# UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

# CONFLICT-RELATED SEXUAL VIOLENCE – MULTI-PARTNER TRUST FUND

# PROJECT PROPOSAL SUBMISSION FORM: Designed for Japan Supplementary Budget (Template)

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| **Part A. Meeting Information**  (To be completed by the UN Action Secretariat) | |
| RMC Meeting No: RMC012 | Project No: TBC |
| Date of Meeting: 19th January 2023 | RMC members in attendance at meeting:  UN Women (Chair)  OCHA  UNODC  DPO |
| Part B. Project Summary (To be completed by the Participating UN Organisations) | |
| Date of Submission: 21 December 2022 | Participating UN Organisations: UNFPA and MINUSMA |
| Participating UN Organisation(s) receiving funds: UNFPA and MINUSMA (DPO) |
| Focal Point of the Participating UN Organisations:  UNFPA: Yves Sassenrath ([sassenrath@unfpa.org](mailto:sassenrath@unfpa.org))  MINUSMA: Wizeye Ngeruka Fabiola :(ngeruka.wizeye@un.org) | Project Title: CRSV response to the urgent needs of affected women and girls in Ménaka and Gao regions in Mali |
| Project Location(s): Menaka and Gao regions, Mali |
| Projected Project Period: 1 February 2023 to 31 January 2024 |
| Proposed project, if approved, would result in:  New Project  Continuation of previous funding  Other (explain)  No-cost extension: (from – to) | Total Project Budget:  USD $900,583  Amount of MPTF funds requested: $900,583  UNFPA: $700,583  MINUSMA: $ 200,000 |
| Projected Annual Disbursements: | $ USD 900,583 |
| Projected Annual Commitments: | $ USD 900,583 |

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| **Application Instructions for Narrative Summary and Annexes** |
| The following sections and Annexes must be completed using the project proposal template provided.  Section I) Project Narrative  Please respond to each question and section with relevant details.  Section II) Budget Summary  As required by UNDP Multi-Partner Trust Fund Office  Section III) Annexes  Annex 1: Project Results Framework |

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| **Executive Summary** |
| Mali has been the epicentre of violent extremism and since early 2022, Ménaka and Gao regions have experienced an escalation of violence due to an intensification of violent attacks by the *Jama’at Nusrat al Islam wal-Muslimin (JNIM)* and the Islamic State in the Greater Sahara (ISGS). Moreover, ongoing operations conducted by signatory armed groups and unidentified armed elements has triggered the displacement of approximately 422,620 people including 54% women and 46% youngsters, which represents an increase of 72,510 people as compared to last year. This dire security situation coupled with the lack of basic social services in the northern regions has exposed women and girls to various protection risks, including sexual violence.  The project seeks to reinforce the resilience of displaced women and girls who are subjected to CRSV in the Menaka and Gao regions through firstly, increased awareness for CRSV victims and survivors and advocacy for community healing and protection services and secondly, the provision of multisectoral and socio-economic reintegration assistance to survivors of CRSV and their children born of rape. This project targets 250,000 persons (including GBV/CRSV victims/survivors, IDPs, community leaders) with a direct impact on 4,585 beneficiaries. |

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| Section I: Project Narrative |

1. **Introduction and Context** 
   1. Explain the context(s) within which this project will be implemented, including a description of the needs and gaps that this project will address. **:**

Mali has become the epicenter of extremist violence in the Sahel with staggering numbers, in terms of sexual and gender-based violence and all kind of atrocities, thousands of survivors, IDPs, etc. Since the beginning of 2022, Ménaka and Gao regions in Mali have been experiencing an escalation of violence due to an intensification of violent attacks by the *Jama’at Nusrat al Islam wal-Muslimin (JNIM)*, the Islamic State in the Greater Sahara (ISGS) that has triggered displacement on a massive scale. Signatory armed groups and unidentified armed elements are also operating in the Gao and Menaka regions, exacerbating violence and risks of sexual violence.

According to the IOM DTM of August 2022, the number of IDPs has reached approximately 422,620 people including 54% of women and 46% of youngsters, which represents an increase of 72,510 people compared to last year. These displacements have exposed women and girls to various protection risks, including sexual violence. According to the results of a rapid assessment carried out by the GBV sub-cluster from 14 to 26 April in Gao and Ménaka IDPs' camps, 30 per cent of women and girls were subjected to conflict related sexual violence (CRSV), including 27 % of women and girls in Ménaka town. Actually, there are 77,000 people in need in the Menaka region including the 9,000 displaced households (54,000 persons) recorded in Menaka town and its surroundings in June 2022[[1]](#footnote-1). In Gao, there are 58, 300 IDPs that set up in nine sites in Gao-centre (OCHA, Sitrep 13 Dec. 2022). In view of the persistence of this multidimensional crisis, Gao and Ménaka regions are on level 4 in terms of the severity of the needs. Therefore, the projection in terms of humanitarian needs is critical with almost 8.8 million people who will be in need during the year 2023, 52% of whom are women and girls.

From January to December 2022, a total of 807 cases of CRSV (including 469 women and 338 girls) were reported in Mali according to the 2022 Mali’s Contribution to the SG report on sexual violence in Conflict. These cases were perpetrated against 469 women and 338 girls, 24% fewer than the previous year (1061 cases). Most of these cases involved rape, gang rape, and forced marriage. Moreover, there have been 65 conflict-related rape pregnancies, with 37 children born out of the reported rape cases in Gao, Mopti, and Timbuktu. This is in addition to the 215 cases of CRSV-related pregnancies and the 277 children born out of conflict-related rape recorded during an investigation carried out in November 2021 by MINUSMA[[2]](#footnote-2) in Gao region which, without a doubt, reflects the magnitude of the problem and the imperative need to cater them from social exclusion. During the last year, the perpetrators were mostly unidentified armed elements and elements of compliant armed groups, elements of militia and self-defence groups. Members of the Malian defence and security forces (MDSF) and foreign military personnel were allegedly implicated in CRSV cases. There was a disturbing trend towards sexual violence against toddlers, with 48 cases involving girls under 11.

From the government side, the Truth, Justice and Reconciliation Commission reported more than 1,000 victims of sexual and gender-based violence (SGBV) including 700 of CRSV cases from the northern regions including Gao and Menaka. Recently, in June 2022, the Commission conducted ten nationwide public hearings featuring some CRSV cases that took place in the northern regions (Gao and Timbuktu) during the 2012 crisis. During their testimonies, most of the CRSV survivors complained about stigma, rejection and discrimination related to their experience which also extended to their children born out of rape, denying them many social and development opportunities. To address their social exclusion, the economic empowerment of survivors and risk mitigation measures are of high priority if we want to help women achieve their full potential and advance their rights. They can also play a key role in ending the vicious cycle of abuse.

***Lack of GBV risk mitigation across humanitarian responses:***

The continuous and persistent upward trend of different forms of insecurity and violence, climatic disturbances with floods and drought episodes, and the superimposition of these shocks have led to significant damages that resulted in an increase in vital needs, a deterioration of living conditions and the adoption of negative adaptation or survival mechanisms. These cyclical hazards are juxtaposed with other situations, in particular economic sanctions, which have further contributed to accentuating the severity of needs. These adverse effects are added to structural or chronic factors with their multiplier effects, which increase the number of people in need (PIN) at sectoral and intersectoral. Cross-sectoral analysis reveals that the impact of different shocks is a central determinant of the generation of problems related to different humanitarian conditions[[3]](#footnote-3)

Addressing conflict related sexual violence in the current context is a lifesaving priority. The vast majority of IDPs were forced to flee without any of their personal belongings, including documentation, clothing, food, and money. Negative coping behaviors like survival sex and child marriage are increasing among displaced women, especially widows and female-headed households. Safety audits in IDP and settlements demonstrate security risks within these sites including long distances to collect water, poor lighting at sanitation facilities, and overcrowded living that puts women and girls at significant risk of gender-based violence including CRSV. Threats to their physical safety and security and on-going harassment are part of the daily reality for many women and girls. They were reports of members of violent extremist groups (VEG) resorting to abduction and rape of women and girls to pay the "zakat" for families who cannot afford to pay it and who do not have livestock.[[4]](#footnote-4)

The GBV coordination system has been set-up in the Ménaka and Gao regions, however it needs to be further expanded/strengthened in all the IDP camps and place greater emphasis on CRSV issues. Although it is well coordinated there is insufficient and adequate and comprehensive services for CRSV and GBV survivors in the Gao and Menaka regions. It is therefore of key importance that field actors/partners better integrate CRSV concerns into their strategies and policies.  So that the programs to be adopted by the partners must all the time consider CRSV issues/victims/survivors both during their elaboration and in their implementation. Effective GBV/CRSV programming requires the provision of health, case management and psychosocial services for GBV/CRSV survivors and targeted interventions to strengthen the protective environment for women and girls through risk mitigation, outreach, coordination, and advocacy. There is clear recognition among humanitarian actors that the cost and burden of the conflict in Gao and Menaka is incredibly borne by women and girls. However, despite this recognition, GBV continues to be one of the chronically under-funded clusters in Mali. In addition, women are often excluded from central decision-making in public and private spaces. It has not been easy for women’s voices to be heard. In fact, women have limited representation within existing community structures such as camp committees and leadership structures.

* 1. ***Additional Note: (1) Please describe the urgency of the situation, (2) Please explain the unpredictability of the situation.***

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

The project will be developed in the Gao and Menaka regions. These regions are parts of the northern regions of the country where cases of CRSV are rampant.

The project will be implemented in the 15 IDPs sites in Menaka town and Tindermene town (Menaka region) and 9 IDPs sites on the outskirts of Gao, where hundreds of thousands of IDPs have flocked since the outbreak of violence fuelled by clashes between various armed groups to regain control of areas occupied by ISGS and JNIM in the two regions. There is lack of confidential services, each region, Gao and Menaka has only one comprehensive GBV/CRSV services, few capacities for case management. There is no clear mechanism for referral of survivors to existing few services.

1. **Beneficiaries**
   1. Explain who the targeted beneficiaries of the project are.

The project aimed at reaching 21,100 women and girls including 215 pregnant women and girls following perpetration of rape and 277 children born out of rape. In addition, 120,000 members of community-based groups, faith-based organizations and the general public, as well as men, boys and uniformed personnel, will be engaged. In total the project is targeting direct 141,000 beneficiaries can be extended 250,000 community beneficiaries when considering the total number of IDPs in Gao and Menaka regions.

The ultimate beneficiaries of this project will be CRSV victims/survivors of Gao and Menaka IDPs camps. The intermediary beneficiaries will be the NGOs and CSOs providing support and care for the CRSV survivors.

More specifically, the Project will directly support:

* Gao: 3,540 survivors and persons at risk of GBV/CRSV
* Menaka: 2,215 survivors and persons at-risk of GBV/CRSV.

Due to limited funding and the need for prioritization, the project will include granting comprehensive assistance the surveyed CRSV victims:

* Gao 215 victims/survivors with their children born out of rape, 277
* Menaka 100 victims/survivors including children born out of rape to be identified

This project will also train:

* Gao 150 persons on GBV/CRSV case management and 80 mentors on personal development skills
* Menaka 100 persons on GBV/CRSV case management and 50 mentors on personal development skills.

Through activities implemented in this project, a total of **4,585 direct beneficiaries** will be reached.

* 1. **Explain how this project will take a survivor-centred approach throughout all of its stages. Reference any relevant principles or guidelines, e.g. Do No Harm, GBV guiding principles. Describe how the project is inclusive of survivors with unique needs and intersectional identities, such as persons with diverse SOGIESC, persons with disabilities, elderly etc. Explain what strategies will be adopted to reach out to and facilitate access to the project for CRSV-survivors and address their specific needs and the particular implications of their cases**.[[5]](#footnote-5)

The project will be implemented through a survivor-centred approach, which entails comprehensive, context-specific support to survivors of conflict-related sexual violence by placing their needs and wants as a priority. The joint nature of this project (through the UN Action Network) will enable the implementing organisations to ‘Deliver as One UN’ in a coordinated manner.

The project will be operated throughout a strategy that favour specific needs of the different categories of GBV and CRSV. Need assessment missions will be conducted to ensure that beneficiaries are consulted in the project processing from the beginning, and their views and suggestions are considered.

The implementation of this initiative will be based on highly expected principles to the various partners, namely: (1) accountability; (2) inclusion: "Leaving no one behind" by addressing the specific needs of groups exposed to intersecting discrimination and (3) the principle of "Delivering as One", the basis of the reform of the United Nations System (UNS).

In view of considering all specificities of survivors and at risk persons, the project will adopt as intervention strategies: (1) partnership and the building of strategic alliances; (2) advocacy; (3) capacity building of stakeholders through the institutionalization of training programs; (4) the involvement of men, boys and marginalized groups; (5) community participation and support for endogenous solutions; (6) awareness caravans or mobile cinemas; (7) supporting the strengthening of the legislative and regulatory framework; (8) the consolidation and sustainability of achievements; (9) synergies with existing programmes; (10) monitoring and evaluation; (11) knowledge management and generation and (12) communication and visibility (in respect of key principles that protects the survivors).

* 1. **Explain how this project contributes to the safety and security of CRSV survivors and at-risk groups**

The project will encourage and empower victims and community members to report all the incidents without being forced to cooperate with law enforcement agencies. This will encourage victims to report in a confidential manner without the fear that reporting sexual violence will mean obligatory collation with law enforcement agencies. In Gao and Menaka as in most humanitarian contexts the rule of law and safety systems were disrupted, actions to contribute to safety and security of survivors and at-risk groups will also include informal community-based protection mechanisms which can also play an important role in ensuring women and girls’ safety and security. The project will also include at the individual level safety planning with survivors or those known to be at risk of abuse, to reduce the risks of this specific persons to be subject to further abuses.  At the community level, systems and strategies are put into place to recognize, promote and protect the rights of women and girls and those at risk of GBV more in general. Security and safety interventions at this level include doing regular safety audits to reduce the risks and follow up on the implementation of the recommendations. se), and to be a deterrent.

1. **Background, Rationale, and Justification** 
   1. Explain the background to the proposed project (e.g., What other initiatives will the results of this project build upon?)

Since the beginning of 2022, Ménaka and Gao regions in Mali have been experiencing an escalation of violence due to an intensification of violent attacks by the Islamic State in the Greater Sahara (ISGS) that has triggered displacement on a massive scale with approximately 9,917 displaced households (59,502 people) registered, in addition to the 15,967 refugees from Niger who settled in Ménaka town[[6]](#footnote-6).These displacements have exposed women and girls to various protection risks, including sexual violence. According to the results of a rapid assessment carried out by the GBV sub-cluster, from 14 to 26 April in Gao and Ménaka IDPs' camps, 30 per cent of women and girls were subjected to CRSV, including 27 % of women and girls in Ménaka town. From January to December 2022, 807 cases of CRSV were reported in Mali by UN and partners, affecting 469 women and 338 girls. Moreover, there have been 65 conflict-related rape pregnancies, with 37 children born out of the reported rape cases in Gao, Mopti, and Timbuktu. This is in addition to the 215 cases of CRSV-related pregnancies and the 277 children born out of conflict-related rape recorded during an investigation carried out in November 2021 by MINUSMA[[7]](#footnote-7) in Gao region which, without a doubt, reflects the magnitude of the problem and the imperative need to cater them from social exclusion.

Most of the survivors/victims face stigma and discrimination related to their experience that also extended to their children born out of rape, denying them of many social and development opportunities. To address their social exclusion, the economic empowerment of survivors and risk mitigation measures are of top priority if we want to help for women achieve their full potential and advance their rights. It also plays a key role in ending the vicious cycle of abuse. Mali access to CRSV services and other basic social services are huge. This project will then give the opportunity to women and girls including survivors access to safe services including women friendly safe spaces established in the camps.

* 1. **Describe the rationale behind the design of this project. What gap will this project fill? Explain the added value of this project.**

An assessment of the GBV response conducted in October 2022, revealed significant gaps in terms of access to GBV services. In 2022, in Mali, CRSV survivors in need of medical assistance, safe housing and socio-economic reintegration were not able to receive support. According of the results of this assessment, 16% of survivors of Gender based violence (GBV) were not able to seek medical assistance, 32% could not access safe shelters or refuge, 46% were not able to be socio-economically reintegrated. Based on this global analysis, the situation in Gao and Ménaka may be even worse since the recent insecurity has affected more than 65% of the health facilities, some have been vandalized and others have been closed due to staff withdrawal.[[8]](#footnote-8) Hence, the full enjoyment of sexual and reproductive health and reproductive health rights remains a challenge for pregnant and lactating women. The findings of this study will serve as a baseline for the upcoming project to improve project planning and implementation. It is planned to establish in each region, one additional comprehensive center in Gao and Ménaka to complement the existing services offered by UNFPA and UNHCR.

* 1. **Explain how the Participating UN Organisations will jointly coordinate on this project.**

UNFPA is the national GBV lead agency and at sub-national level (regions), the coordination efforts are led by UNFPA Field offices. This project will support the establishment of the Monitoring Analysis Reporting Arrangements mechanisms at the regional level. Establishing a region-based MARA mechanism with the support of this project would reinforce monitoring of the CRSV cases (services and care for victims) and therefore support the coordination of CRSV response at regional level. For MINUSMA, Human Rights officer in Menaka and the Women’s Protection officer in Gao will coordinate this project with UNFPA Chief of Field Office. While MINUSMA will engage parties to conflict in negotiations for women’s protection, UNFPA will support the establishment of GBV/CRSV services including conduct joint audit assessments in the camps.

1. **Objectives**

The main objective of the project is to prevent of and respond to conflict related sexual violence on IDPs camps Gao and Menaka regions and ensure that survivors of and those at-risk of GBV, including CRSV, have access to appropriate holistic care services and livelihoods, given the challenges and safety risks that the prevailing insecurity poses.

1. **Goal**

To ensure the quality holistic care services (medical, psychosocial, and socio-economic reintegration) and the protection of conflict-related sexual violence (CRSV) survivors and at-risk groups in Gao and Ménaka IDPs camps. There is existing support for the legal aid through the coalition of women led-organisations. They are funded to support survivors to access justice. Additionally, all the one stop centres in Menaka and Gao are linked to justice system even if the system is very weak. This project will only provide support for transportation of victim/survivors and witnesses from the project settings to Bamako to benefit access to justice if needed.

1. **Strategy / Theory of Change**
   1. Explain the Strategy and Theory of Change of the project

Leveraging the mandate of UNFPA, this project will build upon already existing delivery mechanisms and national commitments to comprehensively respond to CRSV in the project area. Since the outbreak of violence in the project area, UNFPA is engaging with different implementing partners in several projects that are aimed at ensuring survivors’ needs are met by effective prevention and response services.

As Fostering local ownership and leadership is important for a sustainable response to CRSV, our intervention will highly engage communities in the response to CRSV. Experience shows that any interventions for CRSV prevention focusing on greater community involvement can significantly help to address the prevalence of CRSV in an area. A reduction of CRSV will be achieved in the project areas (IDPs camps) if we provide women and girls with a voice and motivation through improved knowledge, skills, confidence and leadership opportunities, and support to mobilise themselves to demand for an environment where they can live free from sexual violence. An enabling environment will be created by empowering the community to report the cases, challenging boys and men to engage in the prevention of sexual violence alongside influencing local authorities to provide CRSV prevention and response services. It will be beneficial to hold consultations with affected communities and civil society to challenge pre-existing biases and stereotypes and structural inequalities in society that hamper access to survivors. Indeed, gender stereotypes strengthen the notion of victim blaming, which deters victims from reporting. Then, it is useful that specific attention is paid changing stereotypes. Discriminatory gender norms will be challenged through stimulating collective reflection and critical thinking on issues like GBV, and forced marriage, and organising collective mobilisation with youths acting as change agents. The whole community and community leaders will be therefore engaged. Specifically, the O/SWPA is working with a coalition of six local NGO the OSWPA, is working with six women’s rights  organizations and Human Rights Defenders and supported them to form a, coalition named “*Coalition pour l'accès à la justice et la protection des victimes de violences sexuelles liées au conflit*", (Coalition for access to justice and protection for victims/survivors of conflict related sexual violence).  This coalition has supported psychosocial activities and access to justice for survivors of CRSV by referring them to INGOs and lawyers that are specialized in legal support for sexual violence crimes. Three of them have full operational field offices in Gao and Menaka (GREFFA, APDEF and WILDAF).

The provision of capacity building to case managers/ service providers and elements of armed groups can be an effective mechanism to advance and improve the CRSV response. This will lead to communities and case managers having an increased ability to respond to cases of sexual violence in Gao and Menaka IDPs camps and assist victims/survivors. There is a need for technical capacities and better resources to address and document in a comprehensive manner with as much detail as possible, using the same methodology for CRSV cases. To ensure better prevention, it is also expected that working towards their delisting, armed groups will be able to integrate CRSV into their code of conduct and train their elements on international humanitarian law and human rights, notably on the prohibition of sexual violence in conflict. The leadership of those armed groups will put in place disciplinary action against those responsible for CRSV. Preventive measures adopted by them will include a focus on raising awareness of all their high-ranking officials and troops on CRSV prevention and response.

As a sustainable intervention, it is important to undertake livelihood programmes for the victims/survivors with grant assistance (cash and vouchers) to encourage self-reliance among them. While insecurity has pushed communities affected to poverty and extreme vulnerability, long-life stigmatisation and loss of opportunities can take place when a girl or a woman is a victim of sexual violence in conflict. This will help them counter the stigma associated with their condition through meaningful employment/opportunities. Granting assistance to victims can help them to take over and meet the daily needs of their relatives and prevent CRSV as extreme poverty and lack of opportunities may weigh heavily on the IDPs’ decision to engage in harmful practices such as prostitution.

* 1. Explain how the project contributes to UN Action’s Theory of Change and [Strategic Framework](https://stoprapenow.org/wp-content/uploads/2020/12/UN-Action-Strategic-Framework-2020-2025-endorsed-Aug-2020.pdf) and fits into the larger context of CRSV prevention and response at global / regional and country levels as applicable
* If the UN focal points fulfil their role as a technical working group on MARA at all level and conduct joint analysis for coordinating advocacy and implementing joint gap-filling CRSV-focused interventions, then UN agencies cooperate and share information to reinforce coordination and coherence and improve the system-wide response and implementation of UN Security Council resolutions on CRSV in Mali.
* If comprehensive and multisectoral assistance, including medical, psychosocial, livelihoods and justice services are available and accessible to survivors in Gao and Menaka, and CRSV prevention and risk mitigation measures are implemented in a survivor-centred manner, then survivors and at-risk groups in the IDPs camps are supported and protected and CRSV risks are prevented and mitigated.
* If joint and sustained advocacy targets duty-bearers and decision makers to make and implement commitments to address CRSV, including its root causes and capacity and technical expertise of institutional, operational, national and other key actors is strengthened to prevent CRSV, respond to survivors’ needs respecting guiding principles and a survivor centred approach, then duty-bearers and decision-makers take action to address both the immediate risks as well as the root causes of CRSV in the IDP camps and promote compliance and accountability.
* If guidance policies and tools are developed to fill gaps in knowledge, practices, advocacy and technical expertise for improved prevention of and response to CRSV and its root causes in conflict prevention/resolution, humanitarian processes, and such guidance, policies and tools are shared within the community and parties to conflict and other relevant actors, then UN focal points contribute to advancing the CRSV/WPS agenda in a way that is informed by relevant guidance, policies and tools on addressing CRSV and its root causes.
* If safe, ethical, and gender-responsive data management and analysis methods are used, NORCAP WPAs are deployed In Gao and Menaka then reliable, timely, and objective information on CRSV trends, risks and patterns supports evidence-based high-level advocacy, enhances pressure on parties to conflict and informs impactful, survivor-centred solutions.

1. **Expected Results** (Suggested Outline below. Please complete as applicable, add more Outcomes, Outputs, Activities as needed. This should correspond to Annex 1: Project Results Framework. Please indicate how each Outcome, and Output or Activity if relevant, corresponds to [the UN Action Network Strategic Framework 2020-2025](https://stoprapenow.org/wp-content/uploads/2020/12/UN-Action-Strategic-Framework-2020-2025-endorsed-Aug-2020.pdf))

**Outcome 1: Strengthened commitment and resources for ending CRSV by local key actors**

**Output 1.1 Community mechanisms for prevention and protection against CRSV are functional**

Through this project, by engaging communities in dialogue on CRSV, actors will create a sense of ownership and commitment to the prevention and response to CRSV that can be helpful in changing behaviours. This will contribute to preventing CRSV from occurring while also contributing to transforming social norms condoning GBV including norms stigmatizing CRSV survivors. Meanwhile, the community will provide a supportive and protective environment for women and girls who have experienced sexual violence.

Activity 1.1.1 Strengthen the technical and operational capacity of key local and community actors to ensure better prevention of CRSV

Activity 1.1.2 Support the functioning of local and community early warning CRSV prevention and protection mechanism

Activity 1.1.3 Purchase and distribution of 5,000 culturally appropriate “dignity kits” to reduce vulnerability and connect women and girls to information and support services.

Output 1.2 Increased engagement and capacity of signatory armed groups to prevent and respond to CRSV

Activity 1.2.1 Organisation of two open debates with their leadership (MSA-D/GATIA, Plateforme (PF) Gamou) to engage them in the tackling of sexual violence against women and girls

Activity 1.2.2 Organisation of two review sessions to ensure their continuing commitment to zero-tolerance against CRSV and their response mechanism.

**Outcome 2: 70 % of CRSV survivors are better supported through improved access to comprehensive and multisectoral assistance, including medical, psychological, and livelihoods**

Building local capacity to engage and sustain protection efforts and address the needs of CRSV survivors is essential. This project will support the capacity building of service providers (NGOs, CSOs, survivors representatives and governmental stakeholders with in-depth workshops and trainings in order to increase their capacity to advocate for and provide effective and comprehensive victim assistance and long-term substantive care for survivors.

Output 2.1 Women and girls’ survivors have improved access to quality holistic care services.

The project will take actions to enhance service delivery and support and respond to persons with specific needs who had been subjected to sexual violence in conflict.

Activity 2.1.1 Conduct and/or support gender-sensitive quality assessments to understand the risks and vulnerabilities of women and girls to GBV including CRSV and identify entry points for care provision.

Activity 2.1.2 Capacity of service providers (health, psychosocial, security…) to offer quality services to CRSV survivors and ensure safe care service delivery environments is strengthened

The project will help train the nurses and doctors (health providers) on adequate counselling, medical forensic examination, a standard pattern of documenting and reporting injuries, medical treatment and follow-up, approach to judicial procedures, and work with people with disabilities. In the meantime, counsellors will be trained on counselling services, notably recommended practices for counselling with children or survivors with special needs. Caseworkers will be trained to improve their skills in case management and data collection, reporting and case monitoring.

Activity 2.1.3 Support a functional referral system for survivors to care services, including investing in effective case management and supporting transportation for referral of survivors.

Activity 2.1.4 Provision of rape incident treatment kits and training of service providers in their use.

Output 2.2 450 survivors are empowered using cash and vouchers modalities to respond to GBV/CRSV

Activity 2.2.1 set up four women centres in two camps for orientation, vocational training and social reintegration activities that provide 3-month training on entrepreneurship skills and start-up skills to enhance their social inclusion, and which includes cash vouchers that can be used for food when needed.

Activity 2.2.2 Organization of two training sessions for a total of 130 women mentors on sexual violence to foster peer-to-peer support among survivors in the framework of a woman support group

The project will use peer group influence to help victims/survivors advocate for their rights through an awareness campaign on CRSV that will help promote gender equality, share information about services available for victims/survivors and call for the abandonment of stigma against victims.

1. **Institutional Capacity**
   1. Explain how the Participating UN Organisations submitting the proposal have the institutional capacity to successfully achieve the proposed objectives.

MINUSMA and UNFPA ability to launch and coordinate a whole-of-government process, incorporating contributions from all relevant governmental agencies, and non-governmental parties, as relevant.  
– Capacity to integrate priorities into sectoral and cross-sectoral programmes and projects, to ensure that the latter do not undermine efforts to achieve the former, or vice versa.

– Resources to train relevant government agency staff (and possibly non-government agency staff too), with a view to increasing the technical and managerial skills of these individuals.

– Capability to engage all relevant stakeholders, through consultations designed to elicit their input, so that it can be taken into consideration, thus increasing buy-in from stakeholders.

– Competence to conduct a regulatory framework revision, to streamline and complement existing laws and regulations, and strengthen related governmental processes and entities.

– Aptitude to monitor progress, and report on it, making best use of existing data collection mechanisms, and strengthening related capabilities wherever needed.

1. **Coordination within the UN system, National Institutions/Stakeholders, and Local Partners**
   1. 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. ***Additional Note: Please indicate if the project will partner with*** [***JICA***](https://www.jica.go.jp/english/index.html?)***.***

The proposed Project aims at strengthening UN system coordination as it serves interagency coordination for GBV prevention and response under the leadership of MINUSMA and UNFPA who are the MARA co-leads in Mali. UNICEF, UNHCR and UNFPA sit on the MARA working group in Mali where MARA is activated and are currently conducting several GBV interventions in the project area. While this project will complement those existing programs, most activities will be implemented through the GBV sub-cluster to enhance the capacity of the different stakeholders to respond to GBV/CRSV. In addition, several outputs will be implemented through the GBVIMS Working Group in Mali which has an Addendum for information sharing of GBV between GBVIMS actors and MARA actors/SWPA. That kind of cooperation and information sharing will definitely help to reinforce coordination, coherence and improve the system-wide response and implementation of UN Security Council resolutions on CRSV.

This project will provide responses to CRSV cases in several domains including the psychosocial care, medical response, support and orientation for a judicial support. Consequently, this support will help to implement key provisions of the Joint communiqué action plan in the hotspots, mainly regarding it strategic axis on i)- prevention and community mobilization, ii)- protection, iii)- access to services and iv)- fight against impunity. Therefore, this project would contribute to the implementation of the Joint communiqué in the regions of Gao and Menaka.

* 1. 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 prioritization 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 in Mali at the national and sub-region levels (UNICEF being an active member). The three entities also play a leading role in the GBVIMS Taskforces in the region and global level. 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.

* 1. Explain how the UN, governmental organisations, NGOs, women’s organisations, survivors, and other key stakeholders will be engaged throughout implementation of the project***. Additional Note: Please indicate if the project will (1) partner with JICA, (2) include any Japanese NGOs and (3) if the implementing agency is an NGO rather than an international organization, please describe.***

The project will seek to establish a broad partnership base with CRSV survivors, their representatives, local communities, local authorities, relevant government institutions, UN Organizations, national and international NGOs and CSOs to create meaningful survivors’ engagement, avoid duplication and increased synergy. We will use a participatory and inclusive approach with the beneficiaries that will foster local ownership of the project for a sustainable response to CRSV and a long-term reduction of CRSV cases. Engagement with humanitarians, civil society and authorities/institutions will take an open and flexible approach, enabling any entity which can bring value to participate in the activities in the interest of the survivor.

* 1. ***Additional Note: Engagement of Japanese staff (please describe the involvement of current/future Japanese staff in the project, if applicable)***

1. **Monitoring, Reporting, and Evaluation and Risks** 
   1. Describe the overall management structure of this project. Explain how the project will be monitored and evaluated.

A specific monitoring and evaluation plan will be put in place with a clear indication of baselines, milestones and targets, as well as methods and responsibilities for data collection. Monitoring will be formalized through one (1) semi-annual report and one (1) final narrative and financial implementation report covering the entire project duration. A final evaluation will be conducted at the end of the project.8.6% of the budget will be devoted to monitoring and evaluation activities, which include the baseline study, monitoring costs, and the final evaluation. The rules and regulations established through the CRSV-MPTF will be followed.

The project " CRSV response to the urgent needs of affected women and girls in Ménaka and Gao regions in Mali" is under the leadership of UNFPA and MINUSMA/SWPA. It will be implemented with the contribution of national partners in accordance with UNFPA procedures. A steering committee and a technical committee will be set up for the implementation of the project. The steering or monitoring committee will follow the implementation and monitoring mechanism of the project. However, a specific steering sub-committee will be set up to better coordinate the interventions planned at the field levels in Gao and Menaka (Human Rights officer, WPA and UNFPA programme staff). The implementation of the output activities will be coordinated by the partners according to their comparative advantages and mandates. The Secretary General of the Ministry for the Promotion of Women, Children and the Family will ensure the overall coordination of the project, as the chair of the steering committee. The Directorates of the Ministry for the Promotion of Women, Children and the Family in Gao and Menaka together with IDP camps managers, UNFPA and MINUSMA will be members according to their comparative advantage. The steering committee will meet twice a year, convened by its chairperson, to ensure the coordination of the programme's interventions and the proper implementation of the work plans according to the established schedule.

A technical committee composed of technicians from UNFPA, the Departments of Women's, Children's and Family Promotion, MINUSMA and JICA Cooperation will be set up.

* 1. Include a short risk analysis. Suggested format:

|  |  |  |
| --- | --- | --- |
| Risk | Risk Level  (High/Medium/Low) | Risk Mitigation Strategy |
| Limited national ownership | Medium | Explain what this programme aims to achieve, in complementarity with other actions, and its added value |
| Resistance from family, community, traditional and religious leaders | Medium | Strong commitment from men, especially family, community elders, traditional and religious leaders |
| Anti-girls/women rights environment | Medium | Continue to support, through campaigns, education and capacity building of rights holders and civil society, efforts to hold duty bearers accountable |
| Conflict and fragility | Medium | Possible Relocation of the Initiative in case of intense conflicts or crisis |

1. **Sustainability** 
   1. 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](https://sdgs.un.org/goals).

Through the actions of this project, a substantial contribution will be made to the achievement of SDGs 16 (“Promote just, peaceful and inclusive societies”); SDG 1 (poverty reduction); SDG 3 (“Ensure healthy lives and promote well-being for all at all ages”); SDG 5, "Achieve gender equality and empower all women and girls"; SGD 8 (“Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all”); SDG 10 (“Reduce inequality within and among countries”), and SDG 17 (“Strengthen the means of implementation and revitalize the global partnership for sustainable development”).

* 1. Explain how sustainability will be ensured and what the sustainability plan entails, including how the project will strengthen the capacity of national institutions and stakeholders to prevent and respond to CRSV.

To promote project sustainability, the project prioritized stakeholder and community engagement and involvement. All activities will be carried out in close collaboration with IDPs, relevant government stakeholders, armed group members, and local and religious leaders. At project start-up, entry visits will be carried out to the communities to discuss the project and their roles in ensuring the project is a success. During the project’s close-out, the project team will also conduct a close-out meeting with the community stakeholders to formally transition the interventions to local ownership. All the committees put in place for the successful completion of the project will include government representatives, community leaders, armed group members, and CSOs which will help in the ownership, improvement of service delivery activities and sustainability.

1. **Communication Strategy** 
   1. What is the project’s communication strategy and how will it raise the profile of UN Action? ***Additional Note: Please explain how the project will raise visibility for the Government of Japan.***

Communication tools (videos, photos, press articles, and social media networks (SNS)) will be used for the visibility of Japanese and UN Action support in hard-to-reach areas. The information and knowledge generated will be included in the project's database to capitalize on the lessons learned. MINUSMA currently has a Communications Officer, who will be responsible for enhancing the visibility of project impact through communications activities, possibly through developing a video that follows the project from start to finish working closely through MINUSMA’s Public Information Office, and others partners where relevant. The dignity kits that will be provided through this project will also be branded with MINUSMA, Japan and UN Action branding. Moreover, UNFPA has a team of communication officers who will work together with the field officers to capture achievements, success stories and the work of others UN agencies linked to this project.

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| Section II: Project Budget |

Please complete the table below, required by UNDP MPTFO.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Category** | **Amount (USD)** | **UNFPA** | **MINUSMA** |
| Staff & Personnel Cost  Description: 2 staffs SB4 for 12 months; 2 consultants 1 and half month each (One psychologist to conduct psychological support in groups in IDPs camps and one case manager plus two consultants for women empowerment skills) | $ 100,000 | $60,000 | $40,000 |
| Supplies, Commodities, Materials  Description: 5000 Dignity kits Activity 1.1.3 | $ 150,000 | $75,000 | $75,000 |
| Equipment, Vehicles, Furniture, Depreciation  Description: ICT materials for the project staff and other furniture | $ 30,000 | $15,000 | $15,000 |
| Contractual Services:  UNFPA: Description: 4 workshop packages for activities: 1.1.1 ; 2.1.4 ; 2.1.1 ; 2.2.2.  MINUSMA Description: 3 workshop packages for activities: 3 workshop packages for activities: 1.1.2 ; 1.2.1 ; 1.2.2 | $ 70,000 | $40,000 | $30,000 |
| Travel | $ 80,000 | $50,000 | $30,000 |
| Transfers and Grants  Description: Subvention to CSO for sensitization and advocacy, case management and other activities at the community level for activities: 1.1.2; 2.1.3; 2.1.4; 2.2.1 | $370,580 | $370,580 | 0 |
| General Operating | $ 41,087 | $31,087 | $10,000 |
| **Programme Costs Total** | **$841,667** | **$641,667** | **$200,000** |
| Indirect Support Costs Total (Maximum 7%) | **$ 58,916** | **$58,916** | **0** |
| **Total** | **$ 900,583** | **$700,583** | **$200,000** |

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| Part E: Administrative Agent Review  *(To be completed by the UNDP MPTF Office)* |
| 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    Signature Date |

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

# FUND SIGNATURE PAGE

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

|  |  |
| --- | --- |
| Participating UN Organisations: UNFPA and MINUSMA | Focal Point of Participating UN Organisations receiving funds:  UNFPA : Yves Sassenrath ([sassenrath@unfpa.org](mailto:sassenrath@unfpa.org))  MINUSMA: Fabiola Ngeruka :(ngeruka.wizeye@un.org) |
| Project Number: | Project Duration: 1 February 2023 to 31 January 2024  Estimated Start Date: 1 February 2023 |
| Project Title: CRSV response to the urgent needs of affected women and girls in Ménaka and Gao regions in Mali | Project Location(s): Menaka and Gao regions, Mali |
| Total Project Cost: US $ 900,583  Other:  GRAND TOTAL: US $ 900,583 | |
| Total Amount Approved: US $ | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Name/Title |  | Date |  | Signature | | Focal Point of Participating UN Organisations receiving funds: | Yves Sassenrath (UNFPA) |  |  |  |  | | Focal Point of Participating UN Organisations receiving funds: | Fabiola Ngeruka (MINUSMA) |  |  |  |  | | |



Annex 1: Project Results Framework

*Instructions: Please add more Outcomes, Outputs, Activities as required. Baselines and Targets can be added after project is approved. Indicate the corresponding indicator code as stated in UNA´s Strategic Framework (Results Framework) with an asterix\*.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Title:** CRSV response to the urgent needs of affected women and girls in Ménaka and Gao regions in Mali | | | | | | | | | |
| **Goal:** To ensure the quality holistic care services (medical, psychosocial, and socio-economic reintegration) and the protection of conflict-related sexual violence (CRSV) survivors and at-risk groups in Gao and Ménaka IDPs camps. | | | | | | | | | |
| OUTCOME 1  **The capacity of local key actors in CRSV prevention and protection is strengthened**  *[* | | | | | | | | | |
| Outcome Indicators | | Baseline | | | Targets | | Verification Method | | Risks and Assumptions |
| 1. Number of victims/survivors of CRSV identified who benefited from the support of the community.  2. Number of beneficiaries who feel  3. % of activities completed in the action plan by armed groups | | 1. 0  2. 0 | | | 1. 50% of IDPs are able to identify, denounce and refer cases of CRSV for effective response.  2. 50% of victims/survivors link with the One-Stop-Centres  3. Stigma associated with CRSV is reduced to 30 %  4. At least two armed groups declare officially zero-tolerance to CRSV by the end of 2023. | | 1. Result of the Knowledge Attitude and Practice (KAP) surveys  2. Results of a survey  2. Reports on action plans | | Worsening of the security situation  Dismantling of IDP camps.  Impunity for CRSV perpetrators. |
| **Output 1.1**  ***[****Community mechanisms for prevention and protection against CRSV are functional.****]*** | | | | | | | | | |
| Indicators | | Baseline | | | Targets | | Verification Method | | Risks and Assumptions |
| 1. Number of communities with a community early warning CRSV prevention and protection mechanism in response to CRSV  2. Number of CRSV cases involving members of signatory armed groups in the project area. | | 1. 0  2. 2 unilateral communiqués | | | 1. 24 Community protection mechanisms for prevention and protection against CRSV are set in Gao and Menaka IDPs camps  2. 2 public declarations from 2 leaders of the signatory armed groups to support the fight against CRSV | | 1. Community Mechanisms Meeting reports  2. Audit risk assessment reports | | Resistance of community members as sexual violence remains a taboo.  Low capacity of the community to support the prevention and protection efforts due to fear of reprisals  High security risks |
| **Activity 1.1.1**  ***[Strengthen the technical and operational capacity of key local and community actors to ensure better prevention of CRSV]*** | | | | | | | | | |
| Indicators | | Baseline | | | Targets | | Verification Method | | Risks and Assumptions |
| 1. Number of community dialogue on CRSV prevention and response mechanism at meetings of community groups  2. Number of the population disaggregated by gender who attended at least 1 educational dialogue on the prevention and response to CRSV  3. Number of armed group elements trained on CRSV prevention and response during educational sessions | | 1. 3 dialogues  2. 1000 participants  3.150 elements of armed groups | | | 1. 10 community dialogues  2. 21,100 participants to the different educational and awareness programs  3. 300 armed group elements trained on the prevention and response to CRSV | | 1. Attendance lists  2. Activity reports  3. Training reports | | Resistance of community members as sexual violence remains a taboo.  Low capacity of the community to support the prevention and protection efforts due to fear of reprisals  High security risks |
| **Activity 1.1.2**  ***[Support the functioning of local and community early warning CRSV prevention mechanism]*** | | | | | | | | | |
| Indicators | | Baseline | | | Targets | | Verification Method | | Risks and Assumptions |
| 1. Number of community early warning functional mechanisms  2. Number of outreach events and education campaigns organized by communities to expand the need to prevent and respond to CRSV  3. Number of early warning alerts and information on CRSV risks shared by the community | | 1. 2  2. 0  3. 0 | | | 1. 10 functional Early Warning Mechanisms functional.    2. capacity of the community in conducting outreach events regarding the prevention and protection against CRSV.  3. Visibility and awareness about CRSV is secured at the community level  4. 2 early warning and prevention advisory networks set up (1 per region) with a governance board made up of 7-10 people. | | 1. Evaluation reports  2. Activity reports | | Resistance of community members as sexual violence remains a taboo.  Low capacity of the community to support the prevention and protection efforts due to fear of reprisals  High security risks |
| **Output 1.2**  **[***The elements of armed groups are committed to a zero-tolerance approach against CRSV* ***]*** | | | | | | | | | |
| Indicators | | Baseline | | | Targets | | Verification Method | | Risks and Assumptions |
| 1.Number of armed groups in project areas having made public declarations of support for the abandonment of CRSV  2. Number of armed groups having adopted and implementing a comprehensive policy framework to address CRSV  3. Number of focal points on CRSV appointed internally at regional level  to address CRSV  4. Number of follow-up requests about allegation answered by the leadership of the armed groups | | 1. 0  2. 0  3. 0  4. 0 | | | 1. The elements of armed groups are committed to a zero-tolerance approach against CRSV  2. 50 % decrease in CRSV prevalence perpetrated by elements of armed groups in Gao and Menaka region  3. 24 committees  3. 75 % response to follow-up requests about allegations of CRSV | | 1. Activity reports  2. Evaluation reports | | High security risks |
| **Activity 1.2.1**  **[*Organisation of two open-debates with the leadership of armed groups to engage them in the tackling of sexual violence against girls*]** | | | | | | | | | |
| Indicators | | Baseline | | | Targets | | Verification Method | | Risks and Assumptions |
| 1. Number of armed groups in project areas having made public declarations of support for the abandonment of CRSV  2. Number of armed groups having launched an internal sexual violence program to address CRSV at regional level  3. Number of armed groups having adopted a response mechanism/strategy against CRSV | | 1. 0  2. 0  3. 0 | | | 1. 2 armed groups officially committed to supporting the prevention of CRSV  2. 2 armed groups | | 1. workshop report  2. Activity report | |  |
| **Activity 1.2.2**  **[ *Organisation of two review sessions to ensure their continuous commitment to zero-tolerance against CRSV*]** | | | | | | | | | |
| Indicators | | Baseline | | | Targets | | Verification Method | | Risks and Assumptions |
| 1. Number of documented CRSV cases involving their members which resulted in an arrest or sanction  2. Number of initiatives (training sessions, guide...) conducted to build the capacities of their high-ranking officials and members  3. Number of armed groups having adopted a response mechanism/strategy against CRSV  4. Number of victims who have benefited from protection measures | | 1. 0  2. 0  3. 2 actions plans on the prevention and response to strategy against CRSV have been already adopted by armed groups since 2017  4.0 | | | 1. 50 % of documented cases involving a member of an armed group resulted in a disciplinary sanction/ arrest/prosecution  2. 4 training sessions conducted  3. 2 strategies against CRSV disseminated by armed groups  4. 50% of victims assisted by armed groups are referred to competent actors | | 1. workshop report  2. Activity report  3. Joint assessment field reports | | High security risks  Absence of Menaka judge |
| OUTCOME 2  **Comprehensive and multisectoral assistance, including medical, psychosocial, and livelihoods are available and accessible to survivors. (At least 70% of identified survivors).** | | | | | | | | | |
| Outcome Indicators | Baseline | | | Targets | | Verification Method | | Risks and Assumptions | |
| 1. Number of organisations which have developed a quality improvement plan and is monitoring the quality of their service provision  2. Number of vocational training courses opened for CRSV victims/survivors  3. number of victims/survivors who link with service providers for assistance based on information shared during senzitisation  4. number of victims/survivors who link with service providers for assistance through phone calls  5. number of victims/survivors who link with service providers for assistance through a referral notice | 1. 10 %  2. 0  3. 0  4. 0  5. 0 | | | 1. Increase to 80 %, service providers and local actors’ capacities to deliver targeted services and advocate for survivors’ rights  2. Improved access of 5000 victims/survivors to quality health services and social service provision through standardization of service provision, referrals, and development of vocational trainings  2. Scope of the CRSV support is broadened to include employment/socio-economic opportunities | | 1. Training reports  2. CRSV screening form  3. Monthly summary reports | | Fear of stigma and reprisals from VEGs or armed groups  High security risks | |
| **Output 2.1**  Women and girls survivors have improved access to quality holistic CRSV care services | | | | | | | | | |
| Indicators | Baseline | | | Targets | | Verification Method | | Risks and Assumptions | |
| 1. Number of GBV/CRSV services available expanded  2. Number of victims assisted by the service providers/different stakeholders and type of assistance provided.  3. Number of CRSV victims who reported to the holistic acre centers who referred them for other services not provided by them | 1. 2  2. 0 | | | 1. all the holistic care centres are provided with staff who offer multisectoral assistance    2. 80 % of victims link with the service providers for assistance | | 1. partners’ reports  2. monitoring reports | | Fear of stigma and reprisals from VEGs or armed groups  High security risks | |
| **Activity 2.1.1**  Conduct and/or support gender-sensitive quality assessments to understand the risks and vulnerabilities of women and girls to GBV including CRSV and identify entry points for care provision. | | | | | | | | | |
| Indicators | Baseline | | | Targets | | Verification Method | | Risks and Assumptions | |
| 1. Number of service providers having developed quality improvement plans to improve their GBV/CRSV interventions  2. Number of organisations attending the monthly data review meeting  3. Number of organisations having security | 1. 0  2. 0 | | | 1. 100 % have developed a quality improvement plan  2. 100 % of the stakeholders attend | | 1. Monitoring reports  2. Meeting reports | | Fear of stigma and reprisals from VEGs or armed groups  High security risks | |
| **Activity 2.1.2**  Strengthen the capacities of service providers (health, psychosocial, security) to offer quality services to CRSV survivors and to ensure safe care service delivery environments. | | | | | | | | | |
| Indicators | Baseline | | | Targets | | Verification Method | | Risks and Assumptions | |
| 1. Number of members of organisations trained in case management, psychosocial support, and collection and monitoring of data.  2. Number of case workers trained who are satisfied with the content of the training  3. Number of trainees who use the skill learned in his work  4. Number of Victims satisfied with the service provision  5. Number of service providers having developed data capturing tools following a harmonized methodology (CRSV screening, CRSV facility screening register, CRSV monthly summary report) to improve their GBV/CRSV interventions | 1. 0 %  2. 0  3. 0  4. 0  5. 0 | | | 1. 50 % increase in the number of organisations able to provide holistic care service delivery  2. 250 CRSV service providers are identified, assessed and supported for strengthened case management  3. Build professional capacities and CRSV awareness of the first responders (judge, media, investigators, prosecutors, police and CSOs  4. The capacity of 50 doctors, nurses and counsellors are strengthened to help them understand the clinical pathways and to ensure that the key elements of care are provided to victims/survivors. | | 1. Training report  2. Feld reports and Monitoring reports  3. partners reports  4. Training Post-test | | Fear of stigma and reprisals from VEGs or armed groups  High security risks | |
| **Activity 2.1.3**  Support a functional referral system for survivors to care services, including investing in effective case management and supporting transportation for referral of survivors. | | | | | | | | | |
| Indicators | | Baseline | | | Targets | | Verification Method | | Risks and Assumptions |
| 1. Number of victims reporting to a care centre for assistance and type of assistance offered.  2. Number of victims receiving services from service providers. | | 1. 0  2. 0 | | | 1. 80 % of victims report to a care centre  2. 80 % of victims accept to be assisted by service providers | | 1. Activity reports  2. Monitoring reports | | Fear of stigma and reprisals from VEGs or armed groups  High security risks |
| **Activity 2.1.4**  Provide rape incident treatment kits and train service providers in their use. | | | | | | | | | |
| Indicators | | Baseline | | | Targets | | Verification Method | | Risks and Assumptions |
| 1. Number of rape incident treatment kits delivered and distributed  2. Percentage of rape cases that were provided with antibiotics for STI management/ emergency contraceptives within 5 days of incidence/ or PEP within 72 hours of incidence | | 1. 3 care centres set up by a local NGO are already functional in the two regions to address IDPs’ issues    2. 20 service providers have been trained to use PEP Kits | | | 1. The 2 One-stop centres and 11 care centres (3 ad hoc and 8 additional created by the project) are supplied with the rape incident treatments kits in Gao and Menaka IDPs camps  2. 200 service providers trained in the use of rape incident treatments kits | | 1. Material handover form  2. Partners’ reports  3. Training reports | | **Resistance of the community** |
| **Output 2.2**  450 survivors are empowered using cash and vouchers modalities to respond to GBV/CRSV | | | | | | | | | |
| Indicators | Baseline | | | Targets | | Verification Method | | Risks and Assumptions | |
| 1. Number of victims/survivors have participated in the programme, who feel empowered  2. Number/relevance of training workshops put in place in the centre for their self-resilience  3. Number of mentors who effectively assist victims/survivors | 1. 1  2. 0  3. 0 | | | 1. Set up four women’s centres in the two camps for orientation, vocational training and social reintegration  2. The social reintegration needs of 450 survivors are fulfilled through a grant assistance  3. 130 women mentors are trained on sexual violence to foster peer-peer support among survivors | | 1. activities report  2. Results of a clients exit survey  3. Training report  4. KAPS test | | There exist a women’s house in Menaka that can host some of the activities of the project  Fear of stigma and reprisals from VEGs or armed groups  High security risks | |
| **Activity 2.2.1**  Set up of four women’s centres in the two camps for orientation, vocational training and social reintegration | | | | | | | | | |
| Indicators | Baseline | | | Targets | | Verification Method | | Risks and Assumptions | |
| 1. Number of victims/survivors assisted who attended the vocational training  2. Number of Centers that offer the whole vocational training program | 1. 0  2. 0 | | | 1. 80 % of survivors who participated in vocational training, and are effectively running a business  2. the 4 four centres developed a specific programme to provide survivors with entrepreneurship skills | | 1. Attendance sheets for the training  2. Activities reports | | Fear of stigma and reprisals from VEGs or armed groups  High security risks | |
| **Activity 2.2.2**  Organization of two training sessions for a total of 130 women mentors on sexual violence | | | | | | | | | |
| Indicators | Baseline | | | Targets | | Verification Method | | Risks and Assumptions | |
| 1. Number of outreach events conducted to communities, and traditional and religious leaders to encourage them to raise their voices against the culture of silence and stigmatization of GBV and misplaced prioritization of community and family integrity above the wellbeing of the survivor.  2. Number of victims/ survivors enrolled in the mentoring program | 1. 0  2. 0 | | | 1. A local pool of 130 women mentors on sexual violence are trained. They will be selected among case workers and members of women-led grassroots organisations.  2. 80 % of victims enrolled in vocational training, participated in the mentoring program | | 1. Training reports  2. Activity reports | | Fear of stigma and reprisals from VEGs or armed groups  High security risks | |
| **PROBLEM** **STATEMENT** | | | Lack of access to comprehensive and multi-sectorial services or inappropriate response to CRSV impedes the recovery and resilience of CRSV survivors. There is therefore the need for immediate action toward efficient and sustainable solutions to address the needs and rights of the survivors and affected communities. | | | | | | |

1. OCHA Mali, sitrep of 13 June 2022 [↑](#footnote-ref-1)
2. MINUSMA, Report of the survey on the situation of sexual violence related to conflict and climate change in regions of Ségou, Mopti, Tombouctou and Gao, November 2021. According to the report, cases of conflict-related rapes were mostly reported in Gao region, notably in Ansongo cercle (communes of Ansongo, Bara, Gabera, Gao, Gounzoureye, Ouatagouna, and Soni Ali Ber). [↑](#footnote-ref-2)
3. OCHA Mali, HPC 2023 [↑](#footnote-ref-3)
4. MINUSMA, Report of the survey on the situation of sexual violence related to conflict and climate change in regions of Ségou, Mopti, Tombouctou and Gao, November 2021. [↑](#footnote-ref-4)
5. Without creating any hierarchy amongst survivors or exposing them to increased stigmatization or other risks. [↑](#footnote-ref-5)
6. *Op cit*, UNOCHA Mali, sitrep 13 June 2023 [↑](#footnote-ref-6)
7. **Op cit**, MINUSMA, Report of the survey on the situation of sexual violence related to conflict and climate change in regions of Ségou, Mopti, Tombouctou and Gao, November 2021. [↑](#footnote-ref-7)
8. MINUSMA, Quarterly report on SVC, July-September 2022. [↑](#footnote-ref-8)