out efforts in conflict-affected contexts, including providing proactive technical guidance and support to conflict-affected countries' that are implementing the MARA and/or reporting on relevant SCRs that address CRSV.
5. To deepen the UN Action community's understanding of GBVIMS implementation considerations and usage in conflict-affected contexts.

### **c. Strategies and key activities**

Key activities and strategies the inter-agency GBVIMS team will employ to meet the above objectives include:



1. Expansion of existing training-of-trainer initiatives targeted at capacity development of actors in specific geographic areas that are or have been impacted by armed conflict and on-going support to those actors who have completed GBVIMS ToTs.
2. Bundled GBVIMS and *Caring for Survivors* training to ensure that GBVIMS data gathering occurs in tandem with high-quality, survivor-centred care.
3. Targeted, on- and off-site roll-out efforts focused on inter-agency GBV networks working in a minimum of three (3) conflict-affected contexts and on-going technical support and follow-up on relevant GBVIMS roll-out efforts in conflict-affected contexts.
4. Development of new, easily-accessible GBVIMS reference tools (FAQs, webinars, how-to videos, e-learning modules, etc.) for users that will: a) include specific guidance on when, how and under what conditions the GBVIMS can be used to support MARA reporting in conflict-affected contexts; and b) provide specific guidance on data analysis.
5. Expansion and strengthening of existing GBV informational platforms to facilitate peer-to-peer knowledge exchange, trouble-shooting and general support among the community of GBVIMS users working in conflict-affected and other humanitarian contexts.
6. A project evaluation that tracks user satisfaction and uptake rates.

#### **d. Expected results**

The expected results for the project include:

1. A minimum of ten (10) multi-lingual technical specialists trained as trainers to support on-site roll-out efforts in relevant conflict-affected contexts and provide on-going technical support on the use of the GBVIMS and/or guide safe and ethical MARA implementation in line with the guiding principles of the GBVIMS project. Of these trained trainers, a minimum of two (2) will be tasked with providing multi-country support as part of a part-time standby roster.
2. A minimum of three (3) countries tasked with MARA implementation and/or to report on CRSV for the annual Secretary-General's report to the Security Council provided with lessons learned from the GBVIMS to ensure survivor-centred data management on CRSV.
3. The GBVIMS rolled-out at the inter-agency level in three (3) conflict-affected contexts.
4. A bundled GBVIMS/Caring for Survivors training provided in a minimum of one (1) conflict-affected context.
5. New GBVIMS technical assistance resources developed that either explicitly address CRSV, or make note of any specific considerations for conflict-affected contexts as identified by field-level actors.
6. A minimum of two (2) existing support platforms expanded and/or strengthened to facilitate peer-to-peer knowledge exchange, trouble-shooting and general support among

the community of GBVIMS users working in conflict-affected and other humanitarian contexts. Existing platforms include the GBV Area of Responsibility's Community of Practice, the GBVIMS website (gbvims.org), and the Skype-based help desk.

7. A project evaluation that tracks user satisfaction and uptake rates.
8. On-going support to existing and new GBVIMS users working in a minimum of five (5) conflict-affected contexts, which includes a minimum of one (1) field visit by a GBVIMS-certified consultant to each implementation site to monitor and provide technical assistance to all GBVIMS implementation organizations and GBV/CRSV coordination bodies.

#### **e. Intended beneficiaries**

The direct beneficiaries will be service providers operating in conflict-affected contexts who are responding to the health, psychosocial and legal needs of GBV survivors. Indirect beneficiaries will include the survivors themselves, who will benefit from improved services, as well as other practitioners involved in GBV coordination, policy and advocacy on CRSV.

#### **f. Geographic locations**

Countries will be selected for GBVIMS roll-out based on a predetermined set of eligibility criteria already in use by the inter-agency GBVIMS team, taking into consideration UN Action's list of priority countries and country-driven demand. Primary consideration will be given to those conflict-affected countries with pending requests for GBVIMS roll-out (or roll-out expansion) support including: Afghanistan, Burundi, Central African Republic, Cote d'Ivoire, DRC, Egypt, Ethiopia, Guinea, Haiti, Iraq, Liberia, Libya, Nepal, Palestine, Pakistan, Somalia, South Sudan, Syria, and Yemen. Annex A.10 provides a matrix of possible countries for GBVIMS roll-out or roll-out support consideration, including those noted by UN Action as receiving priority in 2012.

The improved and more easily-accessed technical assistance, community of users, etc. will benefit system users in all geographic locations.

## **II. Compliance with UN Action's Strategic Framework**

### **a. UN Action Pillars**

This proposal falls under UN Action's *Knowledge Building* pillar: "*Accelerate roll out of the incidence monitoring and reporting tool (the GBVIMS) at country level to improve the flow of information on reported cases of sexual violence (OP 24, 1888).*" Additionally, this proposal supports the *Country Level Action* pillar by contributing "*strategic and technical support to joint UN system efforts to prevent and respond to sexual violence in conflict, including efforts to build capacity and train advisers on conflict-related sexual violence.*" Finally, the aggregated data generated by the GBVIMS can be used to achieve the goals of raising public awareness and generating political will to address sexual violence that fall under the *Advocating for Action* pillar.

**b. Enhancement of UN system coordination and joint programming**

The project will be conducted in coordination with UN Action network entities, relevant country teams and the GBV AoR Working group. As a relatively long-standing initiative that counts four (4) UN Action entities amongst its core team members (UNFPA, UNHCR, UNICEF and WHO), this project already serves as a model for inter-UN-entity collaboration and coordination.

By increasing the reach, utility and sustainability of the GBVIMS, the project is expected to contribute to improved coordination by:

1. Enhancing the UN system's understanding of reported incidents of CRSV.
2. Helping to standardize the way UN actors and partner NGOs define and count specific forms of CRSV.
3. Supporting better-informed CRSV programme interventions at the field level.
4. Facilitating interagency/multi-sectoral data-sharing and analysis of wider trends in conflict-affected contexts.
5. Promoting "one UN" voice and approach to collection and management of service-level CRSV data.

**c. Key stakeholder engagement throughout project implementation**

At HQ level, this project will be managed by UNFPA and guided by the inter-agency GBVIMS team (UNFPA, UNHCR, UNICEF, WHO and IRC). In roll-out countries, the existing GBV coordination structures, as well as the primary service providers and other key actors on the ground, will be actively engaged in determining the specifics of the roll-out mechanisms, including through the creation of Standard Operating Procedures (SOPs).

**d. Capacity-building of national institutions to deal with conflict-related sexual violence**

The GBVIMS training and technical support missions provide context-specific guidance on the safe collection, storing and sharing of GBV data, which can also be employed by national institutions. For example, as mentioned above, this year a GBVIMS support mission was conducted in Haiti, where lessons learned through developing and rolling-out the GBVIMS over the past five years provided a platform to input on the country's own GBV data management system. In Colombia and Kenya, Health and Gender ministries respectively have engaged with the GBVIMS to improve their data collection methods. Both countries use the GBVIMS in national service providing centres to better understand and respond to GBV. In Colombia, the use of the GBVIMS has brought together Government and community-based service providers to improve coordination of data through sharing and joint analysis of GBVIMS data. And in the DRC, the GBVIMS has been integrated into the Government-run GBV database to enable those service-level entities that have chosen to use the GBVIMS to contribute data to the national system.

Once in place, the expanded technical support, new reference tools, and online community of users will provide further opportunities for capacity development of national institutions.

### **III. Success criteria and results evaluation**

#### **a. Institutional capacity**

UNFPA and UNHCR have been supporting the GBVIMS—from headquarters and in the field—since the system was launched five years ago. For the past two years, UNICEF and WHO have been part of the inter-agency team to provide additional support. All four UN entities are committed to continued engagement with this project. For the express purpose of ensuring adequate support is available to system users, the selection criteria for country roll-outs stipulate that two of the four agencies have an in-country presence before a location is even considered for GBVIMS roll-out.

#### **b. Management structure**

The GBVIMS will continue to be managed by the inter-agency GBVIMS team, comprised of UNFPA, UNHCR, UNICEF, WHO and IRC, with overall oversight of the project sitting with the Project Coordinator in UNFPA. The Project Coordinator will report directly to UNFPA’s GBV Specialist – Humanitarian Response Branch but will be accountable to the inter-agency GBVIMS team and will act in an inter-agency capacity to implement this project. Funds managed by UNICEF will be overseen by their GBV in Emergencies Specialist and will be focused on developing and piloting the bundled GBVIMS/Caring for Survivors training and managing the small standby roster.

#### **c. Monitoring and evaluation**

The project will conduct a simple baseline assessment to confirm countries for roll-out, highlight any unique considerations for rolling out the GBVIMS in conflict-affected contexts, and clarify areas for project improvement and technical support. On-going monitoring will be performed by the inter-agency GBVIMS team, by soliciting feedback from GBVIMS users, and electronically tracking the utilization of the GBVIMS website and technical support tools. Regular updates on the project will be provided to UN Action Focal Points at the focal point meetings. Finally, an end-of-project evaluation will track user satisfaction and GBVIMS uptake rates.

#### **d. Consultant Recruitment**

A minimum of two (2) standby consultants based in or near priority conflict-affected countries (e.g. Asia or Africa) will be hired on a part-time basis. The consultancies will be widely advertised and consultants will be selected based on both a written test and oral interviews with a panel of agencies from the inter-agency GBVIMS team. These consultants will backstop the work of the Coordinator to provide hands-on support to roll-out sites and act as focal points to troubleshoot implementation issues. Consultants will be attached to approximately three (3) countries each and will fully lead a minimum of one (1) in-country roll-out.

#### **e. Financial and operational issues**



UNFPA and UNICEF will accept this funding for the inter-agency GBVIMS team. UNFPA will be responsible for over-all project oversight, including hiring and housing the project coordinator and managing the roll-out processes at the HQ and field levels. As stated above, UNICEF will focus on developing and piloting the bundled GBVIMS/Caring for Survivors training and managing the small standby roster.

#### **IV. Budget**

##### **a. Other funding**

UNFPA is currently using funding from ECHO (exp. 12/2011), AusAID (exp. 3/2012), Danida (exp. 6/2012) and internal UNFPA core funds to support GBVIMS roll-outs. IRC has also received funding from BPRM (exp. 9/2012) to support its roll-out efforts as the NGO liaison agency attached to the project. UNICEF, WHO and UNHCR are also contributing staff time as in-kind support to this project. It is anticipated that this new influx of funding will help catalyse additional, longer-term support for the project within and beyond the two requesting entities.



**Part C. Initial Review of Proposal**  
*(To be completed by the UN Action Secretariat)*

(a) Is the project explicitly linked to the UN Action Strategic Framework?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(b) Is the project effective, coherent, and cost-efficient?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(c) Does it avoid duplication and significant overlap with the activities of other UN system entities?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(d) Does it build on existing capacities, strengths and experience?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(e) Does it promote consultation, participation and partnerships and agree with the existing country coordination mechanism?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(f) Is the Project Proposal Submission Form fully completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(g) Is the Budget in compliance with the standard format?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(h) Is the indirect support cost within the approved rate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Part D: Decision of the Resource Management Committee**  
*(to be completed by the RMC Chairperson)*

**5. Decision of the Resource Management Committee**

Approved for a total budget of US\$\_\_\_642,000\_\_\_

Approved with modification/condition

Deferred/returned with comments for further consideration

Rejected

**Comments/Justification:**

**Chairperson of the Resource Management Committee**

.....

**Name (Printed)**

.....

**Signature** **Date**

**Part E: Administrative Agent Review**  
*(To be completed by the UNDP MDTF Office)*

**6. Action taken by the Executive Coordinator, Multi-Donor Trust Fund Office, UNDP**



**STOP RAPE NOW**  
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

Project consistent with provisions of the RMC Memorandum of Understanding and the Standard Administrative Arrangements with donors.

**Bisrat Aklilu**  
**Executive Coordinator**  
**Multi-Donor Trust Fund Office, UNDP**

.....  
**Signature**

.....  
**Date**



**MULTI-DONOR TRUST FUND FOR**  
**UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT**  
**FUND SIGNATURE PAGE**

(Note: Please attach to the Project Proposal Submission Form)

<p><b>Participating UN Organization(s):</b> UNFPA (lead), UNHCR, UNICEF, WHO</p>	<p><b>Focal Point of Participating UN Organization receiving funds:</b> Name: Erin Kenny, Address: UNFPA New York Telephone: (+ 1) 212 297 4981 Email: <a href="mailto:ekenny@unfpa.org">ekenny@unfpa.org</a></p> <p>Name: Mendy Marsh, UNICEF, New York Telephone: (+ 1) 212 824 6313 Email: <a href="mailto:mmarsh@unicef.org">mmarsh@unicef.org</a></p>						
<p><b>Project Number:</b> (to be allocated by the UNDP MDTF Office)</p>	<p><b>Project Duration:</b> 12 months</p> <p><b>Estimated Start Date:</b> 1 January 2012</p>						
<p><b>Project Title:</b> Expanding the reach, utility and sustainability of the Gender-Based Violence Information Management System (GBVIMS)</p>	<p><b>Project Location(s):</b> To be determined. Countries will be selected based on a predetermined set of eligibility criteria already in use by the inter-agency GBVIMS team, while also taking into consideration UN Action’s list of priority countries.</p>						
<p><b>Total Project Cost:</b> (approx.) US \$1,117,000 per annum</p> <p><b>MDTF:</b> US \$642,000</p> <p><b>Other:</b> US \$ 475,000</p> <p><b>GRAND TOTAL: US \$1,117,000</b></p>							
<p><b>Total Amount Approved:</b> US \$ 642,000</p>							
<table border="1"> <thead> <tr> <th align="center">Signature</th> <th align="center">Date</th> <th align="center">Name/Title</th> </tr> </thead> <tbody> <tr> <td data-bbox="126 1711 761 1852"> <p><b>Focal Point of Participating UN Organization receiving funds:</b></p> </td> <td data-bbox="764 1711 1039 1852"></td> <td data-bbox="1042 1711 1489 1852"> <p>Erin Kenny, GBV Specialist PD/HRB UNFPA, New York</p> </td> </tr> </tbody> </table>		Signature	Date	Name/Title	<p><b>Focal Point of Participating UN Organization receiving funds:</b></p>		<p>Erin Kenny, GBV Specialist PD/HRB UNFPA, New York</p>
Signature	Date	Name/Title					
<p><b>Focal Point of Participating UN Organization receiving funds:</b></p>		<p>Erin Kenny, GBV Specialist PD/HRB UNFPA, New York</p>					



**STOP RAPE NOW**  
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

Mendy Marsh, GBV in  
Emergencies Specialist  
UNICEF, New York

**RMC Chairperson:**

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ANNEX A.8

**MULTI-DONOR TRUST FUND FOR**  
**UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT**  
**PROGRAMME<sup>6</sup> BUDGET FORM**

<b>PROGRAMME BUDGET*</b>			
<b>CATEGORY</b>	<b>UNFPA</b>	<b>UNICEF</b>	<b>AMOUNT</b>
<b>1. Supplies, commodities, equipment and transport</b> - includes printing and translation of roll-out support materials	\$50,000.00	\$25,000.00	\$75,000.00
<b>2. Personnel (staff, consultants and travel)</b> - includes full-time Project Coordinator; two, part-time standby consultants; contracted evaluation support (consultant or group); and travel	\$250,000.00	\$150,000.00	\$400,000.00
<b>3. Training of counterparts</b> - includes focused ToTs of 10 GBVIMS focal points and targeted, in-country roll-outs	\$75,000.00	\$50,000.00	\$125,000.00
<b>4. Contracts</b>			\$0.00
<b>5. Other direct costs</b>			\$0.00
<b>Total Programme Costs</b>	<b>\$375,000.00</b>	<b>\$225,000.00</b>	<b>\$600,000.00</b>
<b>Indirect Support Costs** (7% UNFPA and UNICEF)</b>	\$26,250.00	\$15,750.00	\$42,000.00
<b>TOTAL</b>	<b>\$401,250.00</b>	<b>\$240,750.00</b>	<b>\$642,000.00</b>

\* Based on the UNDG Harmonized Financial Reporting to Donors for Joint Programmes approved in 2006. Definition of the categories can be found in the instruction which is available on [www.undg.org](http://www.undg.org).

\*\* Indirect support cost should be in line with the rate or range specified in the Fund TOR (or Programme Document) and MOU and SAA for the particular MDTF.

<sup>6</sup> The term “programme” is used for projects, programmes and joint programmes.

ANNEX A.9

**Criteria for selecting GBVIMS roll-out sites**

**1. Field presence and inter-agency coordination**

- a. Sites where at least two GBVIMS partner (IRC, UNHCR, UNFPA, UNICEF, WHO) is fully operational and working on GBV
  - i. All proposed sites should be areas undergoing/recovering from some type of emergency; be it due to conflict or natural disaster
- b. **Functioning** local-level inter-agency coordinating mechanism for GBV (i.e. GBV working group); the working group should:
  - ii. At least one of the GBVIMS partners (IRC, UNHCR, UNFPA, UNICEF, WHO) and one implementing partner plays an active role in the GBV working group on the ground
  - iii. Have a basic referral network in place, and a clear mapping of service providers in proposed pilot areas.
- c. Have a minimum of three GBV Service providers (preferably NGOs) operating in the emergency setting
  - i. It would be beneficial if organizations have established mechanism(s) for information sharing between agencies - especially in the context of a referral. Our project will work together with institutions to broker sharing agreements for trends analysis of reported cases.
  - ii. Each GBV service provider has a minimum caseload of 50 unique cases per quarter

**2. Interest on the part of local GBV programs to participate in the process, and availability of time and resources to invest in this initiative**

Current availability of appropriate resources from all participating

- a. organizations/agencies
  - i. Technological resources (i.e. computers for the GBV program and some excel exposure of GBV staff)
  - ii. Human resources
  - iii. Availability of time of key GBV case management staff to participate in a five day GBVIMS training and input data they gather into the system (approximately three minutes per case).

**3. Data collection forms for case management in use by the GBV service providers**

Willingness to modify forms to be aligned with the GBVIMS

- a. Intake Form

**4. Geographical diversity (including Africa and South Asia, Southeast Asia, Middle East, Latin America / Caribbean, and Eastern Europe / Central Asia ECA)**

**5. Contextual diversity**

- a. Diverse program settings: rural, urban, camp



**STOP RAPE NOW**  
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

Provision of services to diverse target beneficiary populations: refugees,  
b. IDPs, etc.

Phase of emergency (conflict or natural disaster): acute emergency, protracted  
c. emergency,  
post-conflict

**6. Language (English, French or Spanish based on team's proficiency)**

ANNEX A.10

**Matrix of Possible GBVIMS Roll-out and Implementation Support Countries in 2012**

COUNTRY	INTER-AGENCY ROLL-OUT COMPLETED	SINGLE-AGENCY ROLL-OUT COMPLETED	REQUEST PENDING*	UN ACTION PRIORITY
Afghanistan			X	
Bosnia and Herzegovina				X
Burundi			X	
Chad	X			
Colombia	X		X	X
CAR			X	X
Côte d'Ivoire	X		X	X
DRC	X		X	X
Egypt			X	
Ethiopia		X	X	
Guinea		X	X	
Haiti			X	
Iraq	X		X	
Kenya	X			
Liberia		X		X
Nepal	X		X	
Palestine			X	
Pakistan			X	
Sierra Leone		X		
Somalia	X		X	
Sudan			X	X
South Sudan	X		X	X
Syria			X	
Thailand	X			
Uganda	X			
Yemen		X	X	

\*Includes both new sites and sites requiring substantive, follow-up support