

INTERNATIONAL SERVICE PROGRAM

The Zonta International Service Program (ISP) seeks to improve the legal, political, economic, educational, and/or health status of women in developing countries or countries in transition. In the 2008-2010 Biennium, the International Service projects will be funded by contributions to the International Service Fund of the Zonta International Foundation.

Total biennium 2008-2010 ISP funding of 1,650,000 USD is apportioned as follows:

- 600,000 USD to **Prevention of Mother-to-Child Transmission of HIV in Rwanda**, a project in cooperation with UNICEF.
- 600,000 USD to **Safe Cities for Women Project in Guatemala City, Guatemala, and San Salvador, El Salvador**, a project in cooperation with UNIFEM
- 450,000 USD to **Reduction of Obstetric Fistula in Liberia** within the context of Maternal and Newborn Health, a project in cooperation with UNFPA

United Nations Children's Fund (UNICEF)

Prevention of Mother-to-Child Transmission of HIV in Rwanda 2008-2010 funding: US\$600,000

Goals/Objectives

To prevent mother-to-child transmission of HIV and provide health care, prenatal and obstetrical services, and links to reproductive health programs, nutritional support, psychosocial services and income-generating activities to HIV-positive mothers.

Summary

The challenges facing Rwanda's women and children are, unfortunately, unique. Rwanda, after the genocide and war, is largely a country of women and children. Treating HIV-positive women, preventing transmission of the virus and giving women access to health care and reproductive health services becomes even more critical because of these factors. Any additional vulnerability of women has serious repercussions for the country and its children. Rwanda already has one of the world's highest concentrations of orphans due to the genocide, and deaths of HIV-positive mothers have created a second wave of orphans. Equally catastrophic is transmission of the virus from HIV-positive mother to her infant during pregnancy, childbirth or through breastfeeding.

To meet the urgent needs of Rwanda's women and children, UNICEF will strengthen and expand programs to prevent mother-to-child transmission of HIV to meet the full range of needs of HIV-positive women and their families; improve the health system by training personnel on service provision, management, monitoring and evaluation; and by partnering with communities in caring for women and families affected by HIV/AIDS.



In April and May of 1994, nearly 1 million Rwandans, some 10 percent of the population, were massacred. This genocide, war, and the displacement of 3.7 million people still affects all aspects of life in Rwanda. One-third of the dead were children; survivors witnessed death and unspeakable violence; hundreds of thousands were

orphaned. During the genocide, women were raped as a weapon of war. Along with the terrible trauma, many of these women were infected by HIV and sexually transmitted diseases. Half of the Rwandan women who reported being raped became HIV-positive. By 1997, estimates of HIV prevalence ranged between 11 and 13.5 percent.

The HIV/AIDS epidemic in Rwanda was worsened by transmission through the rape of women during the genocide. The epidemic now is linked with pervasive poverty, poor access to social services, and one of the world's highest proportions of orphans (30 percent of Rwandan children, many orphaned by AIDS). Deaths and maternal transmission of the virus also are connected to inadequate reproductive health care and obstetrical services. Underlying all deaths are food shortages and chronic malnutrition. Rwandan orphans and children made vulnerable by HIV/AIDS are even more vulnerable to poverty, reduced access to services, and discrimination.

Although HIV prevalence has dropped, the current 3.1 percent rate means that some 190,000 Rwandans live with the disease. Women's HIV-prevalence is about 1.5 times higher than men's, and younger women are five times more likely to contract the disease than younger men. Nearly 5 percent of Rwanda's pregnant women are HIV-positive and risk transmitting the virus to their babies. Of an estimated 27,000 Rwandan children living with HIV, 90 percent were infected during pregnancy, childbirth, or breastfeeding. At present, just one-third of these children needing antiretroviral medication receive it. UNAIDS estimates that critically needed services to prevent mother-to-child transmission are available in about half of the country's health facilities. In addition, early diagnosis of HIV-positive babies is limited, with only 20 percent of Rwanda's hospitals able to administer the necessary tests.

PMTCT (prevention of mother-to-child transmission) programs can virtually eliminate transmission of the virus. In Rwanda, UNICEF proposes expanding coverage of basic PMTCT programs, as well as meeting the full range of medical, nutritional, psychological and economic needs of HIV-affected women and their families. The expanded package, PMTCT+ (also known as the "Family Package") includes the following components:

- Standard PMTCT interventions: voluntary, confidential, and free HIV testing and counseling; prenatal and obstetrical care; antiretroviral medication during pregnancy and delivery to prevent transmission; and counseling on options to prevent transmission through infant feeding.
- Psychosocial counseling.
- Reproductive health service referrals, education and mobilization of community and religious leaders to reduce stigma and discrimination.
- Additional nutritional support to pregnant women.
- Monitoring of maternal viral count and referrals to sites that provide a full course of antiretroviral therapy.
- Antibiotics to lower the incidence of deadly opportunistic infections.
- Baby formula whenever feasible.
- Improved follow-up on HIV-exposed babies for testing and treatment.
- Income generating schemes

UNICEF will improve access and quality of PMTCT+ services by training health workers and scaling up programs. Efficiency, quality and sustainability will be ensured by strengthening Rwanda's capacity to administer, monitor and evaluate the programs, as well as by continuing to build partnerships between communities, government, civil society, nongovernmental organizations and the private sector.

Conditions in Rwanda are currently ideal for expansion of HIV/AIDS programs, especially for PMTCT+. After the cataclysm of 1994, the country has made significant progress. Its democratically-elected government has a leadership committed to reconciliation, justice and development, and an unprecedented representation by women. Infrastructure is improving, as is efficiency through decentralization. The government is working with international partners to stabilize its HIV/AIDS epidemic, and to improve upon existing programs to halt the spread of HIV and to care for all affected and infected by the disease.

UNICEF efforts will be critical to restoring the health and development of a generation brutalized by violence. UNICEF's strengthening and expanding of PMTCT+ programs will save the lives of women and children in Rwanda, further women's reproductive rights, help women cope with HIV/AIDS and contribute to their ability

to support themselves and their families. By providing services that keep HIV-positive mothers healthy and alive, PMTCT+ programs ensure that fewer Rwandan children are orphaned.

Background Information on Rwanda

The 1994 massacre and the deaths and the displacement of 3.7 million people caused an upheaval that still deeply affects all aspects of life in Rwanda.

Rwanda's health care system is unable to provide adequate services. During the genocide, half of all health workers were killed or displaced and 8 percent of health clinics were destroyed or looted. In 2004 Rwanda had 401 physicians (.05 per 1,000 people), 3,593 nurses (.42 per 1,000 people), 54 midwives (.01 per 1,000 people), and 12,000 community health workers (1.41 per 1,000 people)¹. Under-funded health facilities are in poor condition, with many lacking appropriate buildings, equipment and supplies, patient transportation systems or phone connections. Some 40 percent of health centers still lack electricity.

Rwanda is working to emerge from this nightmare and establish itself as a peaceful, prosperous democracy. In 2003 a new constitution was adopted and democratic elections were held. Rwanda's government, headed by Paul Kagame, has worked to improve economic opportunities, social services, and women's rights. A new decentralization policy, which came into effect in January 2006, is streamlining the number of provinces and districts, empowering communities and ensuring that priorities and funding were responsive to local needs. Rwanda is strengthening local capacity to carry out reforms, addressing staff retention, motivation, and skills. There is official recognition of women as key to reconstruction and rehabilitation, as well as the need to train and mobilize women to meet these challenges. Cases of rape and abuse continue to be investigated and the Gender-Based Violence bill was enacted.

Like its other social services, Rwanda's education system was devastated by the genocide. Half of its teachers died and hundreds of thousands of children did not attend school. Educational opportunities have improved significantly, with net primary school enrolment now at 72 and 75 percent for boys and girls, respectively, and net attendance at 75 percent. Despite gender parity in enrolment, girls are more likely to repeat classes or drop out of school. Although primary school fees were abolished in 2003, indirect costs of education are still prohibitive for many families. Secondary school enrolment is consistently low, at 15 percent for boys and 14 percent for girls.

Because more men were murdered during the genocide, women comprise 70 percent of the population. UNFPA reports that in many cases, absent male partners, women are more vulnerable to discrimination and violence, and that for those with male partners; approximately 20 percent have been subjected to domestic violence². Conversely, there is room for women to demand equality and justice for crimes perpetuated against them. With legally mandated representation in parliament, 48.8 percent of the seats are held by women, the highest proportion of female legislators in the world.

Rwanda's Response to the HIV/AIDS Epidemic

Rwanda's leadership is committed to fighting the HIV/AIDS epidemic and numerous structures and policies support a commitment to solutions that will take years and greater resources than currently exist to implement. Rwanda has been working with international and local development partners to increase access and improve service quality. The president's office supervises the National AIDS Control Commission, and there is a special ministry in charge of HIV/AIDS. The Treatment and Research Aids Center (TRAC), was created to define treatment and care standards and to provide training and certification in HIV/AIDS prevention and care. In addition, Rwanda's new decentralized administrative structure will provide better management and the government is addressing transitional issues in coverage and staff. The President and First Lady are personally involved in public-awareness and anti-discrimination campaigns, as well as in improving programs.

PMTCT+ Project Goals

The overall goal of UNICEF is to ensure universal comprehensive care, treatment and support to HIV-infected mothers and their families in Rwanda. Achieving the following targets is necessary to reach this goal:

¹ The World Health Report, 2006 Edition

² Human Rights Watch, "Shattered Lives: Sexual Violence during the Rwandan Genocide and its Aftermath." (1996)

- Full PMTCT+ services and monitoring at 20 UNICEF supported PMTCT sites of Rwanda's health centers.
- A clear plan to scale up PMTCT services, supported by implementation of comprehensive care and support.
- Improved capacity for TRAC (The Treatment and Research Aids Center) to coordinate, monitor and evaluate PMTCT programs nationwide.
- Improved district capacity by training district planning officers on human rights based approaches to implementation and monitoring, evaluation, and generating data for programming.
- Improved site capacity through training of health care workers and community lay counselors.
- An assessment of pediatric care services in Rwanda and determination of future needs.
- Appropriate treatment for opportunistic infection for all HIV-positive infants and their mothers.
- Appropriate assessment of all HIV-positive children, full access to antiretroviral therapy and nutritional monitoring and support.
- A communication campaign to scale up interventions, linked to Rwanda's strategies of Family Package and support for orphans and children made vulnerable by HIV/AIDS.



Activities

UNICEF will scale up and implement PMTCT+ services, especially in its 20 currently supported PMTCT sites, and build capacity for Rwanda's health care administration, trainers and health workers. UNICEF's activities will include:

- Training additional health workers on PMTCT+ and incorporating them into the programs.
- Supporting deliveries of PMTCT+ services.
- Strengthening administrative capacity and quality assurance.
- Strengthening capacity of community based organizations for women affected by HIV and AIDS.
- Increased access to testing and treatment.
- Increased community involvement.
- Empowering HIV+ women for their own benefit and that of the whole family by strengthening the capacity of community based organizations to manage vocations training and IGAs.
- Exchange Programs for mother support groups locally in the neighbouring countries to allow generation of new ideas for IGAs.

Conclusion

Rwanda's women and children continue to suffer due to the terrible psychological trauma of genocide and war, crushing poverty, malnutrition and the devastation of the HIV/AIDS epidemic. The recovery and development of these women and children are closely linked with stemming the spread of HIV/AIDS and providing quality health care and social services. UNICEF's comprehensive and effective programs to prevent maternal transmission of HIV, PMTCT+, reduces maternal transmission of HIV/AIDS; bolsters prenatal, obstetrical, and reproductive health services; ensures the health and psychological well-being of HIV-positive pregnant women and their infants; and empowers women to support themselves and their families. PMTCT+ directly saves the lives of Rwanda's women and children and prevents more children from becoming orphans by keeping HIV-positive mothers healthy. Sustainability will be ensured through UNICEF's work to improve Rwanda's capacity to implement, scale up, administer, and monitor PMTCT+. In addition, sensitized and educated communities and leaders will become involved in care and support of HIV-affected families and will help to end discrimination around HIV/AIDS.

With support from Zonta International, UNICEF will help Rwandan women and children continue to move past the legacy of the genocide and HIV and into lives of health, dignity and hope.

UNICEF Headquarters Project Support

Technical and administrative project support covers the standard seven percent administrative cost for UNICEF headquarters. This will also ensure the provision of oversight from HIV section in UNICEF New York.

United Nations Development Fund for Women (UNIFEM)

Safe Cities for Women Project in Guatemala City, Guatemala and San Salvador, El Salvador 2008-2010 funding: USD 600,000

Project Summary

The Safe Cities for Women Project will increase the safety of women in Guatemala City, Guatemala and San Salvador, El Salvador by helping local women collaborate with the local government and urban planners to create practical solutions, public policies, and municipal plans that decrease the risk of violence against women in their cities. The project will build on a larger UNIFEM regional programme that is ongoing in four urban areas in Latin America.

Goals/Objectives, Strategies, Activities:

The project will:

- Document the connections between reduced gender-based violence and improved urban planning.
- Launch campaigns to sensitize the public to the issues surrounding violence against women in urban areas.
- Empower local women, non-governmental organizations (NGOs) and other stakeholders to promote and develop public policies, with a gender perspective, that help ensure women's safety;
- Build specific opportunities for collaboration between decision-makers, municipal planners and local women's NGOs to adapt policies and urban planning.
- Disseminate information on lessons learned and successful practices to the public, media and relevant stakeholders.

Population Served by Project

The project will be piloted in one of the poorest neighbourhoods of each of these capital cities. There are approximately 600 families or roughly 3,000 to 3,500 people in each of the two city neighbourhoods. Women and NGOs in the inner cities and surrounding areas will directly benefit from capacity-building efforts, and entire neighbourhoods of women, men and their families will benefit from improved urban planning and policies.

Background

Urban violence in Latin America is an increasing phenomenon, with a murder rate 114 percent higher than the world average. Furthermore, Guatemala and El Salvador have rates of urban violence and violent homicides above the regional average. As these nations urbanize, there is a growing sense of insecurity among the population, especially among women who are particularly vulnerable to violence in private and public spaces.³

The root causes of increasing violence against women (VAW) in Guatemala and El Salvador are complex. Recently ended civil wars have contributed to a culture of violence in which armed violence is used to resolve conflict and disputes. Worsening economic conditions, lack of employment opportunities, repatriation of gang members and criminals, and increasing drug trafficking compound the situation. In the context of this social insecurity, women are at even higher risk of violence due to the traditionally subordinate position of women in society.

UNIFEM's 'Safe Cities for Women' Project

UNIFEM proposes a project to make communities safer through an innovative approach in Guatemala City and in San Salvador as part of its regional programme to promote *Safe Cities for Women*. The main objective of the

³ La Violencia en América Latina y el Caribe: Un Marco de Referencia para la Acción. Banco Interamericano de Desarrollo. <http://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=361925>

regional programme and the proposed project is to strengthen women's right to active citizenship in order to reduce public and private violence against them.

The focus of this programme is on urban security as a gender issue because women in cities are increasingly vulnerable to gender-based violence (GBV) in situations exacerbated by social violence. In order to prevent and address VAW in urban spaces, the project will work in close coordination with women's organizations, networks and local governments to develop and implement public policies on urban security that includes women's issues and views. It will implement a participatory model, developed as part of the UNIFEM regional programme, that builds the capacity of local women's organizations to form coalitions, identify risk in their communities, advocate for their right to lives and neighbourhoods free from violence and fear, and participate in the planning of safe neighbourhoods with local authorities.

Strategies

- Document and produce of actionable knowledge and information on gender and urban security.
- Launch public sensitization and campaigns.
- Implement local interventions.
- Empower networks and women organizations.
- Disseminate information, knowledge and proposals at regional level.

Outcomes

- Increased knowledge on the link between urban violence and gender to inform ongoing debates on violence and urban security.
- Gender-based violence is included in the agendas of stakeholders from social organizations and governments.
- Urban development plans are formulated with the active participation of women's organizations, civil society and local authorities, and include a gender perspective.
- Women's networks and organizations have the capacity to influence local governments to include gender issues and women's safety in public policies.
- Information and lessons learned on violence against women and urban security widely disseminated through regional channels to inform coalitions and the public.

Sustainability and Replication

As part of the UNIFEM's regional *Safe Cities for Women* programme, the project in Guatemala and El Salvador will benefit from knowledge, experience and expertise collected and developed during the second year of implementation of the larger programme that is being implemented in Rosario, Argentina; Santiago, Chile; and Bogotá, Colombia. As this project will be located within the larger programme's management structure – including its planning, execution and evaluation – implementation of the project in Guatemala and El Salvador will be coordinated by a project manager and support team with experience in the 'Safe Cities' strategies located in UNIFEM's Sub-regional Office for Brazil and the Southern Cone. The regional programme is supported by the Spanish Development Cooperation (AECI).

The implementation of the project in the two Central American countries will be coordinated by a project manager and a small support team, who will be supervised by the 'Safe Cities' Programme Regional Director, and in coordination with the UNIFEM Sub-regional Office for Mexico, Central America, Cuba and the Dominican Republic. UNIFEM staff will work closely with its regional, national and community government and civil society partners to ensure sustainability. A midterm evaluation will also focus on programme efficiency, delivery and sustainability.

Conclusion

The situation in Guatemala and El Salvador has drawn the attention of agencies of the United Nations, governments, civil society organizations, networks of women's organizations and human rights advocates, who consider these alarming rates of violence against women a pressing emergency. They call for immediate action to prevent and combat violence against women in the turbulent urban areas of these countries. In response, the UNIFEM *Safe Cities for Women* programme provides a means for women to achieve adaptations in public

policies and urban planning that meet the particular needs of women in an urban environment and, as a result, reduce public and private violence against them.

UNIFEM administration fee

UNIFEM administration/overhead is a standard fee of the total budget of ten percent.

United Nations Development Fund for Women (UNIFEM) was created by a UN General Assembly resolution in 1976, following a call from women's organizations attending the 1975 UN First World Conference on Women in Mexico City. UNIFEM provides financial and technical assistance to innovative programmes and strategies to foster women's empowerment and gender equality, focusing its activities on four strategic areas: ending violence against women, reducing feminized poverty, reversing the spread of HIV/AIDS among women and girls, and achieving gender equality in democratic governance in times of peace and conflict.

United Nations Population Fund (UNFPA)

Reduction of Obstetric Fistula in Liberia within the context of Maternal and Newborn Health 2008-2010 funding: USD 450,000

Project summary

The obstetric fistula project is designed and developed within the context of Maternal and Newborn Health. The prevention of fistula and the treatment and reintegration of the patients are integral components of the Liberian Reproductive Health program. Coordination of the project is the responsibility of the Ministry of Health and Social Welfare (MOH&SW). The prevention component is closely linked to outreach, awareness and education of the public and access to comprehensive emergency obstetric care. Advocacy and the use of the media, especially the radio, are vital tools in this respect.

Treatment and care of fistula is also an area of great concern, given the high number of Liberian women living with fistula. The JFK hospital is a key partner in the implementation process, as the fistula ward is being prepared to provide quality services in the treatment and care of obstetric fistula, as well as providing quality comprehensive training for doctors and other health care personnel.

JFK Hospital in Monrovia, Montserrado County is the main national referral and training center for fistula case management.

Background

Liberia has an estimated population of 3.5 million people with a high maternal mortality ratio of 578 deaths per 100,000 live births. The extent of maternal morbidity is unexplored, but it is evident that for every woman that dies of pregnancy-related complications many more suffer from complications of childbirth resulting in severe injuries and disabilities. Obstetric fistula (OF) is one of the most severe of such disabilities.

Liberia is in a stage of recovery following 15 years of crisis due to civil war that has negatively affected the country's social and economic development. In the area of health for example, the infrastructure was destroyed; human resource development was at a standstill and most of those trained to provide services were forced to leave the country. Access to existing health facilities and trained attendants became more difficult and inevitably the incidence of maternal mortality and morbidity, including obstetric fistula, increased.

A Situation Analysis report (September 2006) showed that:

- Prolonged labor accounted for 87% of the causes of fistula.
- Over 52% of patients that experienced fistula were in labor for more than two days.
- Delay in making decisions to seek the services of skilled attendant during labor accounted for 83% of all fistula patients.
- Over 55% of the patients lived with fistula more than two years before receiving medical help.
- Stigma was a major concern with 57% rejected by their husbands.

Project goals

To contribute to the elimination of obstetric fistula and the reduction of maternal and newborn mortality and morbidity in Liberia.

Strategies

- Coordination and partnerships.
- Advocacy, community mobilization and education.
- Capacity building at all levels.
- Expansion of strategically located and fully functional emergency obstetric care (EmOC) facilities.

- Distribution of a wide range of contraceptive method-mix to increase contraceptive prevalence rate (CPR).
- Providing access to free of charge and quality fistula treatment and care services.
- Catering for the reintegration needs of women treated for fistula, including counseling and livelihood skills development.

Output 1

Access to quality fistula treatment and EmOC services are improved.

Key Activities for Output 1

- Advocacy, IEC, community mobilization, public awareness and knowledge on fistula;
- Strengthening the fistula management and training center at JFK hospital in Monrovia, Montserrado County;
- Capacity building - Second phase training of two doctors in fistula case management, training of one anesthetist;
- Provision of drugs and medical supplies for the beneficiaries;
- Strengthening the capacity of outreach sites for the management of fistula and EmOC services in five counties (Bomi, Grand Bassa, Lofa, Montserrado, Nimba);
- Maintenance of fistula facilities and services (including patients' feeding, laundry services, cleaning);
- Establishing a standard protocol for pre- and post-operation counseling.

Output 2

Women treated for obstetric fistula (OF) are supported socially and economically to start a new life in their communities

Key Activities for Output 2

- Skills training for selected vocations for beneficiaries;
- Awareness creation and skills training in livelihoods;
- Provision of funds to buy new clothes for the patient, bus fare to return home and start a modest income generating activity through a starter kit.

Sustainability

A sustainable program will be achieved by provision of viable solutions for scaling up activities and replicate these throughout the country and in the region, as the project multiplier effects will add value to and ensure the establishment of a nationwide network of EmOC service delivery points. With a strong government commitment to revitalize the health sector, the project is in a position to serve as an entry-point to accelerate the re-activation of the National Health Service delivery throughout the country.

Monitoring and Evaluation

- An annual monitoring plan will be agreed upon by the Family Health Division, JFK Hospital and UNFPA. The areas to be monitored are the selected project sites in the five counties. A monitoring plan should be included in the annual work plan, together with a budget line.
- The County Health Teams (CHT) will conduct monthly monitoring of progress made in the facilities providing basic and EmOC and send reports to the Family Health Division, MOH. The Family Health Division will share the reports with partners during coordination meeting, which would take place once every three months.
- Monitoring and supervision from the central level will be conducted every three months. The team, including the Chief Medical Officer (MOH) and project manager (UNFPA) will join the County Health Team (CHT) during their quarterly supervision and monitoring schedule. Vehicles will be provided for purposes of monitoring and supervision.
- The monitoring teams at central and county levels should select indicators with baseline data and agree on the contents of quality of care checklist.
- The quarterly monitoring from central level will start in JFK to assess progress in the provision of quality fistula treatment and care. The fistula surgeon at JFK will make a presentation of fistula repair results to members of the Reproductive Health (RH) committee every six months. One of the six

monthly presentations should coincide with the annual project review (APR), which should take place during the month of October. Such meetings will be chaired by the MOH. A summary of the APR meeting will be printed and disseminated to all concerned.

- The results of monitoring and evaluation will inform decision making and contribute to shaping policies and improve interventions.

Project resource requirements

Human resources

The project on OF is designed to establish and deliver quality repair services and support to basic and EmOC in five counties. To ensure progress in the implementation, monitoring and reporting, the mission recommends the recruitment of an international project manager, a national accountant and a driver.

Training needs

A second phase training in fistula case management will be carried out in Nigeria for two doctors and one anesthetist for a period of two weeks. In addition to this, a study tour to Addis Ababa is recommended for one doctor. The duration of the study tour will be two weeks.

Training will also be conducted in Liberia, to ensure quality fistula case management. Five health care workers per county hospital will be trained in quality service provision. The core fistula team based at JFK Hospital will provide training of all doctors and anesthetists posted to work in county hospitals to ensure that they can perform safe surgery (C/S) and provide safe anesthesia.

In the context of post operation (Output 2), skills training will be provided to women beneficiaries who have little or no means of supporting themselves or their immediate families. Training will involve basic business skills, sewing, food preservation and other skills deemed in need at the outset of the project as it is operational.

Drugs and medical supplies

In order to ensure quality care and treatment, essential drugs and medical supplies including plastic aprons and sheets, syringes and needles, suture materials, antiseptics, detergents, air conditioners, fans, refrigerators will be procured.

Skills training and Starter Kit

A proportion of women who have undergone fistula repair and treatment will be provided with skills training to be able to empower them to carry out viable means of livelihoods in their home communities. Skills training include food preservation techniques, sewing and business skills training. During the course of the program, the training options will be modified to respond to needs of beneficiaries and realistic situation. The starter kit will be provided post-operation/care for the beneficiary to be able to re-integrate into their host communities through a basic package.

ZISVAW PROGRAM

The Zonta International Strategies to Prevent Violence Against Women (ZISVAW) Program seeks to reduce the incidence of violence against women and girls by changing personal and/or political knowledge, attitudes and behaviors contributing to violence against women. Projects must be focused on preventing and ending violence against women.

In its Resolution 50/166 the UN Trust Fund to End Violence Against Women of 22 December 1995, the General Assembly gave the United Nations Development Fund for Women (UNIFEM) the mandate to strengthen its activities to eliminate violence against women in order to accelerate the implementation of recommendations set out in the Beijing Declaration and Platform for Action. The resolution also established the Trust Fund to End Violence against Women as a key inter-agency mechanism to advance actions to address violence against women. The Trust Fund was set up in 1996 and became operational in 1997, with UNIFEM as the Fund's administrator (Source: *A Life Free of Violence is Our Right! UN Trust Fund to End Violence Against Women: 10 Years of Investment, 2007 UNIFEM*).

The objectives of the ZISVAW Fund and the UNIFEM/UN Trust Fund to End Violence Against Women match each other. Therefore, the proposed 2008-2010 ZISVAW projects have been selected under the Trust Fund's umbrella in their 12th Grant Cycle.

Total biennium 2008-2010 ZISVAW funding of 600,000 USD is apportioned as follows:

- **300,000 USD to Ending Violence Against Women through Community Action (EVAWCA) in Cambodia**
- **200,000 USD to Combating physical violence against women and supporting the implementation of protective and anti-discriminatory laws and policies in Egypt**
- **100,000 USD to Community-based center for housing and rehabilitation of women victims of violence in Syria**

**United Nations Development Fund for Women (UNIFEM),
(administrator of the UN Trust Fund to End Violence against Women)**

**Ending Violence Against Women through Community Action (EVAWCA) in Cambodia
2008-2010 funding: USD 300,000**

Project summary

The project supports the implementation of the Law on the Protection of Domestic Violence and Protection of Victims, the Civil Code and Criminal Code, among others, in the provinces of Pursat, Prey Veng and Kampóng Chhnang. It will study contemporary Khmer masculinity and its dynamics to enable the design of more effective policy and program strategies and interventions with a view to prevent domestic violence against women through transforming attitudes and behaviors of violent men. Community-based men's groups will be formed to work with men through personal counseling and addressing health and psychological aspects, creating linkages with the white ribbon campaign. The project will develop capacities of local authorities and relevant laws, monitor the implementation of these laws and build legal skills of community-based core groups to advocate with public authorities for more effective interventions in cases of domestic violence. Community-based core

groups will also reach out to women to raise awareness regarding their legal rights and support their access to justice and social services. The project will be implemented in partnership with local core groups, men's groups, civil society organizations and local authorities.

Main Activities

- Conduct research study on men, masculinity and violence. The study will particularly unveil contemporary Khmer masculinity (in relation to violence) and factors that deconstruct and/or reconstruct the traditional masculine identities in context of changing social, cultural and economic phenomena in Cambodia.
- Establish community-based women's core groups (CGs).
 - Train CGs on laws, legal issues, advocacy and lobbying (provide training on these issues to local authorities as well, if baseline survey reveals the need for the same).
 - Monitor the implementation of laws against VAW in the commune.
 - Lobby and pursue local authorities and polices to enforce laws as soon as VAW occurs.
 - Hold monthly law dissemination meeting in the villages of the target communes with participation of village women.
- Provide legal aid to women victims of violence.
- Social services provided to women victims and/or potential victims of violence.
- Develop training and communication materials (audiovisual and print) targeting men to transform their harmful masculine ideologies and behavior.
 - Establish community-based men's groups (CMGs).
 - Train CMGs on men, masculinity, counseling and advocacy.
 - Hold village level meeting by CMGs with participation of grassroots men.
 - Individual counseling (to perpetrators-men) to transform their harmful practices and address health and psychological aspects.
 - Celebrate 16-day white ribbon campaign.

Project Objectives

- By the end of first half of year one, contemporary Khmer masculinity (in relation to domestic violence), its dynamics (in context of changing socio-economic phenomenon), and gender disaggregated data are revealed for designing effective policy and program strategies and interventions, and educational and communication materials to transform men's violent behavior to address violence against women.
- By the end of the project, at least 70% local authorities and police in the target communes of the provinces of Pursat, Prey Veng and Kampóng Chhnäng seriously take action against reported cases of domestic violence in conformation to the laws related to violence against women.
- By the end of the project, at least 90% women in the target communes of the provinces of Pursat, Prey Veng and Kampóng Chhnäng are aware of their rights and know the laws that exist to protect them from violence.
- By the end of the project, there has been an increase of at least 70% in the cases of women victims of violence who have access to the courts and social services in the target communes.
- At least 50% men (perpetrators and potential perpetrators) of the target commune of provinces Pursat, Prey Veng and Kampóng Chhnäng are transformed into non-violent and good male role models.

Long term objectives

To end violence against women in Cambodia.

Evaluation

In the beginning of the project a baseline survey will be conducted to set a benchmark for measuring the achievement of results of the project. Three independent and separate Project Management Committees (PMCs) will be established (1 PMC for 1 province) at commune level to monitor the project activities. The proposed people in the PMCs are local. The PMCs will establish local stakes in monitoring on the one hand and secure active participation and cooperation to implement project activities on the other hand. An external evaluator will be hired to evaluate the project performance annually. Recommendations of evaluation report will be fed in the

annual plan of the following year. The Executive Director of the grantee will be responsible for overall monitoring and tracking the progress of the project to the donor.

The Grantee Organization: Gender and Development for Cambodia (GAD/C)

GAD/C is registered with Ministry of Interior (MoI), the Royal Government of Cambodia [Registration number 1073]. The goals of GAD/C are to work towards ensuring that:

- there are gender-sensitive laws, policies, plans and decision-making bodies in place;
- elected bodies, ministries, and national and international institutions are able to implement gender sensitive laws, policies, and programs;
- there are effective advocacy networks of civil society, youths and state institutions that promote gender equality; and,
- there is increased mutual recognition of and respect for the rights and contributions of men and women in the family, community and nation.

GAD/C has many years of experience in preventing and protecting women from all forms of violence, particularly domestic violence. Women's Empowerment through Legal Awareness (WELA) program, Men's Perspective Project (MPP), Cambodian Men's Network (CMN) and CMN activities are particularly designed and targeted to prevent and protect grassroots women from violence. The WELA program builds awareness of grassroots women of their legal rights and provides legal interventions to the abused women for justice. Men's Perspective Project (MPP) is also a community-based program where community-based men's groups (CMGs) are formed to educate the grassroots men to transform their harmful masculine behaviour that place women in disadvantaged positions. The Cambodian Men's Network (CMN) is a national level network that exists to lobby and advocate for laws, policies and programs to protect women from violence. The members of the CMN are good male role models. Currently there are around 1,000 individual members of CMN throughout the country.

United Nations Development Fund for Women (UNIFEM), (administrator of the UN Trust Fund to End Violence against Women)

Combating physical violence against women and supporting the implementation of protective and anti-discriminatory laws and policies in Egypt 2008-2010 funding: USD 200,000

Project summary

The project will support the implementation of relevant Criminal Code provisions and the Ministerial Decree 261 of 1996 prohibiting the performance of genital mutilation. It will raise awareness of legal professionals and executive officials around women's rights and the legal grounding of gender equality, specifically targeting the following key stake-holders: Ministry of Justice, Ministry of Interior, Ministry of Social Solidarity, police departments, the judiciary, the legislative body, the National Council of Women, media, community-based organizations (CBO) and other NGOs working in the field of violence against women. The project will advocate for the establishment of monitoring bodies and will empower women in vulnerable and marginalized communities in six Egyptian governorates through awareness-raising campaigns, equipping them with the necessary knowledge and tools to report and pursue justice and well-being. In addition, the project will enhance the capacities of shelters in Egypt to better respond to needs and rights of women survivors of violence.

Main Activities

- Awareness-raising campaign targeting vulnerable women and covering six Egyptian governorates.
- Rehabilitation of women victims of violence:
 - Providing legal, medical and psychological aid to victimized women.
 - Holding workshops aimed at peer education to mobilize victims of violence to raise the awareness of other women in their communities.
- Holding four roundtable discussions with representatives from the judiciary and relevant executive bodies and the National Council for Women (including female officers) around violence against women and the legal grounding of gender equity.
- Holding a capacity-building program for workers in the four government shelters in the following fields:
 - Interactive listening
 - Women rights and gender equity
 - Violence and HIV infection
- Group discussions with legislators and legal experts around the procedural obstacles faced by women who wish to report their subjection to violence.
- Publishing a guide of procedures to help women access the justice system to obtain their rights in case of victimization to violence
- Holding a capacity-building program for six CBOs. The program will include training in the following skills: the art of designing campaigns, the Right-Based Approach, the skills of listening and training of trainers, etc.
- Holding two cross-sector annual conferences that will include different actors and partners ranging from NGOs, CBOs, women groups and representatives from the relevant governmental authorities and will discuss problems and solutions of violence against women and the means for sustainable intervention.

Project Objectives

- Empowering women with the necessary knowledge and tools to report and pursue in justice any incident of victimization to violence.
- To rehabilitate women victims of violence and improve their abilities to cope with their experience of violence and to take positive action towards their physical and psychological wellbeing.

- To help relevant government bodies and NGOs gain in-depth understanding of the correlation between violence and HIV high-risk behavior.
- To build the capacity of six CBOs and enable them to respond more effectively to gender-based violence in their communities.
- To improve the capacity of shelters in Egypt and help them become better equipped with the necessary knowledge and capabilities to tackle the needs of women who have been victims of violence in their society.
- To improve the effectiveness of existing protective policies and plans of actions by means of raising the awareness of stake-holders and campaigning for the establishment of monitoring bodies.
- To build the capacity of the judiciary and relevant executive bodies to set up simplified and clear procedures, in order to achieve a more effective application of the protective and anti-discriminatory laws and policies from the one side, and to enable marginalized and most vulnerable women to access the justice system from the other side,
- To facilitate partnership and field experience among the NGOs and CBOs that work toward eliminating violence against women.

Long-term objective

The overall objective is the elimination of all forms of violence against women in the Egyptian society.

Evaluation

Evaluation will be done at the end of the project to assess its impact and will measure the long-term impact and sustainability (the achievement of development objectives and any unplanned changes). This process will be conducted by the evaluator, depending on internal and external documents (previous reports, national statistics, impact assessment reports, etc.). The results of this process would be useful for managers, staff, donors, beneficiaries and other relevant organizations and governmental bodies, thus it would be used to guide any major changes made in the policy, strategy and future work plan. Where possible, primary stakeholders should take part in monitoring, reviewing and evaluating. This is to ensure that they have strong ownership of the project so that benefits are achieved and sustained

The Grantee Organization

Al Shehab Foundation for Comprehensive Development.

United Nations Development Fund for Women (UNIFEM), (administrator of the UN Trust Fund to End Violence against Women)

**Community-based center for housing and rehabilitation of women victims of violence in Syria
2008-2010 funding: USD 100,000**

Project summary

Through this innovative project, working within the framework of the Syrian National Action Plan on Violence against Women, the project will develop a high-quality “One-Stop” Centre to provide effective services for women survivors of violence, particularly those living in poverty, in addressing their immediate protection, medical, legal, counselling, rehabilitation and integration needs, while remaining sensitive to the complexities of their situation. The project will launch a broad awareness and advocacy campaign targeting decision-makers, potential clients, survivors/victims of violence, as well as the general public and provide training and capacity-building for health workers, teachers, law enforcement personnel, social workers, the judiciary, community and religious leaders and the media. In addition, the project will assemble real-time information on the quantitative and qualitative trends of gender-based violence for monitoring purposes and evidence-based policy advocacy. The project will be implemented in partnership with the Ministry of Social Affairs, Ministry of Labour, NGOs and the private sector.

Main Activities

- Supplying the Center with the necessary furniture, equipment and other facilities to enable it start functioning.
- Building the managerial and professional capacity of the staff/volunteers who will provide the services.
- Raising awareness activities resulting in laws, legislations and policies to safeguard discrimination between both sexes amended/cancelled.

Project Objectives

- To protect and promote the empowerment of women victims of violence through, inter alia, the provision of shelter, health, social and economic interventions that guarantee reduction of their vulnerability and integrating them in their families and communities.
- To take positive measures in addressing the structural causes of violence against women and to strengthen prevention efforts that address discriminatory practices and social norms.
- To promote awareness and information campaigns on women’s rights and the responsibility to respect them and encourage men and boys to speak out strongly against violence against women.

Long-term objectives

To urge the relevant bodies to review and, where appropriate, revise, amend or abolish all laws, regulations, policies, practices and customs that discriminate against women or have a discriminatory impact on women, and to support the legal systems to be in compliance with the international human rights obligations, commitments and principles, including the principle of non-discrimination.

Evaluation

A Financial Report will be submitted to UNIFEM on monthly basis. A Progress Report on the Projects’ activities will be submitted to UNIFEM and to other stake holders on quarterly basis. The UNIFEM Project Coordinator will participate in the preparation of the Centre’s financial and progress reports. A questionnaire to evaluate clients’ satisfaction will be developed and applied.

The Grantee Organization

Association for Women’s role Development (AWRD).

EDUCATION AND LEADERSHIP DEVELOPMENT PROGRAMS

In the 2008-2010 Biennium, the below education programs will be funded by your contributions to the respective Fund within Zonta International Foundation.

ZIF Funds for:	Funding USD
Amelia Earhart Fellowships	700,000
Jane M. Klausman Women in Business Scholarships	120,000
Young Women in Public Affairs Awards	94,000

Amelia Earhart Fellowships (AE)

In total 700,000 USD is apportioned as 35 international awards at 10,000 USD each year of the biennium. The Fund provides monetary Fellowships to women for graduate study in aerospace-related sciences and engineering.

Jane M. Klausman Women in Business Scholarships (JMK)

In total 120,000 USD is apportioned as 12 international scholarships at 5,000 USD each year of the biennium. The Fund provides scholarships to women undergraduate students preparing for careers in business management.

Young Women in Public Affairs Awards (YWPA)

In total 94,000 USD is apportioned to 32 district awards at 1,000 USD and five international awards at 3,000 USD each year of the biennium. The Award honors young women in secondary level or pre-university schools who demonstrate a commitment to leadership in public policy, government and volunteer organizations.