



# STOP RAPE NOW

UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

ANNEX A.2

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

<b>Part A. Meeting Information</b> (To be completed by the UN Action Secretariat)	
<b>RMC Meeting No:</b> UNA019	<b>Project<sup>1</sup> No:</b> UNA034
<b>Date of Meeting:</b> 17 December 2013	RMC members in attendance at meeting: Pablo Castillo-Diaz, Claudia Garcia Moreno, Natalie Man, Margriet Veenma, Veronica Birga, Nadine Puechguirbal, Laura Martin
<b>Part B. Project Summary</b> (To be completed by the Participating UN Organization)	
<b>Date of Submission:</b> December 2013	<b>Participating UN Organization(s):</b> WHO, UNHCR, UNFPA
	<b>Participating UN Organization receiving funds:</b> WHO
<b>Focal Point of the Participating UN Organization(s):</b> Name: Claudia Garcia-Moreno (WHO) Telephone: +41-22-7914353 Email: <a href="mailto:garciamorenoc@who.int">garciamorenoc@who.int</a>  Name: Marian Schilperoord (UNHCR) Telephone: +41-22-7398315 Email: <a href="mailto:schilpem@unhcr.org">schilpem@unhcr.org</a>  Name: Erin Kenney (UNFPA) Telephone: +-1-212-297-5000 E-mail: <a href="mailto:ekenny@unfpa.org">ekenny@unfpa.org</a>	<b>Project Title:</b> Psychological interventions for adult survivors of conflict-related sexual violence  <b>Project Location(s):</b> At least one site selected from 1. Ivory Coast (Ivory Coast refugees in Liberia), or 2. Syria (Syrian refugees in Jordan or Iraq), or 3. South Sudan (South Sudanese refugees in Uganda)
	<b>UN Action pillar of activity:</b> <input type="checkbox"/> Advocacy <input checked="" type="checkbox"/> Knowledge building <input checked="" type="checkbox"/> Support to UN system at country level
<b>Proposed project, if approved, would</b>	<b>Total Project Budget:</b> 600,000 (for 3 years project)

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



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<b>result in:</b> <input checked="" type="checkbox"/> New Project <input type="checkbox"/> Continuation of previous funding <input type="checkbox"/> Other (explain) <input type="checkbox"/> No-cost extension: (from – to)	(This is a request for funds for first 2 years)  <b>Amount of MPTF funds requested:</b> 395, 900* (for 2 years project)  <b>Percentage of indirect support costs from MPTF contribution:</b> 7% of \$ 360,000 = \$ 25,900		
<b>Projected Annual Disbursements:</b>	2014 \$ 154,500	2015 \$ 220,000	2015 \$ 0
<b>Projected Annual Commitments:</b>	2013 \$ 154,500	2014 \$ 220,000	2015 \$ 0

\* In total 70% of the funds would be received upon signature. The final 30% of the funds would be released after the 70% are spent

## Application Instructions for Narrative Summary

The questions below are for guidance in developing the narrative under each sub-heading. Applicants should address these questions to the extent possible.

### I. Overview

- Provide a brief overview of the project, including overall goals and objectives, key strategies, expected results, and intended beneficiaries.
- Specify the geographic location(s) of the proposal and/or countries addressed.

### II. Proposal's compliance with UN Action's Strategic Framework

- What pillar does the proposal fall under? (support to UN system action at country level, advocacy, or knowledge-building)
- Explain how the proposal enhances UN system coordination and joint programming.
- Explain how the UN, governmental organizations, NGOs, and other key stakeholders will be engaged throughout implementation of the proposal.
- Explain how the proposal would strengthen the capacity of national institutions to deal with conflict-related sexual violence.

### III. Success criteria and means of evaluating results

- Explain how the Participating UN Organisation(s) submitting the proposal have the institutional capacity to successfully achieve the proposed objectives.
- Describe the overall management structure of this project.
- Explain how the proposal will be monitored and evaluated.

### IV. Budget

- Describe other attempts to apply for funding for this particular proposal.



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## NARRATIVE REPORT

### **I. Overview**

- a. Provide a brief overview of the project, including overall goals and objectives, key strategies, expected results, and intended beneficiaries.

#### **Introduction**

There has been growing attention focused on mental health and psychosocial programming for survivors/victims of conflict-related sexual violence. Addressing the multiple effects of sexual violence requires a comprehensive and multi-sectorial approach, including effective and safe intervention strategies to address the debilitating mental health consequences of conflict-related sexual violence.

#### **The problem**

Survivors of sexual violence experience high rates of psychological problems including fear, guilt, shame, self-blame, hopelessness, suicidal ideation, and intense feelings of anger. Furthermore, survivors of sexual violence are at increased risk of mental disorders such as depression and anxiety disorders including posttraumatic stress disorder. When severe, these disorders impair basic day-to-day functioning that is required for survival. The effects of sexual violence extend to the family and community level. For instance, survivors of sexual violence often experience isolation, stigmatization, rejection by their family and community, and exclusion from employment. Survivors are reluctant to speak about and seek help for the abuse, because of (a) human beings' natural tendency to avoid reminders of traumatic events they have experienced, (b) stigma, discrimination and their consequences, including fear of being ostracized (e.g., expelled from their community), abandoned, and risk of further violence.

Given the substantial challenges associated with providing mental health care for sexual violence survivors in conflict settings (e.g. related to cultural acceptability, delivery of care, training and supervision, sustainability of services), many programmes in conflict-affected regions have been focused on building capacities of health and community workers to provide basic dignified psychological support and immediate assistance for medical and psychosocial needs (cf the Global Protection Cluster's *Caring for Survivors of Sexual Violence in Emergencies*). These are very important strategies but not enough for the mental health care of many survivors with adversity-induced mental disorders.

To address the mental health impacts of conflict-related sexual violence, there exist a number of nonspecific trauma psychosocial programmes with unknown efficacy/harmfulness. Many countries have created informal cadres of counsellors who deliver non-specific counselling after short training. These programmes have attracted criticism in humanitarian and complex emergency settings for being ill-defined and potentially harmful when implemented without supervision. Indeed, the term counselling has lost much of its credibility in these contexts. There is substantial variation across counselling programmes in treatment intensity, therapeutic modalities, techniques, skills, training, and supervision. In short, non-specific counselling - usually conducted by undertrained and unsupervised workers- is of dubious value.



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### **UN Action support thus far**

UN Action supported a WHO-UNICEF-UNFPA interagency technical meeting in November 2011 (funded by UN Action) which led to the generation of three key documents outlining the basic principles and dos and don'ts of psychosocial and mental health programming for survivors of sexual violence in conflict affected settings. These documents have been widely disseminated in the field to provide support and guidance for mental health and psychosocial programming, policy, and research related to conflict-related sexual violence. The meeting report includes a recommendation for the development of manuals on evidence-based and safe psychological treatment for survivors of conflict-related sexual violence. The meeting identified the lack of specialized professionals as a key issue in these settings.

### **Proposed project**

The proposed project, builds on the previous work supported by UN Action. It aims to develop a manual grounded in evidence-based and safe approaches with the goal of providing specific guidance for paraprofessionals (ranging from high school graduates with 2 years of further education to bachelor-level psychologists) to address common mental health problems related to sexual violence in adults. Such manual is currently not available.

The proposed manual will:

- build upon the preliminary work of WHO and other UN agencies (UNHCR, UNFPA, UNICEF) in this area (including reviews of current evidence for effective interventions; the policy documents on mental health and psychosocial programming for conflict-related sexual violence);
- be informed by the IRC & UNICEF guidelines for Caring for Child Survivors of Sexual Abuse – which fills a gap in the area for children.
- address mental health problems of clinical concern in health services
- provide instructions for delivering brief psychological interventions based on best evidence for safety and efficacy;
- be based on selected intervention modules designed in ways that can be learned and implemented easily and effectively by paraprofessionals with no previous training in mental health interventions;
- be adapted and tested in at least one population) selected from:
  - Ivory Coast (Ivory Coast refugees in Liberia)
  - Syria (Syrian refugees in Jordan or Iraq)
  - South Sudan (South Sudanese refugees in Uganda).

The development of the manual is thus based on the findings from the 2011 UN Action-funded technical meeting on mental health and psychosocial services for sexual violence survivors led by WHO in close collaboration with UNFPA and UNICEF. This meeting involved practitioners from the field and academic experts as well as other representatives of key UN agencies and INGOs working in the area of sexual violence.

### **Content of manual**

The selection of these techniques will be based on existing WHO guidelines on stress management and cognitive-behavioural interventions as well as subsequent literature review and expert consultation. These techniques are specific (and they surpass non-specific counselling in



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effectiveness) and are not intrusive in that they do not involve pressing the survivor to recount the details of the traumatic events (which is an intervention that is best implemented safely if people receive advanced training and goes beyond the low-intensity manual that we propose to prepare).

## Strategy of implementing the manual

The suggested low-intensity intervention manual fits in a stepped care framework,

Pre-session	<ul style="list-style-type: none"> <li>• Detection of common mental health problems at health services <ul style="list-style-type: none"> <li>◦ Inclusion criteria: significant amount of psychological distress and difficulties in daily functioning</li> <li>◦ Exclusion criteria: (a) imminent risk of suicide, (b) psychosis and (c) acute social problems that require immediate attention.</li> </ul> </li> <li>• Risk management and/or referral of those who do not meet inclusion criteria</li> <li>• Risk assessment and management and psycho-education of those who meet inclusion criteria</li> <li>• (After a recent event) Psychological first aid (based on the WHO WTF WVI (2011) manual)</li> </ul>
Step 1	<ul style="list-style-type: none"> <li>• Implementation of the manual by a low-intensity psychological interventions by a paraprofessional</li> </ul>
Step 2 (in case step 1 is not enough)	<ul style="list-style-type: none"> <li>• Treatment by a mental health professional (if available/accessible)</li> <li>• Clinical management by a primary health care doctor or nurse, who has been trained in the humanitarian version of mhGAP intervention guide for mental disorders (in preparation by WHO and UNHCR).</li> </ul>

The focus of the project is on the development and testing of the normative materials to implement the *pre-session* and *step 1*.

The project will ensure that survivors of sexual violence are not put at risk by over-targeting (e.g. it will not involve setting up new advertised parallel services) that limit accessibility to care because of stigma and fear of discrimination. Rather the project will test the manual in situations where there are already health services that integrate care for women with conflict-related sexual violence.

## The project

The proposal has the following beneficiaries, goals, objectives, and expected results.

**Intended beneficiaries:** Victims/survivors of conflict-related sexual violence with mental health problems who are in touch with health services

**Goal:** To improve mental health and functioning of survivors of conflict-related sexual violence.

**Objective 1:** A generic model version of the psychological intervention guide to help survivors of conflict-related sexual violence is developed for pilot testing

*Comment: this will take place during year 1. This work is primary normative. It will involve developing a service model and simple, intervention based on existing evidence-based*



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strategies. The process of developing it will be highly consultative involving multiple rounds of reviews of the partners (UNHCR, UNFPA) and psychological intervention subject experts.

## **Objective 2:** Pilot-version of the manual adapted and pilot tested.

*Comment: this will take place during year 2. Testing will include assessing acceptability of intervention and job performance and skills of staff and sustainability.*

*The generic WHO manual with focused psychosocial interventions will be adapted to the local context. This generic manual will highlight key issues for local adaptation. The project staff will engage with the community to undertake rapid ethnographic assessment to understand general attitudes and beliefs of people affected by sexual violence, individuals with common psychosocial problems, explanatory models for relevant problems and existing coping strategies. This assessment will be based on tools of the LASC RG MHPSS (2013) assessment toolkit and involve interviews with people severely affected by the emergency but also key informants from the community in general. On the basis of the assessment and informed by on-going community consultation (e.g. focus groups), the manual will be adapted. The locally adapted manual will be published with logos of UN Action, WHO, UNHCR and UNFPA.*

*To pilot the manual, 8 workers will be selected to offer the interventions. All will have (a) a minimum of secondary education and (b) no more than a Bachelor degree. All will be staff of organizations working in the community. They will receive up to 20 days of training. Experts of University of New South Wales (UNSW) will be involved in training and setting up of supervision.*

*Service providers will offer the interventions to at least six service users per week, over 6 weeks. Service providers will have a job description and a small daily stipend, inclusive of transportation costs. Part of their job description will be to participate in weekly supervision*

*The project will organize direct supervision to the service providers and monitor their progress. A local evaluator will be requested to document results and lessons learned from each and every step of the process, including adaptation, recruitment of workers, training, supervision, community engagement, and community reactions to the project.*

*The pilot interventions will be carefully evaluated for feasibility, acceptability and impact. One of the key aims of this project to maximize lessons learned from it. Our concept is that currently available, evidence-based psychological interventions can still have impact when shortened, simplified and applied by non-professionals in low income countries. This project will contribute to proving this concept through an (uncontrolled) pilot study (n=60). Impact will be evaluated through pre-post measures of the person's presenting complaint as well as symptoms of depression and anxiety. Feasibility will be assessed through measures of competency (of the worker), and client completion rates of the program. Focus groups to assess local acceptability and political buy-in will be a key source of information.*

## **Objective 3.** Dissemination of the manual through advocacy and development of training and implementation guides for scaling up delivery of psychological interventions for women exposed to sexual violence in LAMICs. This would be done in collaboration with the relevant UN Action partners.

*Comment: this would be completed in year 3. Funding to complete this objective is not included in this 2-year proposal. We first need to pilot test the manual and find positive finding before engaging in objective 3*

## **Expected results will be:**

- A generic manual for psychological interventions of common mental health problems related to sexual violence.



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- Local version of manual derived from pilot testing.
- Findings from the testing of the manual reported.

### **II. Proposal's compliance with UN Action's Strategic Framework**

#### **a. What pillar does the proposal fall under? (support to UN system action at country level, advocacy, or knowledge-building)**

The proposal falls mostly under Pillars C (Knowledge Building) through the development of a specific tools that address the UN system's response. However, the proposal also falls under Pillar A (Country level action) given that the tools will be tested in 2 countries, including, possibly, Sudan and Colombia

#### **b. Explain how the proposal enhances UN system coordination and joint programming.**

This proposal will enhance UN system coordination and joint programming by bringing together representatives of key UN agencies (e.g. UNHCR, UNFPA) working on mental health in the health sector. We will also close liaise with UNICEF, which is active in the health sector but not in mental health of adults. We will draw on key recommendations from recent consultations with our UN partners and work collaboratively with relevant stakeholders to ensure a balance of perspectives during the development of the manual. In the field we will work with relevant coordination mechanisms (Health and Protection Clusters as well as Mental Health and Psychosocial Support Working Groups) led by government/UN agencies.

#### **c. Explain how the UN, governmental organizations, NGOs, and other key stakeholders will be engaged throughout implementation of the proposal.**

The conceptualization phase of this proposal started with the work supported by UN Action and then work conducted in 2012 funded by UNHCR. With funding from UNHCR, WHO conducted in 2012 a consultation with 24 experts from academic institutions and practitioners from INGOs as well as members of UN agencies to discuss technical aspects of a concept note on low intensity, psychological interventions. We will continue to work in an iterative fashion with stakeholders during the development of the manual to ensure that the final product is based on best evidence and reflects general consensus amongst the experts. Regular consultations will be held to keep stakeholders informed of the progress and to identify and discuss issues or problems that may arise. As mentioned above, in the field, we will consult with UN Action and other relevant coordination mechanisms (Health and Protection Clusters (GBV AoR) as well as Mental Health and Psychosocial Support Working Groups) led by UN agencies.

#### **d. Explain how the proposal would strengthen the capacity of national institutions to deal with conflict-related sexual violence.**

This proposal will produce a much needed manual for national institutions and non-government organizations working with sexual violence survivors with the ultimate goal of enhancing and strengthening the capacities of local paraprofessionals in providing mental health care for survivors of conflict-related sexual violence. The manual will be adapted for local context and could be adapted for use in other programmes such as those for disarmament, demobilisation and





reintegration (DDR). As part of testing of the manual, national staff will be trained and supervised.

**III. Success criteria and means of evaluating results**

- a. Explain how the Participating UN Organisation(s) submitting the proposal have the institutional capacity to successfully achieve the proposed objectives.**

The participating UN Organizations submitting the proposal have the necessary infrastructure and staff required to successfully achieve the proposed objectives. They are also well positioned globally and locally to support the subsequent implementation and dissemination of the final manual.

WHO has initiated and co-led the development of *IASC Guidelines on Mental health and Psychosocial Support in Emergency Settings* (2007) and *Sphere Handbook* Mental Health Standard (2004, 2011). UNFPA has initiated and led the development of IASC Guidelines for Gender Based Violence in Humanitarian settings (2005). UNHCR, UNFPA and WHO are operational in a large number of contexts with high rates of conflict-related sexual violence. WHO and UNHCR have a strong history of working together in the area of mental health in humanitarian settings.

- b. Describe the overall management structure of this project.**

The project will be coordinated by WHO in close collaboration with UNHCR (Public Health and HIV Unit) and UNFPA (Humanitarian Response Branch). The work in WHO is done in collaboration between the Department of Mental Health and Substance Abuse (which will take the lead on technical development and testing of the manual) and the Department of Reproductive Health and Research (which will offer regular technical and strategic advice and liaise with UN Action).

- c. Explain how the proposal will be monitored and evaluated.**

The proposed draft manual will be pilot-tested and adapted for sexual violence survivor populations in each of the target countries.

Indicators for the project are:

- Number of women survivors who have received the intervention in each of the project countries
- Decrease in common mental health problems amongst those who have received the intervention in each of the project countries
- Improvement in functioning amongst those who have received the intervention in each of the project countries
- A generic manual for psychological interventions of common mental health problems related to sexual violence.
- Local versions of the manual derived from pilot testing.
- A report of the findings from the pilot testing of the manual.



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## **IV. Budget**

- a. Describe other attempts to apply for funding for this particular proposal.

For this particular proposal, we had requested funds from Norad



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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)	
<b>5. Decision of the Resource Management Committee</b> <input checked="" type="checkbox"/> Approved for a total budget of US\$ 395,00 <input type="checkbox"/> Approved with modification/condition <input type="checkbox"/> Deferred/returned with comments for further consideration <input type="checkbox"/> Rejected	
<b>Comments/Justification:</b> As agreed upon in the RMC meeting, 70% of the funds will be released upon signature of the proposal, the remaining 30% will be released once the 70% has been spent.	
<b>Chairperson of the Resource Management Committee</b> ..... Nahla Valji ..... <b>Name (Printed)</b> ..... <b>Signature</b> ..... <b>Date</b> March 6 2014.	

Part E: Administrative Agent Review (To be completed by the UNDP MPTF Office)	
<b>6. Action taken by the Executive Coordinator, Multi-Partner Trust Fund Office, UNDP</b> <input type="checkbox"/> Project consistent with provisions of the RMC Memorandum of Understanding and the	



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Standard Administrative Arrangements with donors.

**Yannick Glemarec**  
**Executive Coordinator**  
**Multi-Partner Trust Fund Office, UNDP**

.....  
**Signature**

.....  
**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)

<b>Participating UN Organization(s):</b> WHO/UNHCR/UNFPA	<b>Focal Point of Participating UN Organization receiving funds:</b> Name: Dr Claudia Garcia-Moreno, Lead specialist, RHR, WHO		
<b>Project Number:</b>	<b>Project Duration:</b> 24 months  <b>Estimated Start Date:</b> 1 January 2014		
<b>Project Title:</b> Psychological interventions for adult survivors of conflict-related sexual violence	<b>Project Location(s):</b> at least 1 site selected from the following: 1. Ivory Coast (Ivory Coast refugees in Liberia), or 2. Syria (Syrian refugees in Jordan or Iraq), or 3. South Sudan (South Sudanese refugees in Uganda)		
<b>Total Project Cost:</b> 600,000 US \$ <b>MPTF:</b> US \$ 395,900  <b>Other:</b> 7% (USD 25,900)  <b>GRAND TOTAL:</b> US \$ 395,900			
<b>Total Amount Approved:</b> US \$			
<b>Focal Point of Participating UN Organization receiving funds:</b>	<b>Name/Title</b> Dr. Oleg Chertkov <del>XXXXXXXXXXXXXXXXXXXX</del> <del>XXXXXXXXXXXXXXXXXXXX</del> WHO	<b>Date</b>	<b>Signature</b>
<b>RMC Chairperson:</b> Nahla Valji		March 6, 2014	



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ANNEX A.8

**MULTI-PARTNER TRUST FUND FOR**  
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**PROGRAMME<sup>2</sup> BUDGET FORM**

PROGRAMME BUDGET	
CATEGORY	AMOUNT US\$
1. Staff and other personnel costs*	220,000
2. Supplies, Commodities, Materials	20,000
3. Equipment, Vehicles and Furniture including Depreciation	0
4. Contractual Services	50,000
5. Travel	30,000
6. Transfers and Grants Counterparts	50,000
7. General Operating and Other Direct Costs	0
Total Programme Costs	370,000
Indirect Support Costs (7%)	25,900
TOTAL	395,900

\* Majority of personnel costs would be in the field (USD 120 000), remainder needed by WHO HQ for normative development of manual.

10/10/20 09/0.20  
[Signature]

<sup>2</sup>The term "programme" is used for projects, programmes and joint programmes.