



STOP RAPE NOW

UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

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

Part A. Meeting Information (To be completed by the UN Action Secretariat)	
RMC Meeting No: RMC028	Project ¹ No: UNA058
Date of Meeting: 11 December 2018	RMC members in attendance at meeting: IOM, UN Women, UNFPA, DPKO, UN Action Secretariat
Part B. Project Summary (To be completed by the Participating UN Organization)	
Date of Submission: 09 December 2018	Participating UN Organization(s): UNFPA Lead UNAMI and IOM Contributing Participating UN Organization receiving funds: UNFPA
Focal Point of the Participating UN Organization(s): Name: Dr. Oluremi Sogunro Telephone: +964. 790 194 74 43 Email: sogunro@unfpa.org Name: Ms. Idah Muema Telephone: +964. 7901931296 Email: muema@un.org Name: Ms. Carly Owens Telephone: +964 751 741 6023 Email: COWENS@iom.int	Project Title: Improving quality and effective management of GBV mitigation and response services, particularly Mental Health and Psychosocial Support, and training of armed actors in Iraq Project Location(s): Iraq (Central and South Regions of Iraq, and the Kurdistan Region of Iraq)
UN Action pillar of activity: <input checked="" type="checkbox"/> Advocacy <input checked="" type="checkbox"/> Knowledge building <input checked="" type="checkbox"/> Support to UN system at country level	Projected Project Duration: 12 months
Proposed project, if approved, would result in: <input type="checkbox"/> New Project <input type="checkbox"/> Continuation of previous funding <input checked="" type="checkbox"/> Other (explain): This project	Total Project Cost: \$ US 642,000 Amount of MPTF funds requested: \$ US 428,000 Percentage of indirect support costs from MPTF contribution: 7%

¹ The term "project" is used for projects, programmes and joint programmes.



constitutes a bridge covering the humanitarian-development nexus in Iraq.

Narrative Summary

I. Overview

Background

Sexual and gender-based violence, including rape, is a problem throughout the world, occurring in every society, country and region. Refugees and internally displaced people are particularly at risk of this violation of their human rights during every phase of an emergency. The systematic use of sexual violence as a method of warfare is well documented and constitutes a grave breach of international humanitarian law. This is also what has been happening in Iraq in the past several years of conflict.

Rape is a form of sexual violence, a public health problem and a human rights violation. Rape in war is internationally recognized as a war crime and a crime against humanity, but is also characterized as a form of torture and, in certain circumstances, as genocide. All individuals, including actual and potential victims of conflict-related sexual violence (CRSV), are entitled to the protection of, and respect for, their human rights, such as the right to life, liberty and security of the person, the right to be free from torture and inhuman, cruel or degrading treatment, and the right to health. Governments have a legal obligation to take all appropriate measures to prevent sexual violence and to ensure that quality health services equipped to respond to sexual violence are available and accessible to all. Health care providers should respect the human rights of people who have been raped. In addition, health care providers, in collaboration with workers in other sectors, may play a role in the broader community, by identifying and advocating for interventions to prevent rape and other forms of sexual violence, and to promote and protect the rights of survivors. Lack of recognition of rape as a health issue, and non-enforcement of legislation against rape, prevent any real progress towards gender equality.

Survivors may react in any number of ways to such a trauma; whether their trauma reaction is long-lasting or not depends, in part, on how they are treated when they seek help. By seeking medical treatment, including Mental Health and Psychosocial (MHPSS) and physical health treatment, survivors are acknowledging that physical and/or emotional damage has occurred. They most likely have health concerns. The health care provider can address these concerns and help survivors begin the recovery process by providing compassionate, thorough and high-quality medical care, by centring this care around the survivor and her needs, and by being aware of the setting-specific circumstances that may affect the care provided.

In the past three years, the humanitarian crisis in Iraq has been one of the largest and most volatile in the world. In 2014, over 2.5 million people were displaced, an additional one million were forced to flee from 2015 to 2017, and nearly 700,000 people in areas impacted by the conflict with the Islamic State of Iraq and the Levant (ISIL) were newly displaced. Over 3 million Iraqis are currently displaced across the country.

As in almost all humanitarian crises, women and girls are disproportionately affected. In Iraq, sexual violence was used as a weapon of war by different actors, particularly but not exclusively, by ISIS. Ethnic and religious minorities, particularly the Yazidis and Turkmen Shiite women and girls suffered horrendous and barbaric acts of sexual violence, including sexual slavery, which included setting up slave markets under ISIS rule. Sunni girls were subject to forced marriages, particularly those who were affiliated to families with security force members.

Prior to the 2014 ISIS invasion, many women were already vulnerable, with 10% of households headed by females. An adolescent girl in Iraq especially one in rural areas is less likely to go to secondary school. An adolescent girl is at high risk of being illiterate; high probability of being married before the age of 18 without her consent; has little or no recourse to protection from further abuse and disempowerment;



and faces restricted freedom of physical mobility.

In this humanitarian situation, hundreds of thousands of men, women, girls and boys have been brutalized by violence, denied access to safety and basic services, and subjected to exploitation, harassment, and intimidation. Women and girls face additional vulnerabilities related to their access to minimum services and the additional GBV risks. *De facto* female-headed households are reported in large numbers due to the separation during the conflict and displacement and prolonged screening, which increases potential risks of GBV and sexual violence among women and girls. Women and girls are also prone to physical and sexual harassment and abuse by the uniformed personnel and sometimes by the host communities. Prolonged crisis and subsequent depletion of resources available to IDPs and refugees have led to the proliferation of negative coping mechanisms, including forced prostitution, trafficking, forced labour, survival sex and child/early marriage.

Additionally, working with armed groups, such as the Peshmerga, as well as Coalition forces to ensure that they, as the front line for security and community interaction, are well versed in the principles of GBV and the realities of CRSV, women's rights, and the services available for women, girls, men and boys who have survived GBV. This is part of the solution for changing social perceptions of armed groups, as well as countering the impact of flare-ups by Daesh in the country. Focusing on the troops and combining that capacity building with services to communities will strengthen the trust in armed groups, build the foundation for community-styled policing, and raise the awareness of some parties to the conflict on their obligations under international law regarding the protection of civilians, particularly the most vulnerable.

In this respect, the primary responsibility to ensure that people are protected from violence rests with the Government. Therefore, UNFPA has been collaborating and coordinating with the government counterparts in the past years based on the Country Programme Action Plans signed between the Government of Iraq and UNFPA. One of the Outputs of the current Action Plan is "Strengthened capacity of government and civil society institutions to mitigate and respond to gender-based violence and harmful practices, with a special focus on vulnerable women in humanitarian settings". This project contributes to the achievement of this Output by continuing to strengthen multi-sectoral response to GBV (health—including MHPSS, psychosocial and legal response) and reviewing policies, legislation and institutional frameworks on practices that are harmful to women, including female genital mutilation. A particular focus will be put, under this project, on providing tools and capacity to institutions and local stakeholders in transitioning to resilience and durable solutions settings.

Over the years, UNFPA has worked to build capacity of national systems and has very close working relationships with all the relevant government institutions in Kurdistan region and the whole of Iraq. In the recent past, UNFPA has continued to support Kurdistan Government to develop Gender Strategies and implementation plans of four line ministries; supported the development and the roll out of the clinical management of rape (CMR) protocol; and trained uniformed personnel and judges on GBV. UNFPA has signed operational agreements and work plans with Kurdistan High Council of Women Affairs (KHCWA), Ministry of Labour and Social Affairs (MOLSA), General Directorate for Combating Violence Against Women (GDCVAW) and has strong working relationship with Iraq Central Government, in particular MOLSA, Ministry of Health (MOH), and Ministry of Interior (MOI). At Central level, UNFPA works in close collaboration with the Women Empowerment Department (WED) under the General Secretariat for the Council of Ministers, MoLSA and the Family Protection Unit (FPU) under the MoI. Thus, UNFPA already has an established partnership with the government agencies and close working relationship with the highest government authorities in the relevant GBV/Gender government units that the proposed project will target.

UNFPA's partnership with KHCWA supports rolling out of the advocacy campaign for combatting child marriage and female-genital mutilation (FGM) in Kurdistan Region as well as coordination of other government institutions and NGOs involved in child marriage and FGM campaigns, and GBV prevention programmes. UNFPA has been providing support to GDCVAW to strengthen multi-sectoral GBV response through supporting legal services and building capacity of legal and security actors on survivor-centred

GBV response, in particular with the establishment of a GBV helpline thanks to the funding from RDPP. With MOLSA, UNFPA is supporting MOLSA women shelters in Kurdistan Region and in Baghdad, through capacity-building of social workers, awareness-raising campaign on GBV issues, and youth development. With MOH, UNFPA has designed and rolled out the CMR Protocol across Kurdistan Region in 2018. With all stakeholders, the GBV Standard Operating Procedures were disseminated through training and workshops during the first half of 2018, again thanks to RDPP's contribution. These existing partnerships will continue to facilitate smooth and quick start of this project.

1. Project Objectives

1.1. This project aims at ensuring the availability of GBV (including for conflict-related sexual violence) prevention and response services in humanitarian and conflict-affected regions of Iraq.

Conflict and displacement bring about a range of stressors and have the potential to negatively impact the mental health and well-being of everyone affected. Recognising these impacts, the humanitarian community has turned its attention to addressing them and in doing so the field of mental health and psychosocial support (MHPSS) in humanitarian operations has developed substantially over the past years, culminating in the Inter-Agency Standing Committee [IASC] Guidelines in 2007. The foundations of the GBV IASC Guidelines are based on the basic principles of humanitarian action: humanity, neutrality, impartiality and independence. For this project, all actions that aim at providing support to survivors of GBV will put the survivor at the centre of the approach, making sure these principles are applied. Considering the survivor as a human being in her or his dignity, respecting her or him through maintaining confidentiality and absence of judgement are key elements of the quality GBV intervention and service provision that will be emphasised by this project, in particular when dealing with delicate issues such as mental health.

In order to address the critical gap in service delivery, UNFPA will undertake the development of a strategy—following the basic humanitarian principles mentioned above—which will take account of Government and non-Government service delivery points, capacities and coordination (including referral) mechanisms through which case management for GBV survivors and gaps in case management can be best understood. Upon identification of gaps in case management for GBV, opportunities will be formulated through which a consolidated strategy for UNFPA interventions for survivors of GBV will emerge. This strategy will then inform the agencies, organisations and key Government actors with whom intensive training and capacity building will be invested to ensure safe and effective responses for survivors of GBV.

The provision of quality MHPSS intervention will be measured through the number of women and girls accessing services on the assumption that the higher the quality of case management and MHPSS intervention, the more likely women and girls are to trust and access the service delivery point. A MHPSS network composed of Government actors and CSOs dealing with survivors will be established in order to increase knowledge and experience exchanges among practitioners. In order to accomplish these activities, UNFPA will hire an International Consultant who has expertise in MHPSS programming, capacity building and coaching.

Close collaboration and coordination will be ensured with IOM which has an ongoing programme on Social Cohesion and Mental Health and Psychological Support since 2014, with 15 community centres and mobiles teams in 9 governorates. IOM's expertise and working relationship with Ministry of Health in the areas of MHPSS will be harnessed to ensure successful project implementation, without duplicating the existing interventions.



1.2. This project also aims at improving knowledge and capacity of Iraqi armed actors in terms of GBV prevention and response.

UNFPA considers key the involvement of uniformed and armed actors in the process of preventing and responding to GBV. Under this consideration, UNFPA is currently partnering with the Kurdistan Human Rights Watch (KHRW) and the Swiss Federation of Foreign Affairs (FDFA) to conduct trainings to Peshmargas in KRI. This project targets more than 600 uniformed staffs to be trained in nine months across the region by a group of 20 trained peers. UNFPA is planning to extend this initiative in 2019 at least to other Peshmargas and other uniformed and armed staff² both in Kurdistan Region and in Central and South upon agreement from the related Ministries. First contacts have already been established with the Coalition actors in Iraq, in particular Canada and Australia, who are part of the Protection Unit dealing with Gender and GBV issues. A set of training modules, particularly on Sexual Assaults and Domestic Violence have been shared with UNFPA in order to provide technical inputs and advices, based on our experience with KHRW and the Peshmargas trainings. The current plan for 2019 is to roll out a series of Training of Trainers to Coalition members who will then train and sensitize the Iraqi Security Forces (ISF). This initiative is conducted in collaboration with the Protection Cluster, GBV and Child Protection Sub-Clusters, as well as UNAMI/CRSV Office. In this manner, it is intended that a new culture of protection against GBV/CRSV is created within the armed and uniformed services, as well as a foundation for community policing built upon new trust between communities and the services.

2. Strategies, key activities and expected results

In order to address these specific needs and issues, UNFPA Iraq has laid out the following objectives for moving the project forward:

2.1. Provide Technical support on MHPSS to GBV actors

Rationale: MHPSS has been identified as a weak element of the current GBV service provision in Iraq. Strengthening this component is key to ensure the overall quality of a holistic approach in healing survivors of GBV, in particular conflict-related ones.

Objective: Improved capacity of the service providers to provide quality and comprehensive mental health and psychosocial services with a focus on most vulnerable women and girls.

Key activities:

- Deployment of an international MHPSS Specialist to conduct capacity building and on-the job coaching activities (6 months)
- MHPSS Training to existing Psychiatrists and new identified ones
- MHPSS Coaching to trained staff
- Establishing community based support structures
- Assessment of current case management practices
- Support MoH in conducting a comprehensive National evaluation with respect to integration of mental health services into primary health care service

Expected results: Improved capacity and access to Mental Health and Psychosocial services and other GBV services, including improved legal support, for vulnerable women and girls in Iraq.

2.2. Improved knowledge and capacity building of armed actors in terms of GBV prevention and response, in particular in relation to conflict-related sexual violence

Rationale: In a context of transitioning from Humanitarian to Resilience/Recovery/Development context, it is key to work closely with local armed actors to increase their capacity in dealing with

² Numbers to be identified in the full proposal



survivors of GBV, including conflict-related sexual violence ones. It is also critical to institutionalise within the services a culture of protection against GBV/CRSV.

Objective: Strengthening technical capacity and awareness of local armed actors in order to ensure the sustainability of prevention and service provision to survivors of GBV, particularly CRSV.

Key activities:

- Develop and integrate into curriculum of organized forces (Peshmargas, Iraqi Security Forces, etc.), utilising training modules developed in 2018 with KHRW and the Coalition Forces Protection Unit in Iraq on prevention and response to sexual violence in conflict.
- Training of personnel from organized forces on human rights law, international humanitarian law, including sexual violence, existing legal framework around violence against women, undertakings, command orders, guidelines and disciplinary procedures, indicators and mitigating measures to address sexual violence.
- Produce, procure and disseminate communication material on GBV, CRSV and women rights in local languages.

Expected results: Iraqi armed actors are provided with strong and effective tools to support the nexus transitioning of context and programming, particularly to address GBV and CRSV.

3. Geographic locations

The proposed project will cover both the Central and South Regions of Iraq, as well as the Kurdistan Region of Iraq. Direct targets will be local organisations which are part of the Iraqi CSO and that deal with GBV prevention and response programming; as well as Government entities that tackle women's issues under their mandate. Through the support of these local stakeholders, the indirect target beneficiary populations will comprise Host Communities, Internally Displaced People (IDPs), Returnees and Refugees, with a particular focus on women and girls, in particular survivors of GBV, including conflict-related sexual violence survivors.

4. Success criteria and results evaluation

4.1 Management structure

The UNFPA Representative and Deputy Representative will play a key oversight role in ensuring programmatic quality as well as timely implementation and reporting to the donor. The GBV coordinator based in Erbil will lead the GBV component and will be supported by GBV specialist in Baghdad and Programme Analysts that are based in Erbil. These staff will ensure smooth project implementation through communicating and working with implementing partners, conducting field monitoring and supportive supervision visits, coordinating with other relevant stakeholders and contributing to the reporting. In addition, an International GBV Information Management Specialist will be coordinating all aspects related to the GBVIMS and its interactions with MARA, working closely with UNAMI/CRSV Office staff in charge of this data management system.

The International Operations Manager based in Erbil, the Operations Analyst based in Baghdad and the entire operations team at UNFPA will be responsible for financial management, provide required operational/logistic support to programme teams and quality assurance based on UNFPA policies and procedures.

4.2 Monitoring and Evaluation

UNFPA Iraq's M&E Specialist and field staff will manage the monitoring of progress and results of the proposed project against the results framework of the project. Monthly field visits, as well as quarterly



meetings with partners, will be conducted to review progress and discuss/agree on how to address project implementation gaps and/or challenges, if any.

As per the UNFPA policies and procedures, all implementing partners are required to submit quarterly financial and progress reports in accordance with agreed and detailed budgets as per the AWP. Unless UNFPA Iraq accepts the expenditures reported by the partners, partners cannot receive the next installment. In addition to the monthly meetings, these quarterly reports and discussions with partners also serve as a systematic monitoring and quality assurance activities.

Financially, UNFPA follows Harmonized Approach to Cash Transfer (HACT). HACT is a proactive risk management approach, which identifies capacity gaps of the implementing partners and plans to address them before any risks emerges. It determines an appropriate cash transfer modality as well as financial monitoring based on the overall risk rating determined by the assessment. As part of HACT, spot checks and audits will be conducted by the Country Office, through contracted company, on regular basis to ensure sound financial management and control functions.

5. Compliance with UN Action's Strategic Framework

This proposal supports the Country Level Action pillar by contributing "strategic and technical support to joint UN system efforts to prevent and respond to sexual violence in conflict, including efforts to build capacity and train advisers on conflict-related sexual violence." In addition, the aggregated data generated by the researches and campaigns outlined in the proposal can be used to achieve the goals of raising public awareness and generating political will to address sexual violence that fall under the "Advocating for Action" pillar.

The role of UNAMI will be to provide critical political advocacy as well as facilitate interaction with the inter-ministerial technical working groups in Baghdad and Erbil levels through the CRSV High-level focal points, and flag areas that need more focus. This will be done within the context of the Joint Communiqué. Furthermore, activities conducted through the project will inform reporting on progress made in implementing the Joint Communiqué. This will be done in collaboration with the UNAMI Senior Women Protection Advisor and Senior Gender Affairs Advisor, as well as through UNFPA's close work on PSEA with the DSRSG/RC/HC within the mission leadership.

UNFPA is collaborating closely with UNAMI/CRSV Office in implementing the action plan of the Joint Communiqué, in particular for the below listed priorities:

- Support legislative and policy reform to strengthen protection, reintegration and services for survivors of sexual violence
 - National and regional legislation on accountability for sexual violence is reviewed and gap analysis informed reform plan
 - Legislation on shelter for at risk groups including survivors of sexual violence is finalized, adopted and enters into force
- Provision of services and reparation for survivors and children born of rape
 - Long-term psycho-social and health support is accessible for all survivors of sexual violence

6. Enhancement of UN system coordination and joint programming

The project will be conducted in coordination with UN Action network entities, partners (researchers on CRSV), and relevant inter-agency country teams (UNFPA as Lead of the GBV Sub-Cluster, and hosting the PSEA (Protection against Sexual Exploitation and Abuse), the RTAP (Real-Time Accountability Partnership) and the GBVIMS Coordinators. In addition, UNFPA Iraq also co-chairs the AGTF (Adolescent Girls Task Force) and the GBV Case Management Working Group.



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The project is expected to contribute to improved coordination by:

- Enhancing the UN system's understanding of reported incidents of CRSV;
- Helping to standardize the way UN actors and partner NGOs define and report on specific forms of CRSV;
- Facilitating interagency/multi-sectoral improved GBV-related technical capacity and sustainability in conflict-affected contexts;
- Supporting evidence-based CRSV programme interventions at the field level;
- Promoting "one UN" voice and approach to collection and management of service-level CRSV data. UNFPA leads the GBVIMS Task Force in Iraq and is an active member of the MARA (Monitoring, Analysis and Reporting Arrangements).

UNFPA will also work closely with IOM as MHPSS is one of their key intervention sectors in Iraq. Close consultation and coordination will be made, especially for conducting training and coaching on MHPSS and national evaluation of MHPSS integration into Primary Health Centers (PHCs). This collaboration and coordination will benefit this project in terms of ensuring quality service provision for GBV/CRSV survivors and as well as ensuring harmonized and coordinated approach towards Ministry of Health.

7. Key stakeholder engagement throughout project implementation

At Iraq level, this project will be managed by UNFPA with support of selected Implementing Partners, in particular local ones, including Government entities.

II. Budget

a. Financial and operational issues

UNFPA will be responsible for over-all project oversight.

b. Other funding

UNFPA is currently mobilizing resources for their transition from humanitarian to resilience/recovery/development programming in Iraq. Donors such as Canada, Sweden and the Regional Development and Protection Programme (RDPP) have shown their interest, in particular for the development side of the transition.



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

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

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

5. Decision of the Resource Management Committee

Approved for a total budget of US\$

Approved with modification/condition

Deferred/returned with comments for further consideration

Rejected

Comments/Justification:

Chairperson of the Resource Management Committee

HENIA DAKKAK

Name (Printed)

[Signature]

Signature

March 03/12/19

Date

Part E: Administrative Agent Review



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(To be completed by the UNDP MDTF Office)

6. 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

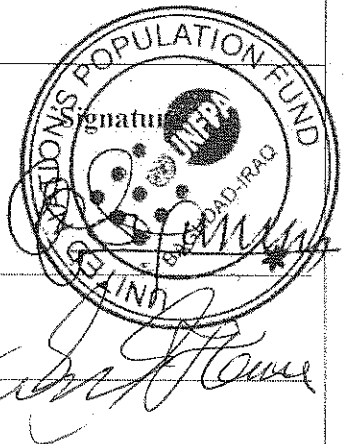
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Date



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

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

Participating UN Organization(s): UNFPA, UNAMI, IOM	Focal Point of Participating UN Organization receiving funds: <u>Name:</u> Lionel Laforgue <u>Telephone:</u> (+964).751-741 0500 <u>Email:</u> Laforgue@unfpa.org <u>Name:</u> Ms. Idah Muema <u>Telephone:</u> +964. 7901931296 <u>Email:</u> muemai@un.org <u>Name:</u> Ms. Carly Owens <u>Telephone:</u> +964 751 741 6023 <u>Email:</u> COWENS@iom.int						
Project Number: UNA058	Project Duration: 12 months Estimated Start Date: January 2019						
Project Title: Improving quality and effective management of GBV mitigation and response services, particularly Mental Health and Psychosocial Support, and training of armed actors in Iraq	Project Location(s): Iraq (Central and South Regions of Iraq, and the Kurdistan Region of Iraq)						
Total Project Cost: \$ US 642,000 Amount of MPTF funds requested: \$ US 428,000 Percentage of indirect support costs from MPTF contribution: 7% GRAND TOTAL: \$ US 642,000							
Total Amount Approved: \$ US 428,000							
Focal Point of Participating UN Organization receiving funds: RMC Chairperson:	<table border="0"> <thead> <tr> <th align="center">Name/Title</th> <th align="center">Date</th> </tr> </thead> <tbody> <tr> <td><u>Dr. Shireeni SOGUNRO</u></td> <td><u>4/3/19</u></td> </tr> <tr> <td><u>HENIA DAKKAK</u></td> <td><u>12/03/19</u></td> </tr> </tbody> </table> <div style="text-align: right;">  </div>	Name/Title	Date	<u>Dr. Shireeni SOGUNRO</u>	<u>4/3/19</u>	<u>HENIA DAKKAK</u>	<u>12/03/19</u>
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PROGRAMME³ BUDGET FORM

CATEGORY	AMOUNT US \$
1. Staff and other personnel costs	70,000
2. Supplies, Commodities, Materials	40,000
3. Equipment, Vehicles and Furniture including Depreciation	-
4. Contractual Services	100,000
5. Travel	20,000
6. Transfers and Grants Counterparts	-
7. General Operating and Other Direct Costs	170,000
Total Programme Costs	400,000
Indirect Support Costs (cannot exceed 7%)	28,000
TOTAL	428,000

* Based on the UNDG Harmonized Financial Reporting to Donors for Joint Programmes approved in 2006. Definition of the categories can be found in the instruction which is available on www.undg.org.

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

³ The term "programme" is used for projects, programmes and joint programmes.



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Goal: Strengthening the capacity of local institutions and organizations in dealing with GBV issues and to ensure quality and sustainability in service provision.

- LOGFRAME -

	Project Summary	Indicators**	Verification Method	Risks & Assumptions
Outcome 1	Availability, accessibility and quality of MHPSS services for GBV survivors strengthened			
Output 1.1	<p>Improved capacity of the service providers to provide quality and comprehensive mental health and psychosocial services with a focus on most vulnerable women and girls.</p> <ul style="list-style-type: none"> Deployment of an international MHPSS Specialist to conduct specific capacity building and coaching activities (6 months) MHPSS Training to existing Psychiatrists and new identified ones MHPSS Coaching to trained staff Establishing community based support structures 	<p>-Number of service providers received training on MHPSS (Baseline: 0 / Target: 20)</p> <p>-Number of service providers received coaching on MHPSS (Baseline: 0 / Target: 20)</p> <p>-Number of community-based support structures established (Baseline: 0 / Target: 10)</p> <p>-Completion of the evaluation of MHPSS</p>	<p>Training reports Pre/Post tests Coaching and supervision reports Evaluation report</p>	<p>Making sure that MoH management and other Ministries are fully on board and deploy human resources in cascading training and interventions</p> <p>Initial/Baseline knowledge is low; so lot of effort has to be put in MHPSS-related activities</p> <p>Involvement of local organisations will also be key in strengthening the MHPSS professional network in Iraq</p>
Activities				

	<ul style="list-style-type: none"> Assessment of current case management practices Support MoH in conducting a comprehensive National evaluation with respect to integration of mental health services into primary health care service 	<p>services at PHCs (Baseline: 0 / Target: 1)</p>		
<p>Outcome 2</p>	<p>Culture of protection, including GBV prevention and response, institutionalized in the Iraqi security structure</p>	<p>Improved knowledge and capacity of armed actors in terms of GBV prevention and response, in particular in relation to conflict-related sexual violence</p> <ul style="list-style-type: none"> Develop and integrate into curriculum of organized forces (Peshmargas, Iraqi Security Forces, etc.), utilising training modules developed in 2018 with KHRW and the Coalition Forces Protection Unit in Iraq on prevention and response to sexual violence in conflict Training of personnel from organized forces on human rights law, international humanitarian law, including sexual violence, existing legal framework around violence against women, undertakings, command 	<p>-Development of curriculum on GBV for Peshmargas and Iraqi Security Forces (Baseline: No / Target: Yes)</p> <p>-Number of armed personnel trained on human rights and GBV, including CRSV (Baseline: 0 / Target: 100)</p> <p>-Number of men, women, boys and girls reached by communication materials on GBV, CRSV and women's rights (Baseline: 0 / Target: 5,000)</p>	<p>Training reports Pre/post tests IEC materials distribution plan</p> <p>Making sure that all relevant Ministries are fully on board and deploy human resources in cascading training and interventions</p>
<p>Output 2.1</p>	<p>Activities</p>			

UN Logframe – UNFPA Iraq

<p>PROBLEM STATEMENT</p>	<p>orders, guidelines and disciplinary procedures, indicators and mitigating measures to address sexual violence.</p> <ul style="list-style-type: none"> • Produce, procure and disseminate communication material on GBV, CRSV and women rights in local languages. 			
	<p>Unequal access to justice and free legal aid and psychosocial services for CRSV (GBV and SGBV) survivors amongst displaced populations in Iraq</p>			

* Can be added after project is approved

** Indicate the project's contribution to UNA's global results, when applicable, by referencing the corresponding indicator code as stated in UNA's Results Framework

