

UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

CONFLICT-RELATED SEXUAL VIOLENCE – MULTI-PARTNER TRUST FUND

PROJECT PROPOSAL SUBMISSION FORM

Part A. Meeting Information (To be completed by the UN Action Secretariat)	
RMC Meeting No: N/A	Project No: CRSV_UNA_03
Date of Meeting: N/A	RMC members in attendance at meeting: N/A
Part B. Project Summary (To be completed by the Participating UN Organisations)	
Date of Submission: 11 January 2022	Participating UN Organisations: UNFPA, UNICEF and UNHCR
	Participating UN Organisation(s) receiving funds: UNFPA, UNICEF and UNHCR
Focal Point of the Participating UN Organisations: UNFPA: <u>Jordan:</u> Bouchta Mourabit mourabit@unfpa.org Pamela Di Camillo dicamillo@unfpa.org Milou Biesebroek biesebroek@unfpa.org <u>Lebanon:</u> Erica Talentino talentino@unfpa.org Asma Kurdahi kurdahi@unfpa.org UNICEF: Catherine Poulton: cpoulton@unicef.org Christine Heckman: heckman@unicef.org Caroline Masboungi: cmassboungi@unicef.org UNHCR: Julian Herrera: herreraj@unhcr.org Constanze Quosh: quosh@unhcr.org	Project Title: Equipping gender-based violence response services to meet the needs of women and girls within the COVID-19 outbreak
	Project Location(s): Lebanon, Iraq, Jordan
	Projected Project Duration: 10 months: 01 June 2021 – 30 March 2022 NCE Request: 12 months: 31 July 2021 – 31 July 2022
Proposed project, if approved, would result in: <input type="checkbox"/> New Project <input type="checkbox"/> Continuation of previous funding <input type="checkbox"/> Other (explain) <input checked="" type="checkbox"/> No-cost extension: (from 30 March 2022 to 31 July 2022) Rationale for NCE:	Total Project Budget: US\$ 885,824 Amount of MPTF funds requested: US\$ 885,824 UNFPA - US\$ 295,100 UNICEF - US\$ 295,421 UNHCR – US\$ 295,303

<p>Project approval and funds disbursement delayed by donor. NCE would accommodate a project duration of 12 months to allow full implementation.</p> <p>Signature of RMC Chair:</p>  <p>Emily Kenney, UN Women 12 Jan 2022</p>	<p>Percentage of indirect support costs from MPTF contribution: 7% UNFPA and UNICEF; 6.5% UNHCR</p>	
<p>Projected Annual Disbursements:</p>	<p>2021 Tranche 1: US\$ 442,912 (Disbursed June 2021) Tranche 2: US\$ 442,912 (Disbursed Sept 2021)</p>	<p>2022 \$ 0</p>
<p>Projected Annual Commitments:</p>	<p>2021 - 2022 US \$885,824</p>	

UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT MULTI-PARTNER TRUST FUND

PROJECT PROPOSAL SUBMISSION FORM

Part A. Meeting Information (To be completed by the UN Action Secretariat)	
RMC Meeting No: 006	Project No: CRSV_UNA_03
Date of Meeting: 16 June 2021	RMC members in attendance at meeting: Emily Krasnor RMC Chair Anna Reichenberg IOM Chloe Silvestre DPO German Vega Cortes UN Women Julian Herrera UNHCR Mari Matsumoto UNDP MPTFO UN Action Secretariat: Bernadette Sene, Fareen Walji, Fukumi Orikasa, Choki Dolma, Bianca Martins
Part B. Project Summary (To be completed by the Participating UN Organisations)	
Date of Submission: 18 March 2021	Participating UN Organisations: UNFPA, UNICEF and UNHCR
	Participating UN Organisation(s) receiving funds: UNFPA, UNICEF and UNHCR
Focal Point of the Participating UN Organisations: UNFPA: <u>Jordan:</u> Bouchta Mourabit mourabit@unfpa.org Pamela Di Camillo dicamillo@unfpa.org Milou Biesebroek biesebroek@unfpa.org <u>Lebanon:</u> Erica Talentino talentino@unfpa.org Asma Kurdahi kurdahi@unfpa.org UNICEF: Catherine Poulton cpoulton@unicef.org Christine Heckman checkman@unicef.org Caroline Masbounji cmasbounji@unicef.org UNHCR: Julian Herrera herreraj@unhcr.org Constanze Quosh quosh@unhcr.org	Project Title: Equipping gender-based violence response services to meet the needs of women and girls within the COVID-19 outbreak
	Project Location(s): Lebanon, Iraq, Jordan
	Projected Project Duration: 10 months: 01 June 2021 – 30 March 2022

<p>Proposed project, if approved, would result in:</p> <p><input checked="" type="checkbox"/> New Project</p> <p><input type="checkbox"/> Continuation of previous funding</p> <p><input type="checkbox"/> Other (explain)</p> <p><input type="checkbox"/> No-cost extension: (from – to)</p>	<p>Total Project Budget: US\$ 885,824</p> <p>Amount of MPTF funds requested: US\$ 885,824 UNFPA - US\$ 295,100 UNICEF - US\$ 295,421 UNHCR – US\$ 295,303</p> <p>Percentage of indirect support costs from MPTF contribution: 7% UNFPA and UNICEF 6.5% UNHCR</p>
<p>Projected Annual Disbursements:</p>	<p>Tranche 1:US\$ 442,912 (Disbursed June 2021)</p>
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<p>Projected Annual Commitments:</p>	<p>2021- 2022</p>
	<p>US\$ 885,824</p>

Application Instructions for Narrative Summary and Annexes

The following sections and Annexes must be completed using the project proposal template provided.

Section I) Project Overview

Section II) Project's compliance with UN Action's Strategic Framework and Funding Strategy

Section III) Budget (As required by UNDP Multi-Partner Trust Fund Office)

Section IV) Annexes

Annex 1: Project's Results Framework

Annex 2: Outcome based project budget (in attachment)

Annex 3: Exceptional Annex addressing Japan's Funding Criteria (in attachment)

Section I). Project Overview

1. Project Summary

Recognising that the COVID-19 outbreak – and accompanying isolation policies – has led to increased risk of conflict-related sexual violence (CRSV), while simultaneously creating a unique set of challenges for survivors to access essential life-saving services, this project seeks to support existing CRSV prevention and response services to adapt to the context-specific human security challenges of COVID-19 in Lebanon, Jordan, and Iraq. This UN Action project will be jointly implemented by UNFPA, UNHCR, and UNICEF, under the overall guidance of the UN Action Secretariat, and will achieve the proposed project Goal by focusing on four Outcome areas:

Outcome 1: Gender-based Violence (GBV) service provision availability is strengthened for GBV survivors, including CRSV survivors, during the COVID-19 outbreak and response.

Outcome 2: The capacity of CRSV service providers working on psychosocial support and case management is sustainably strengthened to respond to the needs of the impacts of the COVID-19 pandemic.

Outcome 3: Innovative technology (Primero/GBVIMS+) helps GBV caseworkers to conduct remote case management services more effectively

Outcome 4: Strengthening access and quality of health response for GBV survivors including CRSV survivors

This project will strengthen the quality and accessibility of life-saving psychosocial and health services for CRSV and GBV survivors and those at-risk, while building the capacity of psychosocial case managers to provide quality services and use innovative technological solutions to safely manage, analyse, and share data on incidents of violence. Where existing capacities are available and deemed safe, activities will be implemented in close partnership with local and national women-led, grassroots organisations supported by the Government of Japan.

2. Introduction and Context

UNFPA, UNHCR, and UNICEF are members of the UN Action against Sexual Violence in Conflict (UN Action) network, which is the only coordinating mechanism that unites and coordinates the work of 19 UN entities in the goal of ending CRSV. Endorsed by the Secretary-General in 2010 and guided by Security Council resolutions 1820, 1888, 1960, 2106, 2331, and 2467, UN Action leads the concerted effort to 'deliver as One UN'. At the onset of the COVID-19 pandemic, UN Action immediately convened to identify the implications for CRSV survivors and people at-risk in humanitarian contexts. Thus, guided by Security Council Resolution 2532 where member states expressed unanimous concern that COVID-19 is a risk to international peace and security, UNFPA, UNHCR, and UNICEF propose a joint project aimed at ensuring survivors' needs are met by effective prevention and response services, both remote and in-

person, during the COVID-19 pandemic in three key countries of concern: Lebanon, Jordan, and Iraq. The project will be coordinated and monitored under the overall guidance of the UN Action Secretariat, which also manages the Conflict-related Sexual Violence Multi-Partner Trust Fund (CRSV-MPTF).

UNFPA has worked in Lebanon since 1993, Jordan since 1976, and Iraq since 2008. UNFPA was founded in 1969 and with the mandate, as established by the United Nations Economic and Social Council (ECOSOC) in 1973 and reaffirmed in 1993, to (1) build the knowledge and the capacity to respond to needs in population and family planning; (2) promote awareness in both developed and developing countries of population problems and possible strategies to deal with these problems; (3) assist their population problems in the forms and means best suited to the individual countries' needs; (4) assume a leading role in the United Nations system in promoting population programmes, and to coordinate projects supported by the Fund. At the International Conference on Population and Development (ICPD), held in Cairo in 1994, these broad ideas were elaborated to emphasize the gender and human rights dimensions of the population. UNFPA was the assigned lead in assisting countries carry out the Programme of Action adopted by 179 governments at the Cairo Conference. UNFPA is committed to preventing and responding to CRSV in countries of concern at the global, regional, and country levels, most recently by responding to the impact of COVID-19 on survivors of GBV through ensuring continuity of services.

UNHCR has worked in Lebanon since 1964, Jordan since 1990, and Iraq since the 1980s. UNHCR's mandate is, on the basis of its Statute of 1950, the 1951 United Nations Convention relating to the Status of Refugees and subsequent resolutions of the United Nations General Assembly, mandated to provide international protection, assistance and solutions to refugees and other categories of persons of concern and to prevent and reduce statelessness. Therefore, the prevention, risk mitigation and response to GBV, including CRSV, is a key priority for UNHCR which has been reinforced by UNHCR's newly released GBV policy (October 2020). UNHCR has adapted its GBV prevention, risk mitigation and response interventions during the pandemic to ensure continued access to these lifesaving services for refugee women and girls. Rolling out the GBV policy and enhancing continuity of GBV service provision during COVID-19 by adapting activities to provide for online coordination and awareness raising, hotlines for reporting incidents and remote case management, including for CRSV survivors, are key priorities for UNHCR in the Middle East-North Africa (MENA) region.

UNICEF has had a presence in Lebanon since 1948, Jordan since 1952, and Iraq since 1984. UNICEF, in accordance with its Charter and mission statement, works with governments, civil society organisations (CSOs) and other partners in more than 160 countries to advance children's and women's rights to survival, protection, development and participation, and in doing so is guided by the Convention on the Rights of the Child and the Core Commitments for Children in Humanitarian Action. UNICEF has continually been adapting its programming for GBV survivors in the context of the COVID-19 pandemic. In Iraq, UNICEF has signed the Addendum to the Gender-based Violence Information Management System (GBVIMS) Information Sharing Protocol (ISP) on data sharing related to CRSV with Monitoring, Analysis, and Reporting Arrangements system (MARA) actors.

Thus, leveraging all three mandates, this project will build upon existing service delivery mechanisms and national commitments to comprehensively prevent and respond to CRSV in the context of the COVID-19 pandemic.

All three entities play leading roles in the GBVIMS Global Team, an inter-agency partnership which seeks to improve the accessibility and quality of life-saving services for GBV survivors including survivors of CRSV, with a focus on GBV information management and case management. This includes workstreams focused on guiding the development and deployment of innovative systems to facilitate the documentation of case management as well as remote supervision and the monitoring of key performance indicators for service qualities to CRSV and GBV survivors; enabling humanitarian actors responding to incidents of GBV to effectively and safely collect, store, analyse and share data reported by GBV survivors; strengthening GBV and CRSV data collection and analysis through CRSV-specific tools and collaboration with other UN Action stakeholders; and building the capacity of GBV psychosocial case managers to provide care to survivors. This will build upon a project previously funded by UN Action, where from 2016-2019, the GBVIMS inter-agency Steering Committee supported work in 25 countries, oriented around four key areas: technical support to GBVIMS rollouts; technical support to CRSV information sharing for the MARA; data analysis to strengthen the GBV response; and providing learning opportunities for GBVIMS capacity development. Amongst the many results of the project, this funding led to safe and ethical data sharing on CRSV in 66% of countries where the MARA and the GBVIMS had both been rolled out; the GBVIMS-MARA Intersections Provisional Guidance Note was rolled out in three new countries (Central African Republic, Iraq, and Somalia); 169 organizations/entities (UN, INGO, NGO, Government) were engaged as country-level signatories to the GBVIMS, worldwide, during the lifetime of the project; and 73% of supported countries implemented programmatic changes as a result of data analysis using their GBVIMS data. This project support received from UN Action had a dramatic impact on the success of GBVIMS inter-agency interventions, which, in turn, serves as a foundation on which to build the success of the interventions herewith proposed.

In 2014, an evaluation of the GBVIMS highlighted the need for global guidance on how to deliver GBV and CRSV case management. This led to the development of the Inter-Agency GBV Case Management Guidelines, spearheaded by the GBVIMS Inter-agency Steering Committee, and also led to the development of Primero, an innovative open-source software system that helps partners securely and safely collect, store, manage, and share data on case management and incident monitoring in sensitive contexts. The GBVIMS+ module of Primero builds on the GBVIMS basic tools, as a survivor-centred system that utilizes the technological innovation of Primero to manage individual cases and services for survivors and those at-risk of GBV, including cases of CRSV. Thus, the rolling out and scaling up this new inter-agency system, as a form of prevention and response to increasingly concerning contexts, will be part of this project.

3. Geographic location(s) and/or countries addressed in the project

The project will be implemented in three key countries of concern: Lebanon, Jordan, and Iraq where the overall focus is in ensuring survivors' needs are met by effective prevention and response services, both remote and in-person, during the COVID-19 pandemic.

4. Background

UNFPA and UNHCR, play leading roles in inter-agency GBV sub-working groups/clusters coordination across the MENA region (UNICEF being an active member). The three entities also play a leading role in the GBVIMS Taskforces in the region. Both coordination structures work to support service-delivery, accurate collection and analysis of data, and coordination of

local prevention and response services to survivors. By aligning activities under this project with the strategic frameworks of these taskforces, the joint action of these three entities removes the risk of duplication and enhances impact on the project outcomes. This project will leverage existing partnerships with local organisations and relationships with government institutions in Lebanon, Jordan, and Iraq to ensure a sustainable and comprehensive approach to national ownership of outcomes.

In Lebanon, UNFPA, UNHCR, and UNICEF align their work with the Lebanon Crisis Response Plan, which is centred around service provision to survivors and the institutionalization of GBV and CRSV prevention and response with ministries, such as the Ministry of Social Affairs (MoSA). This project will build upon:

- The existing rollout of GBVIMS and GBVIMS+, through joint coordination between UNFPA, UNICEF and UNHCR. UNFPA's current GBV projects include partnership with local organisations to develop and pilot remote GBV Case Management Guidelines, and the development of a Manual for Remote GBV Screening by health workers.
- UNHCR's efforts since the beginning of the Syrian conflict focused on crisis prevention, mitigation, and response to sexual violence affecting refugees in Lebanon (including supporting MoSA to strengthen their leadership of the SGBV Task Force and GBV case management services in their social development centres;
- A joint project between UNHCR and UNICEF that targeted the most vulnerable refugees in Beirut/Mount Lebanon area, particularly populations at-risk of sexual violence and by preventing and responding to SGBV with a special focus on Syrian Conflict related sexual violence. This was done through capacity building, advocacy, and development of knowledge products to increase protection of both refugee and host community women and girls, men and boys affected by the Syrian crisis, among similar and related efforts by the UN system.

In Jordan, the project contributes to the Socio-Economic Framework (SEF) for Jordan, which builds on and complements the 2018-2022 United Nations Sustainable Development Framework (UNSDF). With the aim of strengthening institutions, empowering people and enhancing opportunities for all people in Jordan, the UNSDF and the SEF align to the government's 'Jordan Vision 2025', the Economic Growth Plan, the 2020-2025 National Strategy for Women and other key strategic planning documents. The project, by focusing on assisting the refugee population across the Kingdom of Jordan, will ensure no one is left behind and will contribute to scaling up the social response to COVID-19, ensuring service providers have the skills to deal with the new context, and supporting survivors of GBV to cope with violence at home and new emerging risks. This project will build upon the following previous initiatives funded through UN Action:

- UNICEF and UN Women implemented a project titled "Women, Peace and Security: Implementing UN SC resolution 1325" as a mechanism to support national efforts to prevent and respond to CRSV aiming at supporting the development and passage of a time-bound action-oriented National Action Plan (NAP) on United Nations Security Council resolution (UNSCR) 1325 and its subsequent resolutions.
- UNHCR, UNFPA and UNICEF implemented a UN Action funded project, directly supported by the Government of Japan, called "Strengthen Prevention and Response to conflict-related sexual violence in the Syria conflict and other forms of SGBV in Jordan", through improved access to justice and engagement with community leaders". This project

contributed to enhancing the prevention and response to child marriage and other forms of CRSV.

In Iraq, the Iraqi Constitution prohibits exploitation of women and children and bans all forms of violence and abuse in the family. The Kurdistan Region of Iraq has a law on domestic violence and the Federal Iraq adopted an Anti-Violence Against Women Strategy (2013-2017) in March 2013. The Federal Iraq also drafted an Anti-Domestic Violence law, which has yet to be adopted by parliament. The recently adopted Yazidi Female Survivors' Law (2021) addresses the protection and response for Yazidi survivors of violence. UNFPA has made concerted efforts in Iraq to address this issue by training police officers of the Family Protection Unit (FPU)/Ministry of Interior (Mol) on GBV case management and by supporting an FPU hotline in Baghdad to ensure the survivors of GBV receive survivor-centred GBV services. This UN Action funded project succeeded in enhancing the availability, accessibility and quality of mental health and psycho-social support (MHPSS) services for GBV survivors and served to further institutionalize the GBV prevention and response in the Iraqi security structure. This proposal will build on the achievements of this recent work.

- UNICEF and UNAMI have implemented a UN Action funded project, directly supported by the Government of Japan, titled "Coordinated Action to Respond to the Needs of Children Born of Rape, Children Born to ISIL Fighters, and Their Survivor Mothers" aiming at addressing the needs and situation of children born of rape and to people perceived of affiliation with ISIL in Iraq and to the steady realization of the third pillar of the Joint Communiqué signed between the Government of Iraq and the UN, primarily through enhancing knowledge and evidence base about the situation of children born of rape and to people perceived of affiliations with ISIL.
- Activities proposed under this project will also feed into UNHCR Iraq's work on GBV prevention, risk mitigation and response in Iraq and will contribute to priorities set under UNHCR/UNICEF Blueprint.

5. Rationale / Justification

In Lebanon, an assessment on the impact of COVID-19 on sexual and gender-based violence (SGBV) found that 54% of women and girls observed an increase in harassment, violence, and/or abuse against other women and girls within their own households and communities, with 51% stating that they had been feeling less safe in their homes since the outbreak of COVID-19. However, due to COVID-19 related restrictions, a worsening economic context, and barriers to access to health and psychosocial services, less than 25% of people-in-need of humanitarian assistance have been reached by partner organisations working on service provision to survivors and those most at-risk to rape and other forms of sexual violence. In terms of CRSV, it is important to note that the fear and shame experienced by survivors who experienced CRSV in their country of origin prior to flight, result in high levels of underreporting. Social stigma is high and survivors fear that reporting will lead to retaliation and further violence either from the perpetrator or from the survivor's own family. Underreporting is also a result of limited availability of, and access to, services, which means that survivors do not take the risk of reporting if no adequate support is made available and if they do not have safe and confidential access to these services. Survivors of CRSV in Syria who sought refuge in Lebanon might therefore approach essential services a significant time after they arrived in country. Notably, the conflict in Syria and subsequent displacement has led to increased level of child marriage impacting refugee girls in Lebanon.

Jordan hosts approximately 750,000 refugees and asylum seekers (registered with UNHCR) from Syria, Iraq, Yemen, Sudan, and Somalia. Close to 47.8% of the refugee population are children (ages 0 to 17). The vast majority of refugees (83.5%) live in urban areas or in one of three camps, Zaatari, Azraw, and Emirati Jordanian, meaning too many live in close quarters and are at high risk of COVID-19. Assessments conducted in 2020 show that 52% of reported cases noted psychosocial and emotional abuse; 5% forced marriage; 7% sexual assault; and noted 40,721 persons who survived and/or are at-risk of continued CRSV. CRSV is severely under-reported in Jordan among refugees from Syria and other nationalities (Iraqis, Somalis, Congolese from DRC). CRSV incidents occurred in refugees' country of origin prior to flight, including sexual violence in detention as well as sexual violence by armed groups during the flight (including at checkpoints). Due to fear of stigma, survivors of CRSV might seek GBV services a long time after arrival in Jordan. Women and girls' empowerment activities as well as GBV case management are the main entry points for survivors, some of whom require long term psychosocial support. Notably, the conflict in Syria and subsequent displacement has led to increased level of child marriage impacting refugee girls in Jordan.

During the most recent cycle of large-scale armed conflict in Iraq between 2014-2017, women and girls experienced high levels of CRSV, including systematic and targeted rape, abductions, and forced marriage. Even in the absence of a war, violence against women and girls is normalised and legitimized due to patriarchal cultural and religious norms. In response to the COVID-19 pandemic, the Iraqi government, as a mitigation measure to prevent the spread of the virus, has imposed restrictions/lockdown of movements. Financial challenges due to limited livelihood opportunities during the lockdown may increase tensions in households, which may in turn fuel domestic violence and other forms of violence. Life-saving services for survivors like clinical management of rape may be suspended or interrupted as the service providers may be overwhelmed with the response for the COVID-19 cases or due to movement restrictions. Further, during 2018, women and girls held in sexual slavery continued to be released from ISIL control. The Kurdistan Regional Government estimates that there are 3,083 Yazidis missing, including 1,427 women and girls. This does not include missing women and girls from other ethnic groups targeted by ISIL, including Turkmen Shia. In camps for internally displaced persons, women and children with perceived affiliation to ISIL or originating from areas that were previously under ISIL control suffer sexual exploitation, restricted movement and a lack of access to services and civil documentation. Such factors, coupled with economic hardship, compound their risk of stigma and further sexual exploitation. Sexual violence remains underreported owing to fear of reprisal, security concerns and mistrust of the legal system.

Since the beginning of the COVID-19 pandemic, CRSV has mostly occurred in the form of intimate partner violence and online sexual abuse in line with the Analytical and Conceptual Framework on CRSV (OSRSG-SVC 2011). Trapped in their homes due to COVID-19 movement restrictions in these conflict-affected contexts, the urgency to improve service delivery mechanisms to those most vulnerable to CRSV is great. This proposed project will ensure that the much-needed remote services (psychosocial, case management, and legal) in-person services (health care and clinical management of rape) and can be delivered to those in-need of them and potentially save lives in contexts of great human insecurity.

6. Beneficiaries

This project will directly support:

Lebanon 2280 survivors and persons at-risk of GBV and CRSV

Jordan 1137 survivors and persons at-risk of GBV and CRSV

Due to limited funding and need for prioritisation, the project will not include direct support to survivors of GBV/CRSV in Iraq.

This project will also train:

Lebanon 160 persons on GBV case management

Jordan 150 persons on GBV case management

Iraq 150 persons on GBV case management

There will also be a Training of Trainers on caring for child survivors

Through activities implemented in this project, **a total of 2077 beneficiaries** will be reached across Lebanon, Jordan, and Iraq.

The beneficiary selection will be done on a transparent basis according to profile, capacity and geographical scope. For example, the selection of training participants will be based on an application process with a thorough review and ranking.

7. Objectives

The main objective of the project is to ensure survivors of, and those at-risk of GBV, including CRSV, have access to appropriate services and care, given the unique access challenges and safety risks that the COVID-19 outbreak poses.

8. Goal

GBV prevention and response services in targeted countries are equipped to adapt service provisions as necessary to meet the needs of survivors of and those at-risk of GBV, including CRSV.

9. Strategy / Theory of Change

Leveraging the mandates of UNFPA, UNICEF and UNHCR, this project will build upon existing service delivery mechanisms and national commitments to comprehensively prevent and respond to CRSV in the context of the COVID-19 pandemic. As members of UN Action, UNFPA, UNHCR, and UNICEF have proposed a joint project aimed at ensuring survivors' needs are met by effective prevention and response services, both remote and in-person, during the COVID-19 pandemic in Lebanon, Jordan, and Iraq.

10. Expected Results (Please complete as applicable, add more Outcomes, Outputs, Activities as needed)

Outcome 1: GBV service provision availability is strengthened for GBV survivors, including CRSV survivors, during the COVID-19 outbreak and response.

Output 1.1: GBV case management services are provided for survivors and persons at-risk of GBV, including CRSV (including child marriage)

Activity 1.1.1 Provide adapted GBV case management services, including psychosocial support, to COVID-19 context, to survivors

Survivors of GBV, including CRSV will have access to GBV caseworkers who will provide basic psychosocial support while helping them to mitigate risks, in line with the survivor-centred approach. This involves one organisation, usually a psychosocial support or social services actor, taking responsibility for making sure that survivors are informed of all the options available to them and that issues and problems facing a survivor and their family are identified and followed up in a coordinated way, and providing the survivor with emotional support throughout the process. GBV case management services will be provided remotely (by phone) during lockdowns to ensure continuous access for survivors.

Baseline: Lebanon 0; Jordan 0

Quantified Target Beneficiaries: Lebanon 990 people; Jordan 990 people

Output 1.2: Survivors and those at-risk of GBV and CRSV feel empowered, and stigma associated with CRSV is reduced

Activity 1.2.1 Expand safe spaces and conduct empowerment activities in safe spaces with adolescent girls

Given the increase risk in child marriage and other types of GBV against adolescent girls during the pandemic (including intimate partner violence), adolescent girls' empowerment activities in Lebanon and Jordan will be expanded. This will contribute to preventing child marriage among refugees while also contributing to reducing stigma associated with other forms of GBV, including CRSV. Activities will be decided with adolescent girls, but will likely include: support groups for girls at-risk of child marriage, engagement of girls in GBV prevention projects with their communities (i.e. theatre, photography, etc.), after-school support to ensure school retention, sport activities (self-defence) and others. Activities will be accompanied with information on girls' rights and will aim at enhancing their sense of agency and reducing stigma associated with GBV/CRSV. The pandemic risks reversing decades of progress in GBV prevention, these activities are therefore key to ensure GBV/CRSV is effectively prevented.

Baseline: Lebanon 0; Jordan TBC

Quantified Target Beneficiaries: Lebanon 500 adolescent girls; Jordan TBC

Activity 1.2.2 Expand on existing women's empowerment activities in women's safe spaces

This project will also expand women's empowerment activities. This will contribute to preventing GBV from occurring in the first place while also contributing to transforming social norms condoning GBV (including norms stigmatizing survivors of CRSV). Women's empowerment activities are also an important entry point for survivors of GBV generally, many of whom would then seek individual support. Specific activities will be determined in discussion with women, but will likely include: women's empowerment curriculum focusing on reinforcing sense of agency and building support networks (weekly sessions over the course of a few months), women's

engagement in GBV prevention projects within their communities, sport activities (including self-defence).

Baseline: Lebanon 0; Jordan 0

Quantified Target Beneficiaries: Lebanon 500 women; Jordan 100 women

Activity 1.2.3 Conduct capacity-building trainings for service provision organisations on providing effective legal counselling services to survivors of GBV, including CRSV.

In Lebanon, UNFPA will increase the number of organizations who are able to provide free survivor-centred legal counselling to survivors of GBV and CRSV. The project will allow capacity building of legal services so that legal and justice actors support GBV/CRSV survivors to access safe and survivor-centred legal services that protect their rights and promote their access to justice.

Baseline: Lebanon 4 service-provision organisations

Quantified Target Beneficiaries: Lebanon: 8 service-provision organisations

Outcome 2: The capacity of CRSV service providers working on case management is sustainably strengthened to respond to the needs of the impacts of the COVID-19 pandemic.

The overall objective of the GBV Case Management Capacity Building Initiative ('CM-CBI') is to strengthen capacity on GBV case management and sustainably support country-level service providers (noting that case management is provided by a trained psychosocial support actor or social worker and that case management is a form of psycho-social support, respects the survivor's wishes linking them to services contributing to their well being) to provide quality care, with a focus on safe, ethical and comprehensive service provision. In Lebanon, an inter-agency coaching program on GBV case management has been established since 2015 (supported by UNHCR), while UNFPA has worked with local partners to initiate contextualised GBV case management guidelines including remote case management. This project will complement existing programs and will be closely coordinated with the SGBV Task Force and the inter-agency GBVIMS task force. In Jordan, an inter-agency coaching program on GBV case management was established in 2020 (supported by UNFPA, led by the GBVIMS Task Force co-chaired by UNFPA and UNHCR) and will be reinforced through this project.

Output 2.1: CRSV service providers are identified, assessed, and supported for strengthened case management capacity

Activity 2.1.1 Recruit/staff - one inter-agency case management focal point

Baseline: Lebanon (TBC); Jordan (TBC); Iraq (TBC)

Quantified Target Beneficiaries: Lebanon 1; Jordan 1; Iraq TBC

Activity 2.1.2 Conduct inter-agency assessment on capacities of service providers (case management organisations) in each country (one assessment per organisation)

Baseline: Lebanon 0; Jordan 7; Iraq 0

Quantified Target: Lebanon 1; Jordan 1 additional; Iraq 5

Activity 2.1.3 Draft one report on results of assessment (Activity 2.1.2) with an action plan on how to strengthen case management capacity of local organisations in each country

Baseline: Lebanon 0; Jordan 0; Iraq 0

Quantified Target: 3 reports

Output 2.2: A national pool of trainers is established to train other service providers on CRSV case management.

Activity 2.2.1 Conduct a Training of Trainers (ToT) for 60 identified candidates (20 per country) from case management organisations.

Depending on the situation linked to the COVID-19 pandemic, the ToT will be delivered by the inter-agency team (using remote learning or in-person facilitation) or in-country focal point with remote support of the inter-agency team.

Baseline: Lebanon 0; Jordan 0; Iraq 0

Quantified Target Beneficiaries: Lebanon 20 trainers; Jordan 20 trainers; Iraq 20 trainers

Activity 2.2.2 Conduct step-down trainings (by trained candidates from Activity 2.2.1) to case workers including women-led grassroots organisations

Baseline: Lebanon 0; Jordan 0; Iraq 0

Quantified Target Beneficiaries: Lebanon 60 caseworkers; Jordan 60 caseworkers; Iraq 60 caseworkers

Output 2.3: GBV service providers strengthen their capacity on caring for child survivors of CRSV and sexual abuse.

Activity 2.3.1 Deliver training to 20 service providers on caring for child survivors of CRSV/and to survivors of abuse (Iraq only)

Baseline: Iraq 0

Quantified Target Beneficiaries: Iraq 20 service providers

Outcome 3: Innovative technology (Primero/GBVIMS+) helps GBV caseworkers to conduct remote case management services more effectively

Output 3.1: Adaptation of Primero/GBVIMS+ platform to hotlines and remote phone-based case management

Activity 3.1.1 Adapt the forms for remote case management services and deliver training

Baseline: Lebanon 0; Iraq 0

Quantified Target Beneficiaries: Lebanon 1; Iraq 1

Output 3.2: Primero/GBVIMS+ is expanded and rolled-out in Lebanon, Jordan, and Iraq to new organisations

Activity 3.2.1 Conduct a capacity assessment of case management organisations, including GBVIMS basic tools users, in order to identify which organisations can be included in an expansion of Primero/GBVIMS+

Baseline : Lebanon 0; Jordan 0; Iraq 0

Quantified Target Beneficiaries: Lebanon 2 organisations assessed; Jordan 2 organisations assessed; Iraq 2 organisations assessed

Activity 3.2.2 Develop or update a joint implementation plan with GBVIMS organisations on how Primero/GBVIMS+ will be rolled out in-country

Baseline: Lebanon 1; Jordan 0; Iraq 1

Target: Lebanon 1 plan updated / developed; Jordan 1 plan updated/ developed; Iraq 1 plan updated / developed

Activity 3.2.3 Conduct one in-country training on GBVIMS+ (led by UNICEF and UNFPA)

Baseline: Lebanon 0; Jordan 0; and Iraq 0

Quantified Target Beneficiaries: Lebanon 1 training; Jordan 1 training; Iraq 1 training

Outcome 4: Strengthening access and quality of health response for GBV survivors including CRSV survivors

Output 4.1 Capacity of health service providers (CMR/IPV response) strengthened

Activity 4.1.1 Training for health service providers on CMR/IPV including training of trainers

Baseline: Lebanon 0; Jordan 0

Quantified Target Beneficiaries: Lebanon 30 health service providers; Jordan 50 health service providers

Activity 4.1.2 Relevant health facilities provided with CMR supplies such as PEP kits and other items

Baseline: Lebanon 19 health facilities supplied

Quantified Target Beneficiaries: Lebanon 25 health facilities supplied

Activity 4.1.3 Training of frontline workers on CMR Guidelines

Baseline Lebanon 0; Jordan 0

Quantified Target Beneficiaries: Lebanon 30 frontline workers; Jordan 24 frontline workers

Section II: Project's compliance with UN Action's Strategic Framework and Funding Strategy

- a. Explain how the project contributes to UN Action's Theory of Change and Strategic Framework and fits into the larger context of CRSV prevention and response at global / regional and country levels as applicable.

At the onset of the COVID-19 pandemic, UN Action convened to identify the implications for CRSV survivors and people at-risk in humanitarian contexts. As noted in the Secretary General's Report on Sexual Violence in Conflict (S/2021/312), the onset of COVID-19 revealed the fragility of hard-won progress and amplified gender inequality, a root cause and driver of sexual violence in times of conflict and peace. It also led to a spike in gender-based violence globally at a time when access to services become more limited. As members of UN Action, UNFPA, UNHCR, and UNICEF have proposed a joint project aimed at ensuring survivors' needs are met by effective prevention and response services, both remote and in-person, during the COVID-19 pandemic in Lebanon, Jordan, and Iraq. UNICEF, UNHCR and UNFPA have consistently adapted programming to ensure continuity of services for GBV survivors in the context of the COVID-19 pandemic. It is important to note that even in these challenging times, the project seeks to apply local survivor-centred solutions that contribute to UN Action's Theory of Change, specifically outcome 1 (Survivors and at-risk groups are supported and protected and CRSV risks are prevented and mitigated (Res 1820)) and outcome 2 (Duty-bearers and decision-makers take action to address both the immediate risks as well as the root causes of CRSV at the global and national level and promote compliance and accountability). With respect to Outcome 1, the project supports survivors access to multi-sector services with a focus on health, justice and psychosocial support (see indicator below on two or more sectors of assistance). With respect to outcome 2, the project is clearly linked to the Output 2.2 on strengthening the capacity and technical expertise of institutional, operational, national and other key actors to prevent and respond to CRSV. Relevant indicators include :

- 1.1 % of UN Action-funded projects that include two or more sectors of assistance for survivors
- 1.2 % of UN Action-funded projects that tackle the root causes of CRSV
- 2.2. # of capacity-building activities on addressing CRSV in line with guiding principles and a survivor-centred approach supported by UN Action.

- b. Explain how the project enhances UN system coordination and joint programming on CRSV including implementation of Joint Communiqués (JCs), Frameworks of Cooperation (FoCs), attending implementation plans (IPs) and other relevant political commitments.

The proposed Project aims at strengthening UN system coordination as it serves interagency coordination for GBV prevent and response. Most activities will be implemented through the GBV sub-sectors/sub-clusters to enhance their capacity and resources to respond to GBV, including cases of CRSV. UNICEF, UNHCR and UNFPA sit on the MARA working group in Iraq where MARA is activated. In addition, several outputs are implemented through the GBVIMS Working Group in Iraq that has an Addendum for information sharing of GBV between GBVIMS actors and MARA actors/SWPA. While this project engages with interagency coordination, it also helps service providers to coordinate how to better provide support services to all survivors of GBV, including survivors of CRSV.

- c. Is the project based on a joint analysis of gaps and does it reflect joint prioritisation, planning or programming by UN entities? i. Please explain how the analysis was conducted and which stakeholders were included (e.g. governmental organisations, MARA Working Groups, the GBV sub-cluster, women's organisations, and survivors) and to what extent; ii. Explain how the project avoids duplication and increases synergy between UN entities on CRSV.

The project builds on previous efforts and UN Action grants that had previously adopted joint analysis and prioritisation among UN entities. As elaborated under e), this project works closely with multi-

stakeholders including national institutions to support their commitments to preventing and responding to CRSV, builds on GBV prevention and response priorities. UNFPA and UNHCR, play leading roles in inter-agency GBV sub-working groups/clusters coordination across the Middle East region (UNICEF being an active member). The three entities also play a leading role in the GBVIMS Taskforces in the region. Both coordination structures work to support service-delivery, accurate collection and analysis of data, and coordination of local prevention and response services to survivors. By aligning activities under this project with the strategic frameworks of these taskforces, the joint action of these three entities removes the risk of duplication and enhances impact on the project outcomes.

- d. Explain how the UN, governmental organisations, NGOs, women’s organisations, survivors, and other key stakeholders will be engaged throughout implementation of the project.

Every outcome of the project entails engagement with local organizations, women led organizations and with service providers. For example, in outcome 1, women and girls will contribute to the design of safe space activities so that those at-risk of GBV and CRSV feel empowered, and stigma associated with CRSV is reduced. In Outcome 2, step-down trainings will build capacity of case workers including women-led grassroots organisations In outcome 3, joint implementation plans on remote case management will be established and consultations will determine how Primero/GBVIMS+ will be rolled out with GBVIMS user organisations in-country.

- e. Explain how the project will strengthen the capacity of national institutions and stakeholders to prevent and respond to CRSV.

This project works closely with national institutions to support their commitments to preventing and responding to CRSV, builds on GBV prevention and response priorities. For example, in **Lebanon**, UNFPA, UNHCR, and UNICEF align their work with the Lebanon Crisis Response Plan, which is centred around service provision to survivors and the institutionalization of GBV and CRSV prevention and response with ministries, such as the Ministry of Social Affairs (MoSA). In **Jordan**, the project contributes to the Socio-Economic Framework (SEF) for Jordan, which builds on and complements the 2018-2022 United Nations Sustainable Development Framework (UNSDF). With the aim of strengthening institutions, empowering people and enhancing opportunities for all people in Jordan, the UNSDF and the SEF align to the government’s ‘Jordan Vision 2025’, the Economic Growth Plan, the 2020-2025 National Strategy for Women. UNFPA has made concerted efforts in **Iraq** to address this issue by training police officers of the Family Protection Unit (FPU)/Ministry of Interior (MoI) on GBV case management and by supporting an FPU hotline in Baghdad to ensure the survivors of GBV receive survivor-centred GBV services. UNICEF and UNAMI have implemented a project titled Coordinated Action to Respond to the Needs of Child Born of Rape, Children Born to ISIL Fighters, and Their Survivor Mothers aiming at addressing the needs and situation of children born of rape and to people perceived of affiliation with ISIL in Iraq and to the steady realization of the third pillar of the Joint Communiqué signed between the Government of Iraq and the United Nations, primarily through enhancing knowledge and evidence base about the situation of children born of rape and to people perceived of affiliations with ISIL.

- f. Include a short risk analysis and explain how the project follows GBV guiding principles, particularly Do No Harm.

The activities in this project rely on evidence-based and survivor-centred solutions in all aspects of prevention and response.

Confidentiality considerations are enshrined in the response modalities and listed in the inter-agency SOPs.

Services are provided in Women and Girls Safe Spaces to ensure accessibility and safety of the services

for women and girls. During lockdowns, many survivors found themselves trapped with the perpetrators in their houses. They couldn't reach available services due to movement restriction imposed by the government or the fact that they can't speak to service providers in the presence of the perpetrators. Accordingly, GBV service providers (particularly case management agencies) trained GBV practitioners on safety planning and use of coding when speaking to GBV survivors to ensure the safety of survivors while providing remote services.

- g. Explain how the project will take a survivor-centred approach throughout all of its stages.

The project will respect and incorporate all aspects of the survivor centred approach with the provision of services to women and girls with dignity and respect, by maintaining privacy and confidentiality honoring the principles of non-discrimination and reaching those left behind, and providing full information to survivors on their options. The core activities of the project are integral to a survivor-centred approach; for example, GBV case management involves a trained psychosocial support or social services actor: (1) taking responsibility for ensuring that survivors are informed of all the options available to them and referring them to relevant services based on consent; (2) identifying and following up on issues that a survivor is facing in a coordinated way; and (3) providing the survivor with emotional support throughout the process. As a result of the case management trainings, an increased number of women and girls will have access to confidential, non-stigmatizing access to GBV case management services a key part of a multi-sector response for a survivor. Furthermore, the project expands on existing women's empowerment activities in women's safe spaces and reinforces survivor centred legal services that protect the rights of women and girls and enhance their access to justice.

- h. Explain how the project: i. addresses the root causes of CRSV, i.e. gender inequality, and; ii. contributes to the achievement of the Sustainable Development Goals.

Gender inequality is one of the root causes of CRSV. This main focus of this project is to mitigate the risks of CRSV and respond to cases of CRSV by providing effective gender transformative services to empower those at-risk to seek help.

- i. What is the project's communication strategy and how will it raise the profile of UN Action?

The project and its implementation will be included in the respective reporting and communication mechanisms of UNFPA, UNICEF and UNHCR including those for its donors. The three entities will underscore its membership in UN Action and the fact that this project essentially builds upon previous impactful UN Action initiatives in Jordan, Lebanon and Iraq and are committed to help shine the light on this issue of GBV, including conflict-related sexual violence, in a way that does is survivor centred and does no harm.

For example, agencies will collect select quotes from training participants to show the strengthened capacity of local service providers to provide case management. Agencies are also able to showcase how the project helped to service provision gaps. Furthermore, a snapshot of supported safe spaces may include services provided with respect to the needs and engagement of conflict affected women. Agencies will also use UN Action branding where appropriate.

- j. Explain how the Participating UN Organisations submitting the proposal have the institutional capacity to successfully achieve the proposed objectives.

UNFPA and UNHCR, play leading roles in inter-agency GBV sub-working groups/clusters coordination across the Middle East region (UNICEF being an active member). The three entities also play a leading role in the GBVIMS Taskforces in the region. Both coordination structures work to support service-delivery, accurate collection and analysis of data, and coordination of local prevention and response services to survivors. By aligning activities under this project with the strategic frameworks of these taskforces, the joint action of these three entities removes the risk of duplication and enhances impact on the project outcomes. This project will **leverage existing partnerships with local organisations and relationships with government institutions in Lebanon, Jordan, and Iraq to ensure a sustainable and comprehensive approach to national ownership of outcomes.**

UNFPA has worked in Lebanon since 1993, Jordan since 1976, and Iraq since 2008. UNFPA was founded in 1969 and with the mandate as established by the United Nations Economic and Social Council (ECOSOC) in 1973 and reaffirmed in 1993, is (1) to build the knowledge and the capacity to respond to needs in population and family planning; (2) to promote awareness in both developed and developing countries of population problems and possible strategies to deal with these problems; (3) to assist their population problems in the forms and means best suited to the individual countries' needs; (4) to assume a leading role in the United Nations system in promoting population programmes, and to coordinate projects supported by the Fund. At the International Conference on Population and Development (ICPD), held in Cairo in 1994, these broad ideas were elaborated to emphasize the gender and human rights dimensions of the population. UNFPA was given the lead in helping countries carry out the Programme of Action adopted by 179 governments at the Cairo Conference. UNFPA is committed to preventing and in addressing gender-based violence in its humanitarian and development programmes at global, regional, and country level work on prevention and response to CRSV and in responding to the impact of COVID-19 on survivors of gender-based violence by ensuring continuity of services.

UNHCR has worked in Lebanon since 1964, Jordan since 1990, and Iraq since the 1980s. UNHCR's mandate is, on the basis of its Statute of 1950, the 1951 United Nations Convention relating to the Status of Refugees and subsequent resolutions of the United Nations General Assembly, mandated to provide international protection, assistance and solutions to refugees and other categories of persons of concern and to prevent and reduce statelessness. Therefore, the prevention, risk mitigation and response to gender-based violence, including CRSV, is a key priority for UNHCR which has been reinforced by UNHCR newly released GBV policy (October 2020). UNHCR has adapted its GBV prevention, risk mitigation and response interventions during the pandemic to ensure continued access to these lifesaving services for refugee women and girls. Rolling out the GBV policy and enhancing continuity of GBV service provision during Covid-19 by adapting activities to provide for online coordination and awareness raising, hotlines for reporting incidents and remote case management, including for CRSV survivors, are key priorities for UNHCR in the MENA region.

UNICEF has had a presence in Lebanon since 1948, Jordan since 1952, and Iraq since 1984. UNICEF mandate is [insert mandate here]. Specifically, UNICEF in accordance with its Charter and Mission Statement, works with governments, civil society organisations and other partners in more than one hundred and sixty countries to advance children's and women's rights to survival, protection, development and participation, and in doing so is guided by the Convention on the Rights of the Child and the Core Commitments for Children in Humanitarian Action. UNICEF has been adapting its programming for GBV survivors in the context of the COVID-19 pandemic. In Iraq, UNICEF has signed the Addendum to the GBVIMS Information Sharing Protocol on data sharing related to CRSV with MARA actors.

- k. Describe the overall management structure of this project. Explain how the project will be monitored and evaluated.

In Iraq, the project will be implemented through UNICEF Iraq in close collaboration with the GBV

sub-sector with the technical support of the GBVIMS Global Technical Team. Each activity will be implemented using pre-developed M&E tools. For outcome 2, UNICEF has previously led on the evaluation of the Case management capacity building that is proposed in the present project¹. The initiative has led to the development of robust M&E tools that will enable to measure the results of the activities implemented in the present project. For outcome 3, UNICEF is globally partnering with Washington University to conduct an evaluation of Primero/GBVIMS+ which will include the results of the present project. For UNHCR and UNFPA, the project in Jordan and Lebanon will be implemented through partners with oversight and technical support provided by the respective UNHCR and UNFPA country office operations. UNICEF will lead on the implementation of the project in Iraq through the GBV Sub-Sector and GBVIMS Working Group while UNFPA and UNHCR will lead on the implementation of the project in Iraq Jordan and Lebanon. However, all three organizations will closely coordinate the implementation of the project in all three countries.

A joint monitoring and evaluation plan will be developed during the inception period of the project in partnership with all three implementing agencies with support from the UN Action Secretariat. The indicators and collected data will feed into existing information collection mechanisms within each country context and the GBVIMS mechanisms. At the end of the project, an external end line evaluation will be jointly conducted to assess changes from the baseline study as well as assess and document the overall impact of the project and make recommendations for future actions.

- I. Explain how sustainability will be ensured and what the sustainability plan entails.

While this project is closely linked to national system strengthening, it will also create sustainability through a range of other measures such as the creation of a national pool of trainers to train other service providers on CRSV case management. Subsequent to the project there will be refreshers for the trainers and a commitment to train others, a planned community of practice for trainers and a coaching program (*in Jordan, an inter-agency coaching program on GBV case management was established in 2020 (supported by UNFPA, led by the GBVIMS Task Force co-chaired by UNFPA and UNHCR) and will be reinforced through this project*).

- m. Clearly describe the link between budget requirements to achieving results and the added-value of the project.

The budget requirements were based on pilot rollouts conducted for Primero/GBVIMS+ and Case Management capacity building initiative over a period of 2-4 years and based on feedback from country-level implementation.

¹ The evaluation report can be found here: <https://www.gbvims.com/wp/wp-content/uploads/GBV-CM-CBI-Periodic-Review.pdf>

Section III). Budget

CATEGORY	UNFPA		UNHCR		UNICEF	TOTAL
	Jordan	Lebanon	Jordan	Lebanon	Iraq	
1. Staff and other personnel costs	25,000	27,500			32,594	
2. Supplies, Commodities, Materials		12,000	9,950		30,000	
3. Equipment, Vehicles, and Furniture including Depreciation		7,500				
4. Contractual Services	25,000	12,000	100		208,501	
5. Travel					5,000	
6. Transfers and Grants Counterparts	78,397	71,397	127,340	137,390		
7. General Operating and Other Direct Costs	9,500	7,500	1,250	1,250		
	137,897	137,897	138,640	138,640		
Total Programme Costs	275,794		277,280		276,095	
Indirect Support Costs (6.5%)	19,306		18,023		19,327	
TOTAL	\$295,100		\$295,303		\$295,421	\$855,824

Part C. Initial Review of Proposal

(To be completed by the UN Action Secretariat)

(a) Has the proposal sufficiently addressed the RMC's feedback at the Concept Note phase (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(b) Does the project comply with UN Action's Funding Criteria?	Yes X No <input type="checkbox"/>
(c) Is the Project Proposal Submission Form fully completed?	Yes X No <input type="checkbox"/>
(d) Is the Budget in compliance with the standard format?	Yes X No <input type="checkbox"/>
(e) Is the indirect support cost within the approved rate?	Yes X No <input type="checkbox"/>

Part D: Decision of the Resource Management Committee

(To be completed by the RMC Chairperson)

Decision of the Resource Management Committee

- Approved for a total budget of US\$ 885,824
- Approved with modification/condition
- Deferred/returned with comments for further consideration
- Rejected

Comments/Justification:

This Project has been approved by the RMC.

Chairperson of the Resource Management Committee

Emily Krasnor

Name (Printed)

RMC Chairperson: Emily Krasnor 20/3/2022 
Signature _____ Date _____

Action taken by the Executive Coordinator, Multi-Partner Trust Fund Office, UNDP

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

Jennifer Topping
Executive Coordinator
Multi-Partner Trust Fund Office, UNDP

.....*Ramir Magsood Khan*.....
Signature

02-Jul-2021
.....
Date

UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT MULTI-PARTNER TRUST FUND
FUND SIGNATURE PAGE

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

<p>Participating UN Organisations: UNFPA, UNICEF, UNHCR</p>	<p>Focal Point of Participating UN Organisation(s) receiving funds: UNFPA: <u>Jordan:</u> Bouchta Mourabit mourabit@unfpa.org Pamela Di Camillo dicamillo@unfpa.org Milou Biesebroek biesebroek@unfpa.org <u>Lebanon:</u> Erica Talentino talentino@unfpa.org Asma Kurdahi kurdahi@unfpa.org UNICEF: Catherine Poulton cpoulton@unicef.org Christine Heckman heckman@unicef.org Caroline Masbounji masbounji@unicef.org UNHCR: Julian Herrera herreraj@unhcr.org Constanze Quosh quosh@unhcr.org Project Duration:</p>
<p>Project Number: CRSV_UNA_03</p>	<p>10 Months</p> <p>Estimated Start Date: 1 June 2021</p> <p>Project Location(s):</p>
<p>Project Title: Equipping gender-based violence response services to meet the needs of women and girls within the COVID-19 outbreak Total Project Cost: US\$ 885,824</p>	<p>Lebanon, Iraq, Jordan</p>
<p>MPTF: US\$ 885,824 (UNFPA: US\$ 295,100; UNICEF: US\$ 295,421; UNHCR: US\$ 295,303)</p> <p>Other: US \$</p> <p>GRAND TOTAL: US\$ 885,824 Total Amount Approved: US\$ 885,824</p>	

Name/Title

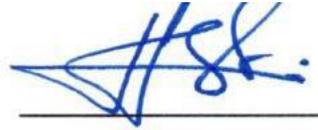
Date

Signature

Focal Point of Participating UN

Organisation(s) receiving funds:

UNHCR Julian Herrera 19 May 2021



UNFPA:

Jordan:

Bouchta Mourabit mourabit@unfpa.org

Enshrah Ahmed

Pamela Di Camillo dicamillo@unfpa.org

Milou Biesebroek biesebroek@unfpa.org



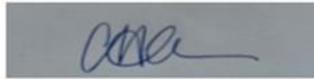
Lebanon:

Erica Talentino talentino@unfpa.org

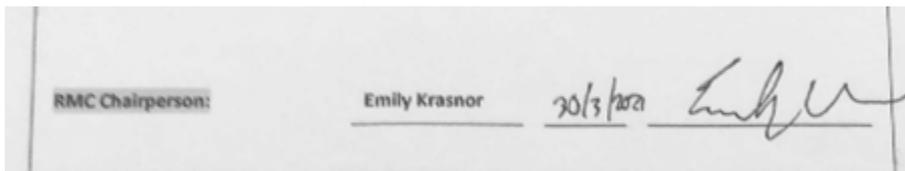
Asma Kurdahi kurdahi@unfpa.org



UNICEF Christine Heckman 20 May 2021



RMC Chairperson:



RMC Chairperson: Emily Krasnor 20/3/2021



Annex 1: Project’s Results Framework

Project Title: Equipping conflict-related sexual violence response services to meet the needs of women and girls within the COVID-19 outbreak				
Goal: GBV prevention and response services in targeted countries are equipped to adapt service provisions as necessary to meet the needs of survivors of and those at-risk of GBV, including CRSV.				
- LOGFRAME -				
	Project Summary	Indicators**	Verification Method / Indicator	Risks & Assumptions
<u>Outcome 1</u>	GBV service provision availability is strengthened for GBV survivors, including CRSV survivors, during the COVID-19 outbreak and response.	Description: # and proportion of GBV services expanded/adapted in Lebanon and Jordan (UNHCR and UNFPA) Baseline:* Target:*	Partners’ reports, monitoring reports, GBV SWG reports.	

<p>Outputs(s)</p>	<p>Output 1.1: GBV case management services are provided for survivors and persons at-risk of GBV, including CRSV (including child marriage)</p> <p>Output 1.2: Survivors and those at-risk of GBV and CRSV feel empowered, and stigma associated with CRSV is reduced</p>	<p>Description: # of GBV survivors and persons at risk of GBV who benefited from GBV case management and empowerment activities</p> <p>Baseline: 0</p> <p>Target:</p>	<p>Partners' reports, monitoring reports</p>	
<p>Activities</p>	<p>Activity 1.1.1 Provide adapted GBV case management services, including psychosocial support, to COVID-19 context, to survivors</p>	<p>Description: # of survivors and persons at risk of GBV who benefitted from GBV case management services</p> <p>Baseline: LEB 0, JOR 0</p> <p>Target: LEB 990 people, JOR 990 people</p>		
	<p>Activity 1.2.1 Expand safe spaces and conduct empowerment activities in safe spaces with adolescent girls</p>	<p>Description: # of adolescent girls who benefitted from empowerment activities</p> <p>Baseline: LEB 0, JOR TBC</p> <p>Target: LEB 500 adolescent girls, JOR TBC</p>		
	<p>Activity 1.2.2 Expand on existing women's empowerment</p>	<p>Description: # of women who benefitted from</p>		

	activities in women's safe spaces	empowerment activities Baseline: LEB 0, JOR 0 Target: LEB 500 women JOR 100 women		
	Activity 1.2.3 Conduct capacity-building trainings for service provision organisations on providing effective legal counselling services to survivors of GBV, including CRSV.	Description: Provision of free legal services to GBV survivors Baseline: LEB - 4 service-provision organisation Target: LEB – 8 service provision organisations		
<u>Outcome 2</u>	The capacity of CRSV service providers working on psychosocial support and case management is sustainably strengthened to respond to the needs of the impacts of the COVID-19 pandemic.	Description: % of action points completed in the action plan to strengthen service provision Baseline: 0 Target: 80	Report on action plans	
Outputs	Output 2.1: CRSV service providers are identified, assessed, and supported for strengthened case management capacity	Description: # of organizations assessed on their case management capacity and practices Baseline: 7 Target: 14	Assessment report	

	Output 2.2: A national pool of trainers is established to train other service providers on CRSV case management.	Description: # individuals included in the Pool of trainers Baseline: 0 Target: 40	Pool of trainers matrix; Individual evaluation of trainers	
	Output 2.3: GBV service providers strengthen their capacity on caring for child survivors of CRSV and sexual abuse.	Description: #staff trained on caring for child survivors Baseline: 0 Target: 20	Pre-posted test, Training report	
Activities	Activity 2.1.1 Recruit/staff - one inter-agency case management focal point	Description: # Dedicated case management focal point recruited in-country Baseline: 0 Target: 3	Staffing structure	
	Activity 2.1.2 Conduct inter-agency assessment on capacities of service providers (case management organisations) in each country (one assessment per organisation)	Description: # Organizations assessed on their case management capacity and practices. Baseline: 7 Target: 14	Assessment report	
	Activity 2.1.3 Draft one report on results of assessment (Activity	Description: # Action plan developed on how	Action plan	

	2.1.2) with an action plan on how to strengthen case management capacity of local organisations in each country	to strengthen case management in country Baseline: 0 Target: 3		
	Activity 2.2.1 Conduct a Training of Trainers (ToT) for 60 identified candidates (20 per country) from case management organisations.	Description: # Staff trained on Training of Trainers (ToT) Baseline: 0 Target: 60	Pre-post test, Training reports	
	Activity 2.2.2 Conduct step-down trainings (by trained candidates from Activity 2.2.1) to case workers including women-led grassroots organisations	Description: # Stepdown trainings delivered to other caseworkers Baseline: 0 Target: 180	Pre-post test, Training reports	
	Activity 2.3.1 Deliver training to 20 service providers on caring for child survivors of CRSV/and to survivors of abuse (Iraq only)	Description: # Service providers trained on caring for child survivors Baseline: 0 Target: 20	Pre-post test, Training reports	
<u>Outcome 3</u>	Innovative technology (Primero/GBVIMS+) helps GBV caseworkers to conduct remote case management services more effectively	Description: % expansion of the use of Primero/GBVIMS+ Baseline: 0 Target: 30%	Implementation pla	

Outputs	Output 3.1: Adaptation of Primero/GBVIMS+ platform to hotlines and remote phone-based case management	Description: GBVIMS+ platform where forms are adapted to hotlines and phone-based case management Baseline: 0 Target: 2	Forms mapping	
	Output 3.2: Primero/GBVIMS+ is expanded and rolled-out in Lebanon, Jordan, and Iraq to new organisations	Description: GBVIMS+ is expanded to new user organizations. Baseline: 0 Target: 6	Implementation plan	
Activities	Activity 3.1.1 Adapt the forms for remote case management services and deliver training	Description: GBVIMS+ platform where forms are adapted to hotlines and phone-based case management Baseline: 0 Target: 2	GBVIMS+ forms export	
	Activity 3.2.1 Conduct a capacity assessment of case management organisations, including GBVIMS basic tools users, in order to identify which organisations can be included in an expansion of Primero/GBVIMS+	Description: Organizatoins assessed for their eligibility to join GBVIMS+ Baseline: 0 Target: 6	Assessment matrix	

	Activity 3.2.2 Develop or update a joint implementation plan with GBVIMS organisations on how Primero/GBVIMS+ will be rolled out in-country	Description: Implementation plan drafting that will be the blueprint of the implementation of GBVIMS+ Baseline: 2 Target: 3		
	Activity 3.2.3 Conduct one in-country training on GBVIMS+ (led by UNICEF and UNFPA)	Description: Training to new organizations on GBVIMS+ Baseline: 0 Target: 3		
<u>Outcome 4</u>	Strengthening access and quality of health response for GBV survivors including CRSV survivors			
Output	Output 4.1 Capacity of health service providers (CMR/IPV response) strengthened			
Activities	Activity 4.1.1 Training for health service providers on CMR/IPV including training of trainers	Description: Baseline: LEB 0; JOR 0 Target: LEB 30 health service providers; JOR 50 health service providers		
	Activity 4.1.2 Relevant health facilities provided with CMR	Description:		

	supplies such as PEP kits and other items	Baseline: LEB 19 health facilities supplied Target: LEB 25 health facilities supplied		
	Activity 4.1.3 Training of frontline workers on CMR Guidelines	Description: Baseline: LEB 0; JOR 0 Target: LEB 30 frontline workers; JOR 24 frontline workers		
PROBLEM STATEMENT	Women and girls, survivor of GBV, especially those exposed to CRSV, receive limited support from service providers in a coordinated manner.			

* Baselines and Targets can be added after project is approved

** Indicate the corresponding indicator code as stated in UNA's Strategic Framework (Results Framework)