

GRANT ARRANGEMENT

BETWEEN

THE GOVERNMENT OF CANADA

AND

THE UNITED NATIONS POPULATION FUND (UNFPA)

**PREVENTION AND RESPONSE TO SEXUAL VIOLENCE
PROJECT IN THE DEMOCRATIC REPUBLIC OF CONGO
(DRC)**

GRANT ARRANGEMENT

BETWEEN:

THE GOVERNMENT OF CANADA as represented by the Minister for International Cooperation, acting through the Canadian International Development Agency ("CIDA");

AND:

The United Nations Population Fund (UNFPA)
200 East, 42nd Street
New York 10017
New York, USA

WHEREAS CIDA wishes to make a grant to UNFPA to support its Joint Project entitled "Prevention and Response to Sexual Violence Project", in the Democratic Republic of Congo (DRC);

CIDA and UNFPA have reached the following understanding, with respect to the transfer and administration of the grant:

1 Grant

1.1 CIDA will make a grant for the purpose of the project described in Annex A ("Project ") to this Arrangement in an amount **not to exceed fifteen million Canadian dollars (CAD \$15,000,000)** ("Grant").

2 Project

2.1 UNFPA will use the Grant exclusively for the purpose of the Project and in accordance with the terms and conditions of this Arrangement.

3 **Payment of Grant**

3.1 Upon signing this Arrangement, CIDA will make installment payments as follows:

Fiscal year 2005/06: \$2,000,000, to be issued by March 31, 2006

Fiscal year 2006/07: \$3,675,000, to be issued by September 30, 2006
\$1,675,000, to be issued by March 31, 2007

Fiscal year 2007/08: \$3,675,000, to be issued by September 30, 2007
\$1,675,000, to be issued by March 31, 2008

Fiscal year 2008/09: \$2,300,000, to be issued by June 30, 2008

The anticipated installment payment schedule may be modified if the project delivery warrants and if funds are available from CIDA.

3.2 CIDA will deposit all payments in Canadian dollars to the bank account of UNFPA as follows:

Account Holder: United Nations Population Fund
Account No.: 711442252204
Bank of America
200, Front Street West, 26th floor
Toronto (Ontario) M5V 3L2
Transit No.: 56792
Bank Key: 241

3.3 CIDA may request reimbursement of amounts paid:

- a) after the expiry of eligibility, if the Grant is of a type that requires continuing eligibility of UNFPA;
- b) on the basis of fraudulent or inaccurate application;
- c) in error.

4 **Environmental assessment**

4.1 This Arrangement may involve the carrying out of one or more sub-project(s) which may constitute "projects" under the Canadian Environmental Assessment Act (hereinafter "CEAA"), such as the rehabilitation of health centres. Except where the sub-project(s) is/are exempt from the application of the CEAA, UNFPA will ensure that an assessment of the environmental effects of such sub-project(s) will be carried out as early as practicable in the planning stages of the sub-project(s) and before funds are allocated for the purpose of enabling the sub-project(s) to be carried out. The environmental assessment will be carried out in accordance with the United

Nations Development Program (UNDP) environmental assessment process, whose process is consistent with the requirements of the CEAA. UNFPA will submit a copy of the report on environmental assessment to CIDA.

5 Reports

5.1 UNFPA will provide CIDA with the following reports:

- a) an annual workplan outlining key activities and expected results by Project component;
- b) annual reports detailing activities undertaken and outlining the development progress and results achieved in relation to the Project, as well as details on all sources of funding for the project (including in-kind contributions), provided annually by March 31;
- c) annual consolidated project financial statements;
- d) a final report within six (6) months of the expiry or termination of this Arrangement detailing major inputs, activities, outputs and effects of the Project, outlining the lessons learned and detailing all sources of funding for the project (including in-kind contributions).

5.2 UNFPA will provide the Project Steering Committee in the field, to which CIDA will be a member, with Project semestrial workplans and reports.

6 Communications

6.1 Any communication under paragraphs 3.3, 7.1, 8.1 and 8.7 of this Arrangement will be in writing and delivered in person or sent by mail at the address of UNFPA, mentioned in this Arrangement.

6.2 Any other communication under this Arrangement will be in writing and delivered in person or sent by mail, facsimile or e-mail at the address of either CIDA or UNFPA, mentioned in this Arrangement.

6.3 Any communication to CIDA will be addressed to:

Canadian International Development Agency
Project Manager, Democratic Republic of Congo Program
Africa Branch
200, Promenade du Portage
Gatineau, Quebec
Canada, K1A 0G4

Facsimile: (819) 953-9453
E-mail: jevone_nicholas@acdi-cida.gc.ca

6.4 Any communication to UNFPA will be addressed to:
United Nations Population Fund
UNFPA Representative
Avenue Kalemie numero 20
B.P. 7248, Kinshasa 1
Democratic Republic of Congo

Facsimile: none

E-mail: sikidi@unfpa.org / sidiki.coulibaly@undp.org

6.5 CIDA and UNFPA will advise one another of any change of address.

7 Duration

7.1 This Arrangement may be terminated by either signatory with 90 days written notice to the other signatory. Notwithstanding the termination of this Arrangement, UNFPA will continue to hold any unutilized grant funds until all commitments and liabilities, already entered into, have been satisfied and project activities brought to a satisfactory conclusion.

7.2 This Arrangement will come into effect upon the date of the last signature and will remain in effect until December 31, 2009.

8 General provisions

8.1 No offer, gift or payment, consideration or benefit of any kind, which constitutes an illegal or corrupt practice, has been or will be made to anyone, either directly or indirectly, as an inducement or reward for the award or execution of this Arrangement. Any such practice will be grounds for terminating this Arrangement or taking any other corrective action as required.

8.2 No member of the Canadian House of Commons will be admitted to any share or part of this Arrangement or to any benefit to arise therefrom.

8.3 No current or former public office holder or public servant of the Government of Canada who is not in compliance with the Conflict of Interest and Post-Employment Code for Public Office Holders or the Values and Ethics Code for the Public Service will derive a direct benefit from this Arrangement.

8.4 This Arrangement may be modified by an amendment signed by CIDA and UNFPA.

8.5 This Arrangement will not be assigned by UNFPA without the prior written consent of CIDA.

8.6 Where appropriate, UNFPA will acknowledge CIDA's funding in publications, speeches, press releases or other similar matters. UNFPA will supply CIDA with a copy of any written or electronic material mentioning CIDA's support.

8.7 Any payment to be made under this Arrangement is subject to there being an appropriation by the Parliament of Canada for the fiscal year in which the payment is to be made. If CIDA's appropriation is changed by the Parliament of Canada, CIDA may reduce the Grant or terminate this Arrangement.

8.8 This Arrangement is not an international treaty. It is an administrative arrangement between the Government of Canada and UNFPA.

8.9 This Arrangement together with Annex A, which forms an integral part thereof, constitutes the entire understanding between the Government of Canada and UNFPA with respect to the Project.

Signed in two copies,

ANNEX A

DESCRIPTION OF THE PREVENTION AND RESPONSE TO SEXUAL VIOLENCE PROJECT

Context

The Democratic Republic of Congo (DRC) is a country of strategic importance. With abundant natural riches and home to a dynamic population of 60 million inhabitants, the DRC offers enormous social and economic development potential. Sharing a border with nine countries, the DRC is pivotal to the stability of Central Africa.

The catastrophic civil wars of the past ten years have largely ended and the country's socio-economic downward spiral may have finally stopped. The promise of democracy, though still tenuous, is more possible than ever before with the remarkable advancement of voter registration for the country's first free elections in 40 years. There is constructive interaction with neighbouring states, as opposed to outright hostilities. Foreign investment, though largely unregulated, is growing at an impressive rate.

These positive indicators present a cautiously optimistic outlook for this nation in the heart of Africa. They also conceal a dark reality which goes beyond the humanitarian challenges still prevalent in the DRC. Beyond the chronic poverty, malnutrition and disease which still plague this land, beyond the intermittent fighting which continues in the East, there is a social epidemic tearing apart the very fabric of society.

The DRC is marked by an extremely disturbing social phenomenon: the pervasive and unchecked rape and dehumanization of civilians, primarily women and children. This behaviour has been occurring on an immense scale, to the extent that it is contributing to the social disintegration of communities, undermining prospects for reconstruction, and having a commensurate national impact.

There has long been a high incidence of rape in the DRC, due to the subjugated position of women, a culture of male entitlement and a weak legal code and justice system. The savagery of the recent conflicts transformed the nature of rape, making it into a weapon of war and a tool to break apart communities. These actions are committed by regular and irregular fighting forces, both Congolese and foreign. These unchecked military actions exacerbate the impunity and decline in values already present in the country. This, in turn, fosters a greater tolerance and occurrence of rape within the civilian population itself, and feeds a vicious cycle.

Project description

The Sexual Violence Project is a comprehensive effort to combat the phenomenon of sexual violence in the DRC. The Project is an immediate response to an urgent situation but also a long-term development effort. It approaches the issue from multiple angles: medical, psychosocial, judicial, political and economic. It aims to address the needs of 15,000 victims of sexual

violence in two provinces severely affected by this phenomenon, North Kivu and South Kivu. Victims treated would be female and male and of all ages.

The Sexual Violence Project is the response to a request for a grant from the United Nations Population Fund (UNFPA) to support the *Joint Project on the Prevention of and Response to Sexual Violence in the DRC* (the “Joint Project”). UNFPA will act as Administrative Agent for the Joint Project in accordance with UNDG guidelines on Joint Programming. The Joint Project will be executed by UNICEF, OHCHR and UNFPA. Partnerships with other UN Agencies will include WHO, UNIFEM, UNDP, UNHCR, WFP and UNOCHA. Congolese NGOs and relevant Ministries of the DRC Government would be engaged as partners in the implementation at the provincial and local level.

The Joint Project itself is part of the larger *Joint Initiative on Sexual Violence Against Women and Children in the DRC* (the “Joint Initiative”). This is a national US\$30 million program encompassing six government ministries, twelve UN System agencies, and local NGOs.

The **Goal** of the Sexual Violence Project is to help prevent sexual violence against women, men and children.

The **Purpose** of the Sexual Violence Project is to better prevent and manage cases of sexual violence against women, men, and children, by building medical, health, psychosocial, legal, and socio-economic monitoring and response capacities.

The expected **Results** include the following:

Outcomes

- Regularly updated and published data and information on sexual violence
- Commitments by key political, military and other leaders to help combat sexual violence.
- Reinforced technical capacities of medical/health management facilities in target health areas
- Delivery of medical/psychosocial and health management services to at least 15,000 victims
- The re-acceptance of victims by their families and/or their communities.
- The provision of legal aid/assistance to victims
- Less impunity in affected areas for the crime of sexual violence

Outputs

Seven outputs will work toward the achievement of these outcomes.

Project components

The lead partners are stated for each output. Each respective lead partner will receive funds allocated to each zone and will distribute them among its NGO network and also to those

government ministries with whom solid accountable relations exist. The lead partners for each zone will assume responsibility for preliminary workplanning and budgeting and serve as spokesperson at coordination meetings. OHCHR will be part of the planning and implementing processes in all the remaining zones chosen.

COMPONENT 1 – DATA COLLECTION, ADVOCACY AND AWARENESS-RAISING

- Output 1:** By 2009, sexual violence data and information is regularly updated and published
Lead: UNFPA
Strategy: Set-up of a sexual violence information and data management system
- Output 2:** By 2009, key political, administrative, traditional, military, and religious leaders commit to help combat sexual violence.
Lead: UNFPA and UNICEF
Strategy 1: Community sensitization
Strategy 2: Reinforcement of the lobbying and negotiating capacity of advocacy groups
Strategy 3: Mobilization of political and military decision-makers

COMPONENT 2 – MEDICAL AND HEALTH CARE

- Output 3:** By 2009, technical capacities of 18 medical-health management facilities in six health areas are reinforced.
Lead: UNFPA and UNICEF
Strategy: Reinforcement of the health care management system and expansion of the technical and logistical service offerings
- Output 4:** By 2009, at least 15,000 victims benefit from medical-health management. At least 10 percent are cases of repaired vesico-recto-vaginal fistulas.
Lead: UNFPA and UNICEF
Strategy: Case management of 15,000 victims of sexual violence of all ages and both sexes.

The overall medical-health component will offer opportunities to facilitate the development of improved health care **systems** in the Kivus. These two provinces have witnessed the destruction of most of their health care infrastructure. The services and equipment which will be furnished by the Joint Project would not lead to cases of other non-rape victims being turned away. The sexual violence treatments would serve as a foundation for other medical primary care services. The data collection efforts would not ignore other valuable information, such as figures pertaining to maternal mortality or tuberculosis.

The Joint Initiative wishes to use a Rights-Based Approach to case management. The nature of this approach would be further discussed by CIDA with the Initiative partners.

COMPONENT 3 – PSYCHOSOCIAL CARE

Output 5: By 2009, 15,000 victims receive a quality psychosocial response suited to their age and situation; 90 community networks and 90 community mechanisms are strengthened.

Lead: UNFPA and UNICEF

Strategy 1: Reinforcement of community networks.

Strategy 2: Capacity reinforcement of family, social and community actors

COMPONENT 4 – FAMILY, SOCIAL AND COMMUNITY REINTEGRATION

Output 6: By 2009, at least 30 percent of victims return to their family and community of origin.

Lead: UNFPA and UNICEF

Strategy 1: Definition of a victim reintegration profile to determine assistance packages

Strategy 2: Organization of welcome and orientation structures

This output will not preclude the permanent settlement of victims in new communities that have welcomed them. In all circumstances, CIDA encourages the use of confidentiality safeguards.

COMPONENT 5 – LEGAL AND JUDICIAL ASSISTANCE AND PROTECTION

Output 7: By 2009, at least 30 percent of victims and their families have access to legal aid/assistance. Impunity is combated more strongly.

Lead: HCHR

Strategy 1: Reinforcement of structures charged with the administration of justice

Strategy 2: Reinforcement of the judicial system with gender equality approaches

Strategy 3: Outreach strategies in North and South Kivu

Strategy 4: Support of customary mechanisms to resolve differences of opinion

Strategy 5: Set-up of a legal assistance fund for victims

These strategies will be advanced in settings where perpetrators could be in the midst of victims.

Despite the existence of five distinct components, the Project is designed not to have any stovepiping or silo effect. The components will not be isolation from one another. They will have solid horizontal links. Victims could move from one component to another in terms of the care they receive. The coordination of such treatment will mirror the type of work done in the

SGBV project funded by the Government of Belgium.

Project management

At the central planning level and the provincial operating level, the project will have corresponding systems of coordination and direct administration based on those mechanisms already existing in the Joint Initiative.

Central level

Overall project orientation would be set by the **Thematic Group**, which will meet quarterly. The Group will consist of the UN System partners, the engaged government ministries and principal national and international NGOs belonging to the Joint Initiative. The UNFPA will chair this Group.

A **Technical Group** will meet monthly in order to oversee resource mobilization, progress milestones and the general execution of activities. Membership will consist of UN partners, ministries, and NGOs of all levels. Particularly NGOs having a local representation based in the Kivus.

As per the model established in the parallel project financed by Belgium, the entity with the highest authority will be the **Steering Committee**, of which CIDA will be a member. The other members are UNFPA, UNICEF, the OHCHR and eight Congolese Ministries (Health, Human Rights, Social Affairs, Humanitarian Affairs, Justice, Interior, Defence and Women Affairs and Family).

The Steering Committee will meet every three months in its first year and biannually for the three years after. Decisions would be made by consensus. The Committee will be responsible to do the following:

- Monitor the implementation of the Joint Project
- Assess the Joint Project's progress and achievement based on technical and financial reports
- Analyze and endorse annual and semestrial workplans
- Analyze and validate project revisions with respect to expected results and budgetary allocations
- Propose solutions to overcome constraints and difficulties
- Make recommendations regarding the Joint Project's implementation to competent authorities

Formal responsibility for daily operations will be invested in the **International Coordinator**, who would be the primary executive of the project. Key responsibilities for this individual will include but not be limited to:

- Develop approaches for the implementation of the project, integrating gender dimensions

- Identify partners for collaboration, monitor and support coordination of the project
- Provide technical guidelines to partners at national level and to provincial coordinators
- Give orientation to implementing agencies for the execution of activities under their responsibility

The project team under the lead of the International Coordinator will be responsible for monthly progress reports to the Technical Committee and quarterly reports to the Thematic Group. The office will include a financial assistant and administrative assistant.

The International Coordinator will be recruited (through UNFPA procedure). He/She will have a contract from UNFPA and will report to the UNFPA Representative for daily operations. He/She will report to the Steering Committee on the project progress quarterly. Salary and office charges would be distinct budget lines under the budget portion to be implemented by UNFPA.

The International Coordinator will be under the global supervision of the UNFPA Representative and the direct supervision of the UNFPA Program Manager, who is in charge of all sexual violence issues at the agency. The International Coordinator will report to UNFPA as Administrative Agent of the project and work closely with UNICEF and OHCHR SGBV Program Managers.

Provincial level

The provinces of North and South Kivu will each have a **Provincial Synergy Group**, consisting of UN partners, the provincial offices of the above Ministries and NGOs of all levels but primarily local NGOs working on SGBV. Each grouping will be presided by a **Provincial Chair** and will meet bimonthly and as necessary.

Roles and responsibilities of the Synergy Groups will include:

- Facilitating the exchange of information, data and lessons learned
- Consolidating collaborative efforts and providing for their monitoring and evaluation
- Initiating local collaborative projects with local NGOs and submitting them for approval
- Undertaking local lobbying and social mobilization efforts
- Overseeing the observance of human rights and legal protection efforts for victims

Provincial Coordinators will be recruited by and hold UNFPA contracts. The Provincial Coordinators will hold formal responsibility for daily operations. Principal tasks will include but not be limited to the following:

- Assist intervening partners with their implementation of the project workplan activities
- Monitor workplan execution and follow-up of all partners

- Support the implementation and management of structures for the collection of data on victims

The Coordinators in each province will be paired with the respective provincial *Chefs d'antenne* of UNFPA. The same support roles as at the national level will be followed. The Coordinators will have a team with financial and administrative assistants.

With respect to execution modalities, all member agencies of the Joint Initiative will participate in the preparation of a common work plan based on their individual expertise and the common objectives of the Joint Initiative. This will be done in conjunction with provincial implementing institutions. The two provincial plans will be validated by the respective Synergy Group and then the Technical Committee, prior to approval by the Steering Committee.

Monitoring and evaluation tools will include continuous data collection, fixed meetings of the thematic, technical and steering committees; follow-up field visits; and regular financial and narrative reports. International consultants will conduct a mid-term and final evaluation. Every monitoring and evaluation tool will be sex- and age-disaggregated.

Financial management

The Joint Project will operate under the UN System's Joint Programming "Pass-Through" model, where CIDA grant funds are channelled directly to the headquarters account of the Administrative Agent of the Joint UN Project, UNFPA. In turn, UNFPA will, upon receipt of funds from CIDA, remit to each UN Participating Agency – UNICEF, OHCHR and UNFPA itself – the amounts allocated in the jointly approved consolidated workplan and budget. Each partner agency will then further distribute to NGOs or government ministries as appropriately and as per normal practice. UNFPA, as Administrative Agent for the Joint Project, will bear the responsibility to transmit to CIDA all consolidated financial, operating and technical reports from the partners.

Implementation strategy

Implementation of the Joint Project will be undertaken by the aforementioned Ministries of the DRC Government in conjunction with the local NGOs and networks participating in the Joint Initiative. The UN System agencies and larger INGOS will have the roles of technical support, monitoring and evaluation.

All actors will work together in a complementary manner, following their respective expertise and experiences. Every organization will be responsible for adhering to the guiding principles of the project, including the quantification of data and the holistic health care approach for victims.

The implementation of certain Joint Project components will be directed in a more crosscutting manner by a designated lead partner. In the case of the Legal and Judicial Assistance

Component, for example, the OHCHR would take the lead for both provinces, with the support of human rights NGOs.

The plan calls for the submission of specific proposals by field NGOs within one or more of the components. The Provincial Synergies will conduct their analysis before assigning the tasks to designated NGOs for action and signing any subcontracts with them.

Initial grant payments would facilitate the recruitment of International Coordinator and provincial coordinators, the preparation for project launch and, most importantly, the mobilization and unification of all current and potential project partners. The spring months of 2006 will be used for work planning and cohesion building to allow for direct activity launch once major fund instalments start to flow.

Project sustainability

In preparing their request, the Joint Initiative has fully recognized the difficulties of operating in the DRC and the extra efforts entailed in collaborating with national and local institutions. It has been further recognized that the launch of the project would be concurrent with the peak of the election campaign, a colossal endeavour that is already consuming most institutional energies and resources. Given this situation, much preparatory capacity development will be undertaken (e.g. training, provision of facilities, establishment of mechanisms) in order to foster an improved enabling environment for project operations.

These efforts would be linked with other national development strategies as much as possible, to maximize their impact and avoid duplication of assistance. The Joint Project would aim to strengthen consideration of violence issues in policies and strategic documents such as the PRSP, CCA/UNDAF (Common Country Assessment/United Nations Development Assistance Framework), and the National HIV/AIDS Strategy. If any new national (or international) initiatives were to emerge during the life of this project, all partners would become engaged right away to share knowledge, if not participate in full synergistic collaboration.

The most apparent challenge to project sustainability is the weak condition of the Congolese state and its administrative mechanisms. Given the levels of weakness—and the levels of corruption—the Joint Project would principally rely upon NGOs and community-based organizations to carry out activities. Nonetheless, efforts would be made to build the capacities of the aforementioned Ministries in order to assure some sustainability. It is foreseen by Joint Initiative partners that staff training and operational funding for Ministry initiatives would be elements that could increase motivation and strengthen participation in project activities.

Risk analysis and mitigation strategies

Any intervention in the DRC bears a significant inherent security risk, particularly in the Kivus, which are plagued with lawlessness and impunity. Greater instability in the Kivus could lead to

the Project only addressing and not actually reducing the incidence of rape. If security further deteriorates, there could be an increase in sexual violence.

Project activities will be carried out in a very difficult environment with logistical constraints, particularly in areas with no roads or airstrips. As a result, a strong emphasis will be put on the development of technical capacities of community organizations so that they can take an active part in preventing and responding to sexual violence.

The fact that there are scores of community organizations, which could become involved in project activities, leads to another potential problem. There is a risk that the Project itself could become fragmented into many small disconnected activities without the adequate coherence or critical mass to bring about change. This fear is the antithesis of the need to be comprehensive with this project. Extensive study of this issue has universally concluded that all aspects of the problem need to be addressed, hence the existence of the five components to this particular response. These components need to find a balance between targeted focus at the community level and maintaining a coordinated, integrated approach.

| Risk Factors | Probability | Mitigation Strategies |
|--|--------------|---|
| A/ Risks at the Macro Level | | |
| A1- <i>Post-election and long-term violence, from civil unrest to full hostilities</i> | Low - Medium | <ul style="list-style-type: none"> • Military presence of MONUC for election securization • Political pressure from CIAT as a check on belligerents • Continued engagement of international community, UN, African Union; work towards immediate disarmament |
| B/ Risks at the Level of Project Execution | | |
| B1- <i>Delay in collecting data and setting up database</i> | Low | <ul style="list-style-type: none"> ▪ Stakeholders in the field are trained to collect cases actively. Stakeholders discuss and harmonize the reporting system. |
| B2- <i>Military and political authorities feel criticized block the project.</i> | Low | <ul style="list-style-type: none"> ▪ Authorities are involved in awareness activities, and in developing the project's products and strategies |
| B3- <i>Lack of motivation among health care personnel</i> | Low | <ul style="list-style-type: none"> ▪ The project sets up a mechanism to motivate personnel (training, field trips, and so on). |
| B4- <i>Continuing pockets of insecurity</i> | Medium | <ul style="list-style-type: none"> ▪ Community ownership of project (advanced strategies) |
| B5- <i>Victims are afraid to file a complaint.</i> | Medium | <ul style="list-style-type: none"> • Arrangement of high-profile court cases to give victims new confidence ▪ Strengthening of penitentiary system |
| C/ Risks at the Level of Internal Project Management | | |
| C1- <i>Delay in freeing up funds for activities</i> | Low | <ul style="list-style-type: none"> ▪ Procedure for freeing up funds is defined at the outset and followed. |

Estimated Project Budget (CIDA funds)

| Component | Description | Activities | Amount | Total |
|--|--|--|--|-------------------|
| Output 1 | Data Collection and Publication | Training, creation of databases, data collection, analyses, reporting, etc. | | 895,000 |
| Output 2 | Lobbying, Awareness & Sensitization | Training, publications, forums and events, etc. | | 1,095,000 |
| Output 3 | Medical Facility Technical Capacity | Structure Rehabilitation Medical Equipment Medical Kits Training & Other | 450,000 450,000 515,000 695,100 | 2,110,100 |
| Output 4 | Medical Care | Fistula Surgery HIV Detection & Counsel Village Treatment Other | 450,000 450,000 450,000 915,000 | 2,265,000 |
| Output 5 | Psychosocial Care | Medical Kits Establishment of Centres Training and Other | 415,000 600,000 1,020,000 | 2,035,000 |
| Output 6 | Social & Community Reintegration | Social Infrastructure Micro-Projects Income Generation Capacity Building & Other | 300,000 500,000 819,000 | 1,619,000 |
| Output 7 | Legal & Judicial Assistance | Structure Rehabilitation Legal Aid Funds Training & Other | 200,000 400,000 1,265,000 | 1,865,000 |
| Project Management | Management, Administration and Personnel | Operations/Supplies/Equip. Personnel Monitoring/Evaluation Other | 609,200 1,605,400 575,000 176,300 | 2,965,900 |
| Administrative Agent Costs (UNFPA) | | Indirect Costs – 1% of total Grant (maximum \$US 100 000) | | 150,000 |
| TOTAL | | | | 15,000,000 |
| These amounts do not include any in-kind contribution of UNFPA and other participating Agencies | | | | |

CIDA's grant funds may be used by the participating UN agencies (UNFPA, UNICEF and OHCHR) to cover the support (indirect) costs directly associated with the implementation of specific project components by the respective agencies. The associated support costs will be as per the levels approved by the respective executive board of each implementing agency.