

République Démocratique du Congo
Stabilisation and Reconstruction Plan for the East
International Security and Stabilization Support Strategy

ISSSS Template 4: Quarterly project update

Instructions: Highlighted text is for guidance; please delete as the Update is completed.

Project #:

Project title	Contribuer à créer et/ou améliorer l'accessibilité aux services et l'assistance multisectorielle de qualité pour les survivant (e)s de violence sexuelle et de genre.				
STAREC sub-component	Assistance Multisectorielle	ISSSS sub-component	Sexual Violence		
Recipient of Funds	SRFF	Implementing partner(s)	UNICEF		
Approval date	Date that project document was first signed with partners	Finish date	Planned:	From project document	
			Expected:	Current estimate	
Target areas	<p>DISRICTS in ITURI :</p> <p>1) Mambassa (ZS:Health zones) : Mandima and Mambasa : Axes Mambasa – Luemba, Mambasa – Epulu, Mambasa - Nduye</p> <p>2) Mahagi (Zs:Health Zones) Mahagi, Nyarambe, : Axes Mahagi - Nyarambe – Djeku</p> <p>3)Aru (Zs: Health Zones) :Aru, Ariwara: Axes Aru – Imbokolo</p> <p>4) Djugu (Zs :Health Zones: Fataki, Tchomia et, Mungbwalu, : Axes Iga barrière – Mongbwalu, Kasenyi – Tchomia</p> <p>SOUTH KIVU PROVINCE :</p> <p>1)Kabare : Health Zones of Miti – Murhesa and Katana</p> <p>2)Mwenga: Health zones of Mwana and Mwenga</p> <p>3) Kalehe : Health zone of Minova ; Kalonge, Bunyakiri and Mubumbano</p>				

FINANCIAL IMPLEMENTATION

	Total funds available	Sources of funds			Funds engaged ¹	
		SRFF	Other partners		\$	%
	\$	\$	\$	Source / donor		
South Kivu	1,244,204	1,244,204			832,954,23	66.94

¹ This is not a UNICEF certified financial report.

					UNFPA	
Province Orientale	791769	791,769			787,779	99%
National	226,200	226,200			64,114	28%
TOTAL						

SUBSTANTIVE IMPLEMENTATION

PLANNED OUTPUTS (Project document)	ACTUAL OUTPUTS			
	For reporting period		Cumulative total	
General Coordination Working groups organised in Kinshasa, North Kivu, South Kivu and Ituri district				
Places	Meetings	No of Participants	% Government representation	% NGOs representation
Kinshasa	Twice a week from September to November for medical and psychosocial and legal referral Once a month for socio-economic and school reintegration	Average between 8 to 25	Between 50 to 75% (medical)	Between 25 to 50%
Nord Kivu	- September 14th 2010	15	6.6%	93%
	- October 8 th & 21 st 2010	17 11	0% 0%	100% 100%
	(ad hoc meeting with the women organisations)			
	- November 12 th 2010	15	6,6%	93%
Sud Kivu	September 13th	15	20%	66%
	October 1 st & 29 th	23	8,6%	82,6%
	November 29th	22	4,5%	81,8%

Ituri	September 8 th	35	11 %	68 %
	October 13 th	21	4,7%	71,4%
	October 21 st	25	16%	60%
	November 24 th	19	15,8%	68,4%

PROVINCE 1: Ituri district Province Orientale

<p>Provide quality psychosocial care to victims of sexual violence</p>	<p>Construction of three carrefours (psychosocial centres)in Mahagi and Mambasa. In order to prevent stigmatisation, these centres are made to support the community and the victims. Different social activities are organised. Victims can also go to get psychosocial assistance and socio-economic reintegration. It is a place where the management committees are trained in order to make the activity sustainable.</p> <ul style="list-style-type: none"> ▪ 	<p>Actual outputs for target province, total up to the present date</p> <ul style="list-style-type: none"> ▪ A study of feasibility is being undertaken actually to see the needs, in Bandisende, and Mahagi centre. As soon as the evaluation will be finished, it will be shared with all the actors. ▪ Materials have been given for the socio-cultural activities such as books, note books, pens, games, balls. APS received a capacity reinforcement of the psychosocial care particularly focussed on children in Mahagi centre of women, families and children. The support activities such as active listening, socio-cultural are ongoing activities. ▪ Identification psychosocial support given to 51 victims of sexual violence in october. Service given: self-help groups ; organization of community
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		<p>day in Mahagi, Aru and Mambassa with mobile theatre and mobile activities teams.</p> <ul style="list-style-type: none"> ▪ 200 members of women associations and community leaders have been trained during three days on the physic, psychological and social consequences of the sexual violence and the importance of a referral within the 72 hours after the violence. Divided in several groups, 50 people in Mayuano from 29/11 to 1/12, 50 in Bandisende from 04 to 6/12 and 150 in Mambasa du 03 au 5/12 received this training. ▪ 4 listening centres are functional: 1 in Mongwalu under ANAMAD, 1 in Iga-barriere under ADECOR and 1 in Tchomia under ASSOCITURI. 20 Psychosocial agents (APS), 5 per organisation, have been trained in basic psychosocial support to the VVS: identification of support, active listening and follow up of the victims.
<p>Provide quality medical care to the victims of sexual violence</p>	<p>Some of the activities already started by a recycle training of the actors. Surgery for fistula repair for 30 VVS was also done as well as support given to 6 health zones Mahagi, Nyarambe, Aru, Ariwara, Mambasa and Mandima within the territories of Mahagi, Aru</p>	<ul style="list-style-type: none"> ▪ MOU signed between COOPI and PPSSP in charge of the medical care in Mambassa. ▪ Discussion and signature of MOU with the Doctors Head of Zones to give support to the VVS.

	<p>and Mambasa in terms of medicines, training on the medical treatment and referral system ; and for paramedical staff on welcome of the victim ;and medical care for VVS. 12 alert committees have been trained about support to be given to the victims; explanation of the circuit of care.(COOPI)</p> <p>▪</p>	<p>Medicines and equipment have been ordered to Copenhagen.</p> <ul style="list-style-type: none"> ▪ 51 VVS (9 less than 72h) received medical support. 4 pregnant women from rape were also identified. ▪
Socio-economic and school reintegration	<p>Since the project started recently, and the victims will get first medical and psychosocial care, this activity has not started yet. Victims need to be stronger and more self-confident to initiate this activity.</p> <p>In order to create a more holistic approach and use the best the resources, SRFF partners are supporting the school reintegration through the schools already supported by UNICEF.</p>	
PROVINCE 2: South Kivu		
Provide quality psychosocial care to the Victims of sexual violence	<p>These maisons d'ecoute (listening houses) are the specific places where the victims will get confidential psychosocial support. Some of them organize as well socio-economic reintegration trainings such as embroidery, soap, socio-cultural activities like alphabetisation, in order to not stigmatise any person coming to the centre.</p> <ul style="list-style-type: none"> • 121 SVS (31 girls) got psychosocial support in Mwenga and Mwana (Mwenga territory); 47 	<ul style="list-style-type: none"> ▪ 13" maisons d'ecoute » have been reinforced in Katana, Mwana, Mwenga, Buganga, Miti – Murhesa, Chibumba et Kavumu (meetings to plan activities with the psychosocial agents). COOPI will organize the trainings for the social assistants will take place at the beginning of ▪ FSH/ICCO are also recycling their 44 psychosocial and social assistants : 20

	<p>in Katana (Kabare territory); 32 in Miti-Murhesa(Kabare territory) and 52 in Minova (Kalehe territory)</p>	<p>psychosocial and 24 community volunteers</p>
<p>Provide quality of medical care to the victims of sexual violence</p>	<p>MOU between IMC and IPS have been signed and ongoing ones between UNFPA/IPS. Essential medicines and PEP kits have been provided to the health zones:</p> <ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • 36 big boxes of medicines (antibiotics) 25 PEP Kits boxes (1750 victims) • IMC and the IPS (Provincial Inspection of health) established a plan of distribution of the commodities to the health structures. • Preparation of the next trainings to be organised in December by the IPS about commodity's management for 53 nurses (10 days)and a second one for 53 medical doctors about services offered . Topics such as : medical diagnosis and treatment; confidentiality; medical support to the husbands/wives of the victims(IST) <u>UNFPA</u> • Evaluated the partner's capacities in order to elaborate training programmes based on the needs. • Ordered the Medicines to be distributed by the IPS to the health centres • Organised trainings to 10 medical doctors about the fistula repair (ongoing) and 60 staff on

		management of commodities Planned the rehabilitation of two health structures
Socio-economic and school reintegration	A consultant has been hired by FSH/ICCO to evaluate and analyse the potential socio-economic possibilities. This evaluation will take eight weeks and will allow to find out what will be the most benefit socio-economic activities	In terms of agriculture support, 10ha of land are already available as follows: 5 ha in Minova and 5 in Mwenga. Since the victims are under medical and psychosocial care, these type of activities will start later when they will feel stronger , will be closer to a resilience and will be able to reach some economic autonomy and support their children.
Legal referral	As for the socio-economic reintegration, the survivors have been informed about their rights but for the moment will wait until they feel stronger.	Survivors have been informed about the circuit of care which also involved legal services.

Kinshasa: Creation/adaptation of National Protocols of intervention and SOP with relevant Ministries, National , Local and International NGOs	Start the creation/adaptation of the National Protocols of intervention in terms of medical, mental health, socio-economic and school reintegration and legal referral has been a strong challenge. Ministry of Health members: PNSR(National Programme of Reproductive Health); PNSM(National Programme of Mental Health); Conseil de l'Ordre des Médecins; National Association of Congolese Gynaecologists and Nurses; the Forensic Doctor Ministries of Justice; Social Affairs at National level were together with National and International NGOs, EUPOL, Police Department; PEPFAR; and UN Agencies have been working together and agreed on questionnaires to evaluate the type of interventions given	
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	<p>actually in the East and are working in the elaboration/adaptation of the Protocols of Intervention. This task is shared/exchanged with all actors in the East who are giving comments and including the reality and practicality of these protocols actually and in the future. This work will continue during the next months. Having all these actors on board, keeping the transparency and the exchange of communications has not been an easy task.</p>
<p>General Coordination and AMS actors in the field. As part of the objectives</p>	
<p>Ituri:</p>	
<p>1. Identification psychosocial care given victims of sexual violence:</p> <ul style="list-style-type: none"> ▪ 834 VSV were identified and supported. ▪ The psychosocial support was given in the Centre pour femmes et familles for COOPI, maisons d'écoute for MSF and SOFEPADI. <p>2. Medical care</p> <ul style="list-style-type: none"> ▪ 910 VVS ▪ 302 of less than 72hours in the Hopital Beaumarché supported by MSF in Bunia: ▪ 38 pregnancies for rape were identified as well as 15 children from rape ▪ 152 cases of chirurgial fistula repair. ▪ 47 husbands and wives were treated from IST. <p>3. Socio-economic and school reintegration</p> <ul style="list-style-type: none"> ▪ 648 people got socio-economic support ▪ 7 families of victims received agriculture support ▪ 407 children principally girls, were reintegrated to school <p>4. Legal support</p> <ul style="list-style-type: none"> ▪ 12 VSV got legal support 8 from SOFEPADI and 4 from LIZADEEL. <p>5. Capacity building</p> <ul style="list-style-type: none"> ▪ 209 members of NGOs were trained on the importance of getting medical care for the VSV in less than 72 hours, on how to receive the victims, and the children care ▪ 15 nurses trained on the medical care for the VSV. ▪ SOFEPADI trained OPJ (Officier de police judiciaire) about the law against sexual violence 	

6. Sensibilisations

- 90 counsellors were sensitized on the importance of the early care of the VSV:

South Kivu

SCIAF :

Survivors of SGBV receive surgical, medical, prenatal and psychosocial and reintegration support;

3 local partners in South Kivu, DRC provided 2,114 women survivors HIV/STI testing, 155 surgical interventions, prenatal care to 215 women and psychological counselling to 2,294 (out of that 16 were male and a child). Livelihoods support was given to 580 women by BDOM CODILUSI and CDJP Uvira. Victims of sexual violence are started coming to the listening centres for support from isolated regions like Kitutu and Kiliba of South Kivu because of parish support, involvement of volunteers and former victims and sensitisation programmes in the communities.

Children born of rape are healthy, have access to basic education, are cared for in a family environment and gain legal birth registration;

3 local partners in South Kivu, DRC provided health care support including immunization to 538 and education support to 475 children born of rape. 60 children born of rape received the legal assistance to obtain legal birth registration from AJV and CDJP Uvira. 8 doctors (1st batch) started receiving the training in reconstructive fistula and complicated gynaecologic surgery in the DRC.

Survivors of SGBV are enabled to pursue legal redress against those responsible;

Local partners in South Kivu, DRC, Burundi and Rwanda run workshops to inform 734 SGBV survivors of their rights under the relevant national laws. AJV and CDJP Uvira gave legal advice to 23 women and supported 29 women to pursue legal redress (court case) against those responsible. 48 women won the court cases during this 6 month. The perpetrators received prison sentences ranging from 2 to 10 years. Women were happy with the result. Another 15 court cases are going on.

People are aware of the rights of women and girls and their protection under the relevant national law and take specific initiatives to uphold this legislation;

Training in existing SGBV legislation and civic rights was held for 8,060 people (7,252 female + 808 male) including community leaders, 71 local government administrators during July 2010 and 18 magistrates (4 women) during September 2010 in all the 3 target countries. 19 radio programmes were carried out and 24 articles were published in print media on SGBV. The radio programme and articles were carried out in local languages and reaching out the wider audiences with a message to fight against sexual and gender base violence (SGBV).

Government relationship and visibility;

The partners are working with various government departments like health, legal and police to fight against sexual and gender based violence and receiving cooperation from them. Trainees and government officials were informed about SGBV project and its donor – EU and EU logo was used in all printed documents.

CAMPS

1,914 victims of sexual violence got psychosocial support within the seven territories covered .

818 got medical care 320 victims benefited from socio-economic reintegration and 84 children from

school reintegration

37 referrals to legal clinics

IRC

Medical care for 408 victims (89 girls) 21,8%.

65 legal referrals (40 children) : rape, forced prostitution of children, sexual harassment

151 PEP Kits distributed as follows :65 in Kalehe, 50 in Kabare and 36 in Itombwe/ Minembwe)

1,600 pregnancy tests and 1,600 HIV tests.

1. trainings:

- 18 official nurses and 19 assistant midwives (medical focal points of SV in the health centres of Rwanguba) : clinical care through a multimedia support developed by the health zone with the support of the IRC.
- 29 psychosocial agents (encadreurs psychosociaux) working in Goma and Masisi were trained by Norwegian Church Aid (NCA) about the treatment of the traumatism.
- Trainings on business and elevage was organised for 572 VSV in Masisi (Kirotshe and Bweremana) by Vétérinaire Sans Frontière – Suisse (VSF), within the frame of the preparation of the socio-economic reintegration and the good management of the activities.
- 9 community workshops for 400 participants organised in Rwanguba-Rutshuru, by IRC to evaluate the knowledge of the services provided for the SVV. After the workshop, sensitization have been organized to inform about the services available and the importance to access to them as soon as possible.
- Alphabetisation activities organized for 236 vulnerable and SVS in Rwanguba.

2. Service provided

- 1642 identified and benefited from medical care by IRC, Heal Africa, SAFDF, VSF-Suisse, LWF, WFWi, NCA, Alpha Ujuvi, ...,
 - Primary health care given to 1126 victims, 719 PEP kits ; 14 fistula cases repaired
 - 4 medical cases of elderly victims followed up in Mugunga
 - 1562 cases (80%) benefited from psychosocial support through listening houses settled within the different health zones.
- Reintegration :
 - 904 SVS from Masisi and Goma benefited from reintegration kits :
 - Funds for a little business
 - Intrants to prepare soap , pastry, agriculture , elevage
 - 13 children reintegrated into the school.

CONSTRAINTS

If relevant, what factors have slowed implementation relative to the planned outputs?

The high number of victims of sexual violence in the country and particularly in the Eastern zone. Security and accessibility to the conflict areas to support the victims of sexual violence have been the main difficulties faced during this period in North and South Kivu (Shabunda). In North Kivu, the presence of FDLR and May May particularly in Walikale, Lubero and Beni and of ADF-NALU in the North of Beni prevented some victims of sexual violence to get the holistic care besides the efforts of all stake

holders: government, national and international NGOs in the field; put in place to take care of the victims. The lack of security; accessibility; and geographic constraints.

Advocacy among actors to explain the transversal support AMS provides in any situation that will prevent to overlap and create more coordination mechanisms with the already existing ones.

OUTCOMES

How has the project contributed to the STAREC / ISSSS sub-components identified above?

Improve the coordination among actors. Still need to be increased.

Sharing information about programmes, mapping about actors and the very specific activities, type of support to health structures, NGOs, maisons d'ecoute registered. This is a monitoring tool and an information tool to be given to any actors/donors who wants to work on these areas. NK is completed and SK and Ituri will be finished by end of February.

Coordination with legal actors while doing their enquetes or legal services for emergency is on process and already a field combined visit has been organised in NK.

Legitimacy to deal with actors in the field and promote the good understanding and division of tasks in the same area of intervention, preventing conflicts.

Purposes of this template:

- Share progress information through the STAREC coordination structure and enable effective coordination by Government partners.
- Publish progress information on the ISSSS website to build donor confidence and facilitate resource mobilisation.
- Enable preparation of Quarterly Report on the ISSSS by the SRFF Technical Secretariat.