

# STOP RAPE NOW

UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

ANNEX A.2

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

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|--|--|
| <b>Part A. Meeting Information</b><br>(To be completed by the UN Action Secretariat)   |  |
| <b>RMC Meeting No:</b> UNA016  | <b>Project<sup>1</sup> No:</b> UNA026  |
| <b>Date of Meeting:</b> 25 January 2012  | <b>RMC members in attendance at meeting:</b> Kate Burns, Natalie Man, Veronica Birga, Mendy Marsh, Gillian Holmes, Laura Martin, Mari Matsumoto  |
| <b>Part B. Project Summary</b><br>(To be completed by the Participating UN Organization)   |  |
| <b>Date of Submission:</b> 16/01/2012  | <b>Participating UN Organization(s):</b> UNICEF<br><b>Participating UN Organization receiving funds:</b> UNICEF  |
| <b>Focal Point of the Participating UN Organization(s):</b><br><b>Name:</b> Mendy Marsh, UNICEF, New York<br><b>Telephone:</b> (+ 1) 212 824 6313<br><b>Email:</b> mmarsh@unicef.org                               | <b>Project Title:</b> Reinforcement of the Multi-sectorial Service Pillar to improve access to quality life-saving services for survivors of sexual violence through strengthened coordination mechanisms.<br><b>Project Location(s):</b> Democratic Republic of Congo (DRC) at both national and sub-national levels and with a specific focus and geographical areas where there are gaps in service delivery. |
| <b>UN Action pillar of activity:</b><br><input type="checkbox"/> Advocacy<br><input type="checkbox"/> Knowledge building<br><input checked="" type="checkbox"/> Support to UN system at country level              | <b>Projected Project Duration:</b> 12 months   |
| <b>Proposed project, if approved, would result in:</b><br><input checked="" type="checkbox"/> New Project<br><input type="checkbox"/> Continuation of previous funding<br><input type="checkbox"/> Other (explain) | <b>Total Project Cost:</b><br>US \$ 926,400 <sup>2</sup><br><b>Amount of MDTF funds requested:</b><br>US \$299,600<br><b>Percentage of indirect support costs from MDTF contribution:</b> 7%   |

<sup>1</sup> The term "project" is used for projects, programmes and joint programmes.

<sup>2</sup> \$626,800 is an estimated amount for the financial commitment UNICEF DRC makes for human resources under the Multi-sectorial Service Pillar (e.g.: 2 international staff (1 in Kinshasa and 1 in Goma), 5 national staff in the east, 1 national staff in Kinshasa and 4 national staff across the remaining provincial offices). The financial total contribution that UNICEF DRC makes towards this pillar goes well beyond the resources for human resources.

|  |             |                          |             |
|--|-------------|--------------------------|-------------|
| <b>Projected Annual Disbursements:</b> | <b>2011</b> | <b>2012</b><br>\$299,600 | <b>2013</b> |
| <b>Projected Annual Commitments:</b>   | <b>2011</b> | <b>2012</b><br>\$299,600 | <b>2013</b> |

## Narrative Summary

### I. Overview

#### a. **Background**

Sexual violence against girls and women, as well as boys and men, is a pervasive human rights, socio-economic and public health problem across the Democratic Republic of Congo (DRC). Eastern DRC continues to be regarded as one of the worst conflict zones for women and girls in recent history. Throughout the conflict, tens of thousands of women and girls have been raped, sexually assaulted, attacked and abducted. The scale coupled with the brutality of the acts of violence that is being inflicted on women and girls is referred to in terms of epidemic proportions and particularly worrying as the effects of this kind of violence have long lasting and far-reaching ramifications for individuals, families and communities.

UNICEF and its partners continue to receive survivors of both recent and past incidents. The use of sexual violence as a weapon of war is one of the harshest consequences of the widespread insecurity, especially in the eastern part of the country. In 2010, there were nearly 1,200 incidents recorded per month, with more than a third occurring in the eastern region of North Kivu. All parties to the conflict are accused of sexual violence crimes. In addition, sexual abuse and exploitation is also perpetrated by civilians and takes place in schools and at home.

War and internal conflicts have weakened the state's capacity to effectively lead development efforts and provide basic social services for its population. The country remains fragile politically, socially and economically, and the government is still unable to provide basic social services.

Since 2003, UNICEF has been a leader in gender-based violence (GBV) response programming in DRC, working in collaboration with government, civil society, international NGOs and sister UN agencies to provide a comprehensive response to survivors of sexual violence that includes access to medical care, psycho-social support, reintegration assistance, and referrals to legal counselling and assistance. In 2009, UNICEF and partners assisted 19,318 survivors of sexual violence in the DRC, including 11,855 who required critical medical assistance; and in 2010, UNICEF provided a holistic package of care to 16,874 GBV survivors, including 8,704 children (53%).

In early 2009, the Office of the Senior Adviser and Coordinator for Sexual Violence, with the support of UN Agencies and inputs from other relevant actors including NGOs, civil society members and government officials, developed a Comprehensive Strategy for Combatting Sexual Violence in DRC. This strategy was then adapted and endorsed in November 2009 by the Government resulting in a *National Strategy on Sexual and Gender Based Violence (SGBV)*. The objectives of the strategy aim to reduce the incidents of violence against women and girls and increase the social status of women and girls. The strategy is comprised of five components: Combating Impunity, Protection and Prevention, Security Sector Reform, Multi-Sectorial Assistance and Data & Mapping. UNICEF is the lead agency, with the Ministry of Health, to coordinate response – “the Multi-Sectorial Assistance pillar” - with a goal to



improve the quality, accessibility and delivery of services for survivors.

Addressing sexual violence in the DRC requires emergency response and long-term programming, and demands a multi-sector approach spanning from primary health care to security sector reform. UNICEF is well-positioned to ensure that the Multi-Sectorial Assistance Working Group on GBV fulfils its responsibilities and ensures adequate linkages between the various actors intervening on behalf of the women, girls, boys and men affected by GBV. This is of particular importance given the large number of actors involved in GBV programming, and the issue's high profile both in DRC and abroad.

Recognition of the need for high quality leadership and coordination skills is one of the many factors that led to the development of the new coordination structure in DRC under the Comprehensive Strategy on Sexual Violence. Eleanor Gorman's and the SRSG's recent visit to DRC highlighted again the need for increased attention and resource allocation to ensure a coordinated response to GBV response in DRC as per the Comprehensive Strategy; *UN entities must strengthen their capacity to implement key elements of the Comprehensive Strategy on Sexual violence. Pillar Leads, in particular, need dedicated human resources to coordinate, monitor implementation and impact.*

With dedicated personnel to reinforce its coordination leadership of the Multi-sectorial Services Pillar response efforts, UNICEF can better support and catalyse the government's response capacity in terms of multi-sectoral services for GBV. Moreover, additional dedicated staff person can reinforce partnerships to encourage results oriented coordination, responsibility, transparency and complementarity. Finally, a strengthened coordination structure can better integrate improved monitoring mechanisms, with the overall aim of ensuring high-quality holistic care for survivors. UNICEF is committed to ensuring that the needs of all survivors are taken into account through responsible and accountable coordination. This commitment goes beyond the time bounds of this proposed project to ensure continuity of proper staffing to support the Multi-sectorial Assistance Pillar.

#### **b. Goals and objectives**

The project will support UNICEF by reinforcing its leadership capacity for the Multi-sectorial Assistance component of the DRC National Strategy, and ensure coordination of appropriate service delivery and timely response, while improving quality and standards of care for GBV survivors to promote better care in both the short- and long-term. UNICEF will ensure that the Multi-sectorial Assistance Pillar is in line with and supportive to the overarching coordination mechanism under the *National Strategy on SGBV*. The key goals of this proposal are to improve care for survivors by expanding service provision in areas that have been neglected, increasing the reach and accessibility of services through capacity building of multi-sectorial service providers, and promoting the finalization, endorsement and roll out of related protocols through a well-coordinated Multi-sectorial Assistance response.

Specific objectives include:

- To support the integration of improved coordination monitoring and reporting mechanisms among actors involved in the Multi-sectorial Assistance Pillar.
- To support Government, in particular the Ministry of Health, in ensuring a coordinated and cohesive response to GBV;
- To strengthen capacity of service providers to provide quality care for both adult and child survivors of GBV through dissemination of standardised protocols;

- To support improved adherence to key principles and guidelines for appropriate care; and
- To advocate for increased access to services for GBV survivors, especially in areas that continue to be affected by the conflict.

### c. Strategies and key activities

UNICEF brings its extensive experience in GBV programming to lead, inform and contribute to coordination efforts of the Multi-Sectorial Assistance component of the *National Strategy on SGBV* through a dedicated coordinator at national level.

This will involve the following activities:

- **Improve coordination, monitoring and reporting** between the various stakeholders involved in the work of the Multi-Sectorial Assistance component, and with other components of the national strategy by ensuring timely sharing of information, greater emphasis on monitoring and reporting to identify impact and results, identification of key gaps and bottlenecks, and improved coordination of response and opportunities for advocacy. Moreover, there will be close collaboration and communication between the Multi-Sectorial Assistance Pillar, the Sexual Violence Unit of MONUSCO, other UN Agencies and the Cluster system.
- Support **Security Council Resolution (SCR) 1960** as it reaffirms the important link between sexual violence in armed conflict and international peace and security. In compliance with **SCR 1612**, MONUSCO and UNICEF jointly support the **Monitoring and Reporting Mechanism (MRM)** for the implementation of SCR 1612. UNICEF's leadership roles to support and coordinate the MRM and the Multi-sectorial Assistance Pillar provide opportunities to create linkages and engage GBV actors to participate in the MRM and to introduce SCR 1960.
- Promote ethical data collection and information sharing based on the WHO Ethical Guidelines and share information in regards to the advantages, usage and implementation of the **Gender Based Violence Information Management System (GBVIMS)** with GBV actors as the roll-out continues in DRC.
- **Develop rapid response capacity of the Multi-Sectorial Assistance component**
  - Through increased coordination through the Multi-sectorial Pillar, human resource gaps are identified and advocacy is undertaken for the deployment of additional medical and psychosocial staff from government health facilities and from NGOs specializing in care for survivors of sexual violence to areas without sufficient coverage so that they can provide emergency medical and psychosocial support, distribute medicines to health facilities and to, on an as needed basis, provide on-the-job training to local personnel on care and follow-up for survivors of sexual violence.
  - Participation in support missions is an important part of GBV coordination in emergency settings. UNICEF participation in inter-agency assessment missions after alleged incidents of mass sexual violence will assist to identify humanitarian assistance needs, coordinate response, ensure ethical information collection and sharing and ensure overall child protection principles and standards of care for survivors of sexual violence are adhered to. The priority is to establish multi sectorial response measures as soon as possible. As the pillar lead, UNICEF is responsible for ensuring that these response measures are well coordinated.



- In coordination with other UN Agencies (WHO, UNFPA & UNHCR), Health Cluster, Provincial Health Ministries and the National Program on Reproductive Health, identify strategic locations in each province for **contingency stock of PEP kits and other essential drugs**.
- **Use the Multi-Sectorial Assistance Pillar as a strategic forum to influence key stakeholders in supporting scale-up of response activities in key areas such as:**
  - Medical assistance to survivors of sexual violence
  - Psychosocial support to survivors of sexual violence
  - Community reintegration through socio-economic and scholastic reinsertion
- **Create opportunities to strengthen capacities and harmonize response activities** of all actors involved in the Multi-Sectorial Assistance component, including government actors. This includes distribution of protocols through coordination structures, identification of capacity gaps and further training opportunities on topics such as the guiding principles on caring for survivors, especially child survivors, making survivor-centered referral, and further actions to monitor the quality of the work of key services providers working under the Multi-sectorial Pillar (e.g. periodic use of client satisfaction surveys, etc.).

#### **d. Expected results**

The expected results for the project include:

- The Multi-sectorial Assistance Pillar is reinforced through the work of a dedicated coordinator and is able to strategically influence relevant stakeholders to better address the need of GBV survivors, and to mobilize resources to scale-up response activities where and when required;
- Improved monitoring and reporting on the impact of the efforts that are harnessed under the Multi-sectorial Assistance Pillar;
- Response modus operandi to address needs of GBV survivors is harmonized;
- An increased number of service providers are able to deliver assistance to GBV survivors according to guiding principles and international and national standards of care.

#### **e. Intended beneficiaries**

The direct beneficiaries will be government counterparts, especially the Ministry of Health, and service providers operating in health, psychosocial, security and legal support sectors. Indirect beneficiaries will be survivors themselves, who will benefit from improved services.

#### **f. Geographic locations**

The Multi-sectorial Assistance pillar covers both national and sub-national levels of DRC, this extra support requested through this proposal will focus on national-level coordination..

## **II. Compliance with UN Action's Strategic Framework**

### **a. UN Action Pillars**

This proposal falls under UN Action's *Country level action* pillar: *Provide strategic support to at least 4 of the 8 priority countries to help UN Missions to*

*develop joint Government-UN Comprehensive Strategies to Combat Sexual Violence.*

**b. Enhancement of UN system coordination and joint programming**

This project will lead to greater coordination and implementation of the Multi-sectorial Service Pillar based on the Comprehensive Strategy and the Humanitarian Action Plan. To achieve the expected results coordination with other UN Agencies and collaboration with other coordination mechanisms, including the Cluster System, will be reinforced.

**c. Key stakeholder engagement throughout project implementation**

All of the work undertaken through this project will be done in coordination with the UN Action network. At the country level this project will be coordinated by the national Multi-sectorial Assistance Working Group co-led by UNICEF in collaboration with the Ministry of Health and with support from the Sexual Violence Unit of MONUSCO. Field activities will be supported and coordinated by the provincial Multi-sectorial Assistance Working Group including members of the government, UN Agencies, MONUSCO Sexual Violence Unit and national and international NGOs.

**III. Success criteria and results evaluation**

- a. *Explain how the Participating UN Organisation(s) submitting the proposal have the institutional capacity to successfully achieve the proposed objectives.* UNICEF has country offices throughout the world, with a number of them being in countries currently affected by conflict. In addition, UNICEF also has individuals at the headquarters level who will monitor the progress of the project and be accessible to the individuals working on this project at the country level. UNICEF has been supporting prevention of and response to GBV programs in DRC since 2003. UNICEF DRC has staff persons dedicated to the coordination and programming of prevention and response activities who maintain positive working relationships with government, UN and NGO actors at the national, provincial and local levels.
- b. *Describe the overall management structure of this project.* UNICEF has dedicated staff at the headquarters level who will monitor the progress of the project, and who will be readily available to UNICEF DRC colleagues to trouble-shoot any challenges that arise. In country, UNICEF has staff at the national, regional and provincial levels to provide technical support, to conduct quality control, and to ensure implementation is in accordance with UNICEF and donor regulations. This includes two international staff (one in Kinshasa and one in Goma), 5 national staff in the east, one national staff in Kinshasa and 4 national staff across the remaining provincial offices).
- c. *Explain how the proposal will be monitored and evaluated.* UNICEF will provide overall project guidance in collaboration with Central and Provincial Ministries of Health and other experts in the field to carry out on-going quality service monitoring to ensure continuity and consistent follow-up. UNICEF will communicate the successes and lessons-learned of the project to the humanitarian



community, service providers and Government to contribute to improved response capacities all over DRC. In addition, UNICEF will conduct evaluation missions and participate in interagency missions to monitor and evaluate activities and respond to concerns and questions with regards to technical and organizational issues. UNICEF will seek feed-back from NGOs and governmental counterparts on the added-value of the Multi-sectorial Assistance Pillar. When appropriate, UNICEF will gather feed-back from direct beneficiaries regarding the degree of satisfaction of services received and to ensure patients receive the appropriate health care free of charge.

#### IV. Budget

##### a. Other funding

| <b>Part C. Initial Review of Proposal</b><br><i>(To be completed by the UN Action Secretariat)</i>  |   |
|---|---|
| (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"/> |
| <b>Part D: Decision of the Resource Management Committee</b><br><i>(to be completed by the RMC Chairperson)</i>   |   |
| <b>5. Decision of the Resource Management Committee</b><br><input checked="" type="checkbox"/> Approved for a total budget of US\$ <u>299,600</u><br><input type="checkbox"/> Approved with modification/condition<br><input type="checkbox"/> Deferred/returned with comments for further consideration<br><input type="checkbox"/> Rejected |   |
| <b>Comments/Justification:</b><br><br>  |   |
| <b>Chairperson of the Resource Management Committee</b><br><u>Kate Burns, UN OCHA</u><br><b>Name (Printed)</b>  |   |

|                    |               |
|--------------------|---------------|
| .....<br>Signature | .....<br>Date |
|--------------------|---------------|

**Part E: Administrative Agent Review**  
(To be completed by the UNDP MPTF 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.

Bisrat Aklilu  
Executive Coordinator  
Multi-Partner Trust Fund Office, UNDP

.....  
Signature


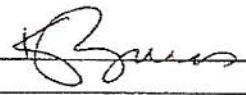

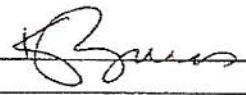

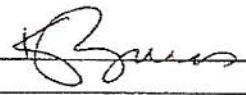
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**MULTI-DONOR TRUST FUND FOR**  
**UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT**  
**FUND SIGNATURE PAGE**

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

| <b>Participating UN Organization(s):</b><br>UNICEF   | <b>Focal Point of Participating UN Organization receiving funds:</b><br>Name: Mendy Marsh, UNICEF, New York<br>Telephone: (+ 1) 212 824 6313<br>Email: <a href="mailto:mmarsh@unicef.org">mmarsh@unicef.org</a> |             |   |      |            |   |   |             |   |                  |   |            |  |
|--|---|-------------|---|------|------------|---|---|-------------|---|------------------|---|------------|--|
| <b>Project Number:</b> (to be allocated by the UNDP MDTF Office)   | <b>Project Duration:</b> 12 months<br><br><b>Estimated Start Date:</b> 1 February 2012  |             |   |      |            |   |   |             |   |                  |   |            |  |
| <b>Project Title:</b> Reinforcement of the Multi-sectorial Service Pillar to improve access to quality life-saving services for survivors of sexual violence   | <b>Project Location(s):</b> Democratic Republic of Congo (DRC)  |             |   |      |            |   |   |             |   |                  |   |            |  |
| <b>Total Project Cost:</b><br><br>MDTF: US \$299,600<br><br>Other: US \$ _____<br><br><b>GRAND TOTAL:</b> US \$ 299,600  |   |             |   |      |            |   |   |             |   |                  |   |            |  |
| <b>Total Amount Approved:</b> US \$ 299,600  |   |             |   |      |            |   |   |             |   |                  |   |            |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Signature</th> <th style="width: 20%; text-align: center;">Date</th> <th style="width: 30%; text-align: center;">Name/Title</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Focal Point of Participating UN Organization receiving funds:</td> <td style="text-align: center;"></td> <td style="text-align: center;">13/Feb/2012</td> <td style="vertical-align: top;">Mendy Marsh<br/>UNICEF, New York<br/>(+ 1) 212 824 6313<br/><a href="mailto:mmarsh@unicef.org">mmarsh@unicef.org</a></td> </tr> <tr> <td style="vertical-align: top;">RMC Chairperson:</td> <td style="text-align: center;"></td> <td style="text-align: center;">1/Feb/2012</td> <td style="vertical-align: top;">Kate Burns<br/>Senior Policy Officer<br/>UN OCHA</td> </tr> </tbody> </table> |   |             | Signature   | Date | Name/Title | Focal Point of Participating UN Organization receiving funds: |  | 13/Feb/2012 | Mendy Marsh<br>UNICEF, New York<br>(+ 1) 212 824 6313<br><a href="mailto:mmarsh@unicef.org">mmarsh@unicef.org</a> | RMC Chairperson: |  | 1/Feb/2012 | Kate Burns<br>Senior Policy Officer<br>UN OCHA |
|  | Signature   | Date        | Name/Title  |      |            |   |   |             |   |                  |   |            |  |
| Focal Point of Participating UN Organization receiving funds:  |    | 13/Feb/2012 | Mendy Marsh<br>UNICEF, New York<br>(+ 1) 212 824 6313<br><a href="mailto:mmarsh@unicef.org">mmarsh@unicef.org</a> |      |            |   |   |             |   |                  |   |            |  |
| RMC Chairperson:   |    | 1/Feb/2012  | Kate Burns<br>Senior Policy Officer<br>UN OCHA  |      |            |   |   |             |   |                  |   |            |  |

  
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ANNEX A.8  
**MULTI-DONOR TRUST FUND FOR**  
**UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT**  
**PROGRAMME<sup>3</sup> BUDGET FORM**

| <b>PROGRAMME BUDGET*</b>   |                  |
|--|------------------|
| <b>CATEGORY</b>  | <b>AMOUNT</b>    |
| <b>1. Personnel (staff and consultants)</b>  | <b>\$200,000</b> |
| <b>2. Participation in interagency assessment and monitoring missions</b>  | <b>\$40,000</b>  |
| <b>3. Support to provincial coordination bodies</b>  | <b>\$40,000</b>  |
| National coordination support (technical, reporting and back stopping) to provinces (a minimum of two missions will be conducted to each provincial coordination body per year)          | \$15,000         |
| Zonal coordination support (technical, reporting and back stopping) to provinces (a minimum of two missions will be conducted to each provincial coordination body in the East per year) | \$10,000         |
| Provincial coordinators participate in meetings and trainings to increase coordination capacity and contribute to coordination strategic planning  | \$15,000         |
| <b>Total Programme Costs</b>   | <b>\$280,000</b> |
| <b>Indirect Support Costs** (7% UNICEF)</b>  | <b>\$19,600</b>  |
| <b>TOTAL</b>   | <b>\$299,600</b> |

\* 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](http://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.

<sup>3</sup> The term "programme" is used for projects, programmes and joint programmes.