MPTF OFFICE GENERIC FINALPROGRAMME[1] NARRATIVE REPORT
REPORTING PERIOD: FROM *April 2012* TO *December 2015*

Programme Title & Project Number

- Strengthening the medico-legal response to sexual violence in conflict settings
- UNA 028
- M Office Project Reference Number:[3]

Country, Locality(s), Priority Area(s) / Strategic Results[2]

Applicable to conflict settings globally
Materials field tested in Kenya. (Testing was planned for Liberia and Kenya, but it was not possible to implement in Liberia due to the Ebola epidemic).

Priority area/ strategic results Knowledge building/A set of practical materials for training and improving coordination of medico-legal response to sexual violence and an implementation protocol.

Participating Organization(s)

World Health Organization
with UNODC

Implementing Partners

- Physicians for Human Rights and Ministry of Health in Kenya

Programme/Project Cost (US$)

Total approved budget as per project document: MPTF /JP Contribution[4]:	$ 197,950.
Agency Contribution • *by Agency (if applicable)*	$50,000
Government Contribution *(if applicable)*	
Other Contributions (donors) *(if applicable)*	
TOTAL:	$247,950

Programme Duration

Overall Duration *(months)*	44 months
Start Date[5] *(dd.mm.yyyy)*	April 2012
Original End Date[6] *(dd.mm.yyyy)*	October 2013
Actual End date[7] *(dd.mm.yyyy)*	December 2015
Have agency(ies) operationally closed the Programme in its(their) system?	Yes [x] No [ ]
Expected Financial Closure date[8]:	March 2016

Programme Assessment/Review/Mid-Term Eval.

Report Submitted By

[1] The term "programme" is used for programmes, joint programmes and projects.
[2] Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;
[3] The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page on the MPTF Office GATEWAY.
[4] The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see MPTF Office GATEWAY
[5] The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY
[6] As per approval of the original project document by the relevant decision-making body/Steering Committee.
[7] If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see MPTF Office Closure Guidelines.
[8] Financial Closure requires the return of unspent balances and submission of the Certified Final Financial Statement and Report.

Evaluation Completed
[x] Yes [ ] No Date:
Evaluation Report - Attached
[x] Yes [ ] No Date: *September 2016*

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FINAL PROGRAMME REPORT UNA 028

EXECUTIVE SUMMARY

This project has led to the publication and dissemination of the WHO/UNODC/UNA document *Strengthening the medico-legal responses to sexual violence* in English and in French. This toolkit contains 18 one pagers with simple and practical guidance on different aspects of the medico-legal process. A background document and a policy brief are also available in English only. An implementation protocol was also developed as part of the project and the materials were field tested in Kenya with Physicians for Human Rights. UNODC is now leading training with and implementation of the toolkit in Somalia.

The first milestone in the project was an experts meeting on building national system capacity for medico-legal evidence for sexual violence in conflict-affected settings that took place in Geneva from 10-12 April 2013: The meeting brought together experts from countries including Australia, Central African Republic, Colombia, DRC, Kenya, Lebanon, Liberia, Peru, Sri Lanka, South Africa, Uganda, and USA, also representing different sectors. The participants identified challenges in 3 areas: knowledge/awareness gaps, resource constraints and systems weaknesses, particularly to do with lack of coordination between sectors, capacity imbalance between different components of the systems and lack of consistency of services across a country. The recommendation was to develop a set of simple one-pagers that could be used to address some of the gaps identified in the form of a toolkit that could be used to enhance coordination at country level.

The process of development of the tools was an iterative process with multiple reviews by experts and practitioners attending the meeting and other external reviewers. This led to the second milestone which was the production of the set of job aids, a background paper that provides an overview and introduction to the toolkit and a policy brief.

The third achievement was the development of a protocol for using and testing the materials in country, bringing together a range of stakeholders to identify bottlenecks in the system and possible solutions, and to enhance coordination across sectors. The field test was carried out in Kenya with Physicians for Human Rights. A separate report is available on the field test (See Annex 2). The materials are being used now in various countries and UNODC will be doing a follow up implementation and testing in Somaliland, including developing training curricula.

Overall the project was successful in achieving all of the expected outputs and outcomes. Many systemic challenges to an effective medico-legal response, however, were identified and further actions are required to support countries to address impunity.

NARRATIVE REPORT

I. Purpose

This project aimed to strengthen national capacity to address sexual violence in conflict affected countries by addressing key gaps in policy and practice related to collection and use of forensic evidence of sexual violence in these settings. As part of the increased focus on ending impunity for conflict-related sexual

violence, there has been a need identified by donors and international justice actors for improving the collection and use of forensic evidence (including DNA). The tendency has been to focus on single interventions, such as training of providers, or construction of DNA labs rather than on improving the coordination and the components of the justice, health and social sectors which make up the forensic system as a whole. This approach has not led to the development of appropriate or sustainable responses, has created confusion among national and international actors and does not lead to an efficient use of resources. This project responds directly to requests for clarification of how best to integrate collection of forensic evidence of sexual violence into relevant country level systems and processes, what is needed to strengthen forensic systems and build capacity in this area. It aims to develop a tool to guide countries, the UN and donors in this process.

The project was divided into two phases.
i), a technical meeting held in Geneva to review lessons learned from previous and on-going efforts to increase capacity for collection and use of forensic data, develop policy responses and address practical challenges of working on this issue in conflict affected settings, for example, the project being undertaken by Physicians for Human Rights in the Great Lakes and UNODC's forensic assistance programme for the Palestinian Authority). The project also made reference to and built on relevant international guidance and standards. Relevant UN and other international and national agencies were invited to participate. The outputs of this technical consultation were envisaged to include development of a UN Action policy/guidance note and a tool to assist coordinated country level analysis of what is needed at the policy and systems levels for forensic evidence collection and use, which could serve as the basis for programming.

Phase 2 involved the pilot testing of the tool in one country and capacity building at the national level. The testing of the tool will involve not only the application of the tool but a process to bring together stakeholders from all relevant sectors to review and analyse the results of the assessment, address bottlenecks and plan next steps, including addressing capacity building needs, in a coordinated way.

Goal and objectives

The overall goal was to improve national system capacity for collection and use of forensic evidence of sexual violence in conflict-affected settings in order to reduce impunity. The specific objectives included:

- To provide guidance, based on lessons learned, about what policies and system components need to be in place for appropriate integration of sexual violence forensic evidence collection.
- To enable country level actors in the range of sectors related to collection and use of forensic evidence to analyse policies and, systems and services, address bottlenecks and plan in a coordinated way.

Key activities

- Hold a technical meeting to review lessons learned from previous and on-going efforts to increase capacity for collection and use of forensic data, develop policy responses and address practical challenges of working on this issue in conflict-affected settings.
- Develop a UN Action policy/guidance note based on issues identified by partners at the meeting.
- Develop a tool to assist coordinated country level analysis of what is needed at the policy and systems levels to strengthen forensic evidence collection and use.

Expected results

- Clarification of UN Action policy position on key elements and strategies for the appropriate integration of forensic evidence collection in conflict-affected settings based on lessons learned from the field.
- Increased consistency, coordination and quality of UN Action advocacy with donors, partners and country level actors.
- Improved coordination at country level for analysis and programming for system strengthening to enable collection and use of forensic data, among both national actors and UN agencies.
- Increased country level capacity for collection and use of forensic evidence for sexual violence cases in conflict-affected settings.
- Increased country level capacity to investigate and prosecute crimes of sexual violence effectively and appropriately.
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Intended beneficiaries

- Country level actors involved in health and criminal justice processes.
- Survivors of sexual violence.

Assessment of Programme Results

1. *Expert Meeting on Building national system capacity for medico-legal evidence for sexual violence in conflict-affected settings*

The first milestone in the project was the Expert Meeting on Building national system capacity for medico-legal evidence for sexual violence in conflict-affected settings that took place in Geneva from 10-12 April 2013: The meeting brought together over 30 experts from countries including Australia, Central African Republic, Colombia, DRC, Kenya, Lebanon, Liberia, Peru, Sri Lanka, South Africa, Uganda, and USA, representing different sectors, as well as different UN agencies including UNODC, OHCHR, UNFPA and UNICEF. The participants identified challenges in 3 areas: knowledge/awareness gaps, resource constraints and systems weaknesses, particularly to do with lack of coordination between sectors, capacity imbalance between different components of the systems and lack of consistency of services across a country. The second day was spent on defining what could be done to respond to the above challenges and improve medico-legal care in very low-resource and low- capacity settings. Participants identified a number of intrasectoral and intersectoral knowledge gaps and agreed that the key output of the meeting should be to help address these critical gaps and support coordination within and between sectors in conflict-affected settings. It was agreed that recommendations should consider three scenarios: none to very limited resources, middle level of resources, and high level of resources available. Participants agreed that an important contribution to improving capacity is the development of practitioner-focused job aids that address key knowledge gaps within and between sectors and help support coordination in low-resource settings - messages and information for the different sectors needed to be distilled to a very basic level ("one pagers"), as well as addressing cross-cutting issues such as coordination and ethical principles. A policy/guidance note would also be developed to reinforce the importance of investing in (re)building national system capacity and coordination. These outputs

will enable improved advocacy with donors and policy-makers, based on lessons learnt, and will help align stakeholders behind plans and processes that aim to assist survivors in seeking justice and to end impunity for sexual violence in conflict-affected settings. (The report of the meeting, agenda and list of participants is available from WHO.)

2. *Strengthening the medico-legal responses to sexual violence* (in English and French)

The process of developing the tool and policy brief was initiated following the meeting, guided by an Advisory Group which included WHO, UNODC, two expert consultants including a forensic medical expert, civil society and one government representative with expertise on the topic. Drafts were developed and then circulated for review to the experts who had attended the meeting and others and were revised on the basis of the inputs received. During the review process certain gaps were identified, for example to address the specific needs of children, and additional job aids prepared accordingly. Other UN Action members like UNICEF,UNFPA and OHCHR also provided input and reviewed the documents.

The final documents can be found at the following address on the WHO website.
http://www.who.int/reproductivehealth/publications/violence/medico-legal-response/en/
They include the toolkit, a background paper and a policy note. The toolkit is also available in French.

The toolkit consists of 18 one-pagers and cover:
1. Introduction to the toolkit
2. Facts about sexual violence
3. Coordination and cooperation
4. Key stakeholders
5. Ethics
6. Competencies
7. Support and protection for victims
8. Children
9. Preparing to gather the story
10. Documenting the story and responses
11. Elements of the initial investigation
12. Minimum requirements for the health facility
13. Managing the health issues
14. The forensic medical examination
15. Medico-legal evidence in sexual violence
16. Forensic specimens
17. Female and male genitalia: definitions and comments

Each of the one-pagers contain: background/rationale, key points and additional resources. It is also clearly indicated who the primary target audience is (e.g., health, forensics, law, social services, coordination, etc.).

3. *Pilot testing*

Phase 2 of the project included the development of a protocol for pilot testing and the pilot testing of the final draft of the documents. Liberia, Kenya and DRC were identified as possible sites and it was decided with UNA to do it in Liberia. Unfortunately however, the pilot testing in Liberia was postponed and ultimately canceled because of the Ebola outbreak. The pilot testing was finally carried out in Kenya with Physicians for Human Rights in collaboration with WHO country office and the Ministries of Health and Gender.

Two stakeholder meetings were held in Kenya on April 26-29th and on May 3rd to 6th, bringing together stakeholders from Nakuru and Kisumu counties. The stakeholders included: health workers (clinicians, nurses lab technicians, psychologists/counselors), representatives from the Office of the Director of Public Prosecutions office, the judiciary, social services, county health and county gender representatives and representatives from non-governmental organizations and community-based organizations. The aim of the meetings was to obtain feedback on the utility of the WHO/UNODC/UNA Tool and to develop consensus on service improvements within and between sectors, including on the coordination between sectors. The stakeholder discussions identified gaps and provided solutions. Specific issues raised that need further consideration included: dealing with people with disabilities, collection of psychological evidence, data collection and sharing, the role of the media, and monitoring and evaluation.

The specific outcomes of the process were to bring together stakeholders to deliberate on service delivery and referral pathways for the provision of medico-legal services to survivors of sexual violence within and between the health, legal, law enforcement, judicial and social services sectors, in conflict and emergency settings; identify existing policy and practice gaps; and propose suitable strategies and solutions to address identified gaps. Notably, the evaluation process brought to the fore a critical policy gap related to cross-sectoral coordination and collection, documentation and transmission of forensic evidence of sexual violence between key sectors. Other challenges that were highlighted during this process include lack of an early warning and preparedness system, and insufficient capacity and resources. (The reports of the stakeholders meetings are available.)

The stakeholders are keen to advance the activities initiated through the Toolkit evaluation process and created detailed work plans for moving forward towards improving the medico-legal system, specifically in times of conflict. The next stakeholders' meetings in the different counties were planned to take place on 1st July 2016 (Kisumu) and 8th July 2016 (Nakuru). The stakeholders used this opportunity to share the outcome of the stakeholders' meetings and to present their work plans and outline their steps to achieving the goals they have set out. The aim was to obtain their commitment to support the implementation of the interventions proposed, especially as the country moves towards new elections in 2017. Some illustrative photos of the work are included at the end of the report.

One of the actions proposed by the stakeholders, as a follow up to this project, is the need to conduct an assessment through a review of records in the courts, police stations, health facilities, government chemist (forensic laboratories), and other relevant institutions, to obtain empirical evidence on the gaps in collection, documentation, transmission and application of forensic evidence within and between relevant sectors, and their effect on survivors' ability to obtain justice. The stakeholders consider that the empirical evidence

obtained through such an assessment will be critical in informing engagement with policy makers and persuading them to put in place necessary laws, policies and institutions, and provide sufficient resources to improve provision of medico-legal services to survivors of sexual violence in conflict settings. Stakeholders propose that the assessment should be followed by key interventions aimed at addressing identified capacity, resource, access, and cross-sectoral coordination, among other gaps. These interventions would then be evaluated over time to assess their impact in improving medico-legal services, including through active case-tracking within and between relevant sectors.

Qualitative assessment

The project was successful in achieving all of the expected outcomes. We did, however, experience various delays in implementation, not least in the pilot phase as the Ebola epidemic broke out just when we were ready to start piloting in Liberia. The partnership with Physicians for Human Rights, who have been working on strengthening the medico-legal response in the Great Lakes region for many years, was instrumental in implementing the pilot. They brought not only their expertise, but also their good relationships with the national government in Kenya. UNODC is now taking the lead in using the toolkit as the basis for training on medico-legal response to sexual violence in Somalia and we expect that the partnership with Physicians for Human Rights will continue.

Evaluation, Best Practices and Lessons Learned

The project was managed by WHO, in partnership with UNODOC and in consultation with other members of UN Action, particularlyOHCHR, UNDP, UNW and UNFPA. WHO has a normative role in developing standards for medical legal collection, including in sexual violence, and was able to bring together key UN, NGO, academics and other experts as well as national staff for this project. UNODC is involved in normative and technical support work to build the capacity of countries to address crimes including through appropriate use of forensic science and brings the experience of working with justice systems on this.

The project's initial proposal identified that the project would be monitored against delivery of the following specific outputs / expected results:
A small steering group of the key organizations from UN and NGO partners established to guide the project;
UN Action Policy brief developed to address key issues identified by partners;
Meeting to review lessons learned and policy and programme issues;
Assessment tool for forensic system developed for testing
All of the expected results/outputs were achieved. The tool, available in English and French, has been disseminated through WHO's and UNODC's channels, as well as through the Sexual Violence Research Initiative and other related networks. The relationship with the Office of the SGSR Sexual Violence in Conflict, in particular the team of experts, could have been strengthened to also encourage wider use of the toolkit in their work.

Delays in implementation were experienced initially as the production of the tool took longer than had been anticipated due to multiple stages of review. The second and most important delay was in the implementation of the field test in Liberia. The Ebola epidemic broke out during at the time the testing was due to start.

Initially it was thought that this would be short-lived and the implementation would still take place in Liberia, but it became clear that it would be challenging to undertake the work there and the decision was then made to implement in Kenya, where Physicians for Human Rights did extensive work on election-related violence. In the end the pilot testing took place successfully. UNODC is now undertaking implementation in Somalia (also supported by UNA) and we are discussing possible further testing in DRC with our implementing partners, Physicians for Human Rights.

The main lesson learned is that it is necessary to factor in additional time for possible delays in implementation. The other lesson is the important of partnerships and good contacts in the field. The project involved bringing together stakeholders from different ministries and different perspectives and finding solutions to common problems. It will be useful to do a longer follow up one year later to see what of the agreements made it has been possible to implement and what were challenges encountered.

Overall, the UN Action investment was fruitful. It has led to a concrete product that is being used in country and can serve to build capacity and fulfill the ultimate aim of strengthening the medico-legal response to sexual violence in conflict settings, thus contributing to ending impunity. Feedback from partners in the field highlights that the project has provided an impetus to put things in place and ensure preparedness for effective responses in view of next year's elections. It is planned to reconvene the various stakeholders again early in 2017 to review implementation of action plans and identify additional actions as required to strengthen the medico-legal response and to prevent a repeat of post-election violence, particularly sexual violence.

WHO/UNODC/UNA TOOLKIT

Problem Identified:
While carrying out the stakeholder meetings in Nairobi, Nakuru and Kisumu a similar problem was identified in all regions: data collection. There were a number of great interventions and ideas proposed to improve the service pathway for survivors of sexual violence but the National and County Governments both agreed that without any specific data on cases of sexual violence it will be very difficult to implement most of the suggestions. The data would show the number of cases reported, where the gaps are in the system and the number of cases that eventually get prosecuted. This data would provide factual evidence showing the gaps and challenges that the survivors face and will bolster advocacy to influence budgeting, resource allocation and policy/structural changes.

Intervention Proposed:
The team in Kisumu proposed the formation of a draft **SGBV Checklist** (available on request) that would be used by survivors as they access various services along the referral pathway. This single checklist given to the survivor at whatever entry-point they choose to access assistance. It would then be filled in at each of the stages that the survivor has to pass through.
This draft checklist was identified by the network in Kisumu as the most probable intervention to track cases through the system as the case would be allocated a unique identifiable number (in this case the survivor's ID number or birth certificate number).

Result that would occur if the intervention is implemented:
With this checklist operational it would allow for accurate tracking of sexual violence cases, with precise data on entry-points, services offered and where the gaps are in the referral pathway. Ultimately it will be able to show how many cases get to the prosecution stage and how perpetrators are sentenced in the various counties.
This data will enable the County Governments to budget better and allocate resources where they are required. Issues like insufficient staff, lack of materials and equipment, unavailable shelters and rehabilitation centers can be better dealt with once there is evidence that clearly shows the need for these resources.

Lessons Learned:
Though the checklist is not in use, it emanated from a need that each of the Stakeholders identified and faced in their day to day work. There is no way to track the progress of cases through the entire systems which means that it is difficult to pinpoint where the gaps are. It is clear that there are gaps based on the number of cases that finally make it to court and the numerous cases that fail leading to perpetrators going scot-free.
It is also important to note that consequently most of the budgeting, resource allocation and policy formulation does not happen from a fully informed point of view because there is no data available within the Counties. The data collected is done from a sectoral assessment, this is not cross-sectoral data that can show the collaboration and coordination among the different sectors. This data is also not widely shared.

Figure-: Christine Alai leading a discussion at the Kisumu Stakeholders' Meeting


Figure 1: Participants from the Kisumu Network listening keenly

Figure 2: Representatives from the Law enforcement team (police and government chemist) during a group activity

Figure 3: Group photo with the Kisumu Stakeholders