Help 300 Women and Girls Heal in Ituri

Observatory for Governance and Human Rights (OGDH) · GlobalGiving #102849

Organisation	Observatory for Governance and Human Rights (OGDH), DRC — GlobalGiving partner #102849
Country / province	Democratic Republic of the Congo — Ituri Province
Location	Bunia; activities in accessible areas of Djugu and Irumu territories
Project theme	Mental Health
Additional themes	Gender Equality · Ending Abuse · Child Protection · Justice and Human Rights
Duration	12 months from activation
Fundraising goal	US$ 40,300
Direct beneficiaries	300 women and girls: 180 women (18 and over) and 120 adolescent girls aged 12 to 17
Indirect beneficiaries	600 community members reached through dialogue sessions

Short project URL suggested: globalgiving.org/projects/help-women-girls-heal-ituri

PROJECT PAGE TEXT — COPY AND PASTE

Each field respects GlobalGiving's recommended working limit. Counts include spaces and punctuation.

Project title *38 characters*

Help 300 Women and Girls Heal in Ituri

Project summary *430 characters*

In Ituri, armed violence, displacement, and gender-based violence leave many women and girls facing fear, grief, and isolation without safe support. Over 12 months, this project will provide 300 participants in Djugu and Irumu with safe spaces, structured group support, individual follow-up, and confidential referrals to health, protection, and legal services. Female mobile teams will bring care closer to isolated communities.

The problem *406 characters*

In Ituri, attacks, repeated displacement, and insecurity around displacement sites expose women and adolescent girls to violence, grief, fear, and isolation. Many do not know where to seek help or fear stigma and retaliation. Insecurity and transport costs further limit access to confidential psychosocial, medical, legal, and protection services, leaving distress untreated and urgent safety needs unmet.

The solution *411 characters*

Two female mobile teams will work in accessible areas of Djugu and Irumu. They will offer psychological first aid, 20 eight-session support-group cycles, individual follow-up for 120 participants, and 80 urgent referrals. Sessions will take place in two discreet safe spaces. Twelve female providers will be trained and supervised, while 20 community dialogues will explain available services and reduce stigma.

Long-term impact *431 characters*

By month 12, 300 women and girls will have strengthened their ability to cope with stress, rebuild supportive relationships, and regain everyday decision-making. Twelve trained female providers, practical psychosocial tools, and a local referral pathway will remain available during future displacement. By linking care, protection, and stigma reduction, the project will strengthen lasting trust and community resilience in Ituri.

WHAT THIS PROJECT WILL ACHIEVE

Targets are set for 12 months and reported to donors every three months. Indicators are broken down only by age, disability, displacement status, and territory. Ethnic data is never collected.

Result	Indicator	Target	How we verify it
Access	Women and girls enrolled	300 (180 women; 120 girls aged 12–17)	Coded register, broken down by age, disability, displacement status, territory
Retention	Participants attending at least 6 of 8 sessions	≥ 250	Coded attendance sheets
Case management	Participants with an individual support plan	120	Secure case files
Referral	Urgent referrals funded and accompanied	80; ≥ 90% completed within agreed time	Referral register; non-nominative confirmation
Capacity	Female providers trained and supervised	12; competence score ≥ 80%	Pre/post test; supervision logs

Result	Indicator	Target	How we verify it
Community	People reached through dialogues	600 (20 × 30)	Non-sensitive attendance lists; short questionnaire
Wellbeing	Participants reporting improved wellbeing or coping	≥ 70%	Short, non-diagnostic tool, translated and pre-tested (e.g. WHO-5)
Quality	Participants who found the service safe, respectful, and confidential	≥ 90%	Anonymous questionnaire; feedback channel

BUDGET — HOW US$ 40,300 IS USED

The programme itself costs US$ 36,600. Platform and processing fees are budgeted at 10% (US$ 3,660) and a US$ 40 rounding margin brings the public goal to US$ 40,300. That is US$ 122 per woman or girl accompanied for a full year, all costs included.

Programme budget (net) *US$ 36,600*

#	Budget line	Basis of calculation	US$
1	Programme staff and case management	MHPSS coordinator 12 × 450; 2 case managers 2 × 12 × 300; 4 community relays 4 × 12 × 62.50	14,580
2	Training and clinical supervision	Initial training and refresher for 12 providers; monthly supervision by a qualified psychologist	2,600
3	Two discreet safe spaces	2 spaces × 12 months × 140 (rent, utilities, childcare, accessibility)	3,360
4	Psychosocial support cycles	20 groups × 8 sessions: materials, childcare, reasonable accommodation	2,880
5	Mobile team transport	Two mobile teams, 12 months × 190	2,280
6	Emergency referral fund	80 cases × 45 average: transport, communication, essential uncovered costs	3,600
7	Dignity and wellbeing kits	100 kits × 22, targeted by vulnerability	2,200
8	Community dialogues	20 dialogues × 55: service information and stigma reduction	1,100
9	Monitoring, accountability, data protection	Monitoring tools, complaints channels, baseline and endline, secure storage	1,360
10	Communications and operational security	Phones, alerts, and security coordination: 12 months × 95	1,140

#	Budget line	Basis of calculation	US$
11	Administration, finance, audit	Bookkeeping, internal control, documentation, internal audit	1,500
	TOTAL PROGRAMME (NET)		36,600

From the programme budget to the public goal	US$
Programme budget (net)	36,600
Platform and processing fees, estimated at 10%	3,660
Rounding margin	40
FUNDRAISING GOAL ON GLOBALGIVING	40,300

If the campaign closes below target, the project is delivered in phases rather than cutting safety standards. If it exceeds target, the surplus extends the referral fund and the number of participants.

WHAT A DONATION PROVIDES

GlobalGiving pools donations across the project; the examples below show the expected use of funds rather than legally reserving a gift for one expense.

Amount	What it provides
US$ 15	Safe local transport and phone credit for one session or one referral.
US$ 25	A dignity and wellbeing kit for one high-risk participant.
US$ 50	An average urgent referral to medical, legal, or protection services.
US$ 100	Materials, childcare, and accessibility for five group sessions.
US$ 150	A complete eight-session cycle and follow-up for one woman or girl.
US$ 300	One month of running both discreet safe spaces.
US$ 600	Two months of transport and communications for the mobile teams.
US$ 1,000	An average of 20 urgent and safe referrals.

IF WE RAISE LESS THAN THE FULL GOAL

Amount raised	What we deliver	Coverage
US$ 10,000	Phase 1: one accessible zone; service mapping, training, referral system	About 60–75 participants
US$ 20,000	Phase 2: two zones; one space per territory; reduced referral fund	About 135–150 participants
US$ 27,000	Phase 3: mobile teams deployed, supervision and community dialogues running	About 220 participants
US$ 40,300	Full project	300 participants, 120 individual follow-ups, 80 referrals, 600 people reached

TIMELINE — 12 MONTHS

Period	What happens
Month 1	Separate consultations with women and girls; security and access analysis; service mapping; referral agreements; recruitment; baseline
Month 2	Training and initial supervision; both spaces open; referrals begin
Months 3–5	First support-group cohorts; case management; referrals; kits; community dialogues
Month 6	Mid-term review with participants; adjustment of schedules, venues, and tools
Months 7–10	Second wave of cohorts; individual follow-up and dialogues continue
Month 11	Progressive closure; individual continuity plans; verification of referrals
Month 12	Endline, internal audit, learning review, final report, continuity plan

WHO THIS PROJECT REACHES

Group	Number	Details
Women aged 18 and over	180	Separate groups, adapted content
Adolescent girls aged 12–17	120	Age-adapted groups, safeguarding protocol, assent and caregiver consent when safe and in the child's best interest
Community members	600	Reached through 20 dialogue sessions of about 30 people

Priority is given to displaced and returned women, self-identified survivors, female heads of household, separated or unaccompanied adolescent girls, and people living with disabilities. At least 30 participants with disabilities are actively sought through inclusive outreach, without a quota that would override need or safety. Access is by self-referral or confidential referral: no police report, medical certificate, or account of violence is ever required. Selection is never based on ethnicity, political or religious affiliation, or on willingness to appear in public communication.

RISKS AND HOW WE MANAGE THEM

Risk	Likelihood / impact	What we do
Deteriorating security or blocked roads	High / High	Flexible delivery points; weekly access monitoring; suspension thresholds; no movement without security clearance
Stigma or retaliation	Medium / High	Venues not labelled as GBV services; discreet schedules; self-referral; female staff; no identity shared without consent
Re-traumatisation	Medium / High	No forced narration; ongoing consent; present-focused activities; clinical supervision; specialist referral
Data breach	Low–medium / High	Coded identifiers; restricted access; protected devices; minimal data; deletion schedule; no case detail in public reports
Child protection risk	Medium / High	Safeguarding protocol; assent; caregiver consent where safe and appropriate; reporting procedure guided by the best interest of the child
Staff burnout	Medium / Medium	Monthly supervision, caseload caps, debriefings, leave, and a staff support mechanism
Fraud, exploitation, or abuse	Low–medium / High	Code of conduct and PSEA; two complaints channels; segregation of duties; supporting documents; monthly control

HOW WE PROTECT PARTICIPANTS

- Survivor-centred approach: safety, choice, consent, respect, non-discrimination, and the participant's control over her own information.
- No forced disclosure, no promise of healing, and no diagnosis by unqualified staff. Severe cases are referred to qualified professionals.
- Confidential referral pathway to medical, psychosocial, legal, and protection services, with transport planned so that costs never decide who receives care.
- Two accessible complaints mechanisms, at least one confidential channel for women, anonymous complaints possible, and a documented response without retaliation.
- Minimal data, coded identifiers, role-based access, protected storage, and a deletion schedule. No case detail, full name, or safe-space location ever appears in a public report.
- Post-rape medical care is never delayed by a psychosocial session. Any health or safety emergency is referred immediately under the validated local protocol.
- Code of conduct, prevention of sexual exploitation and abuse (PSEA), background checks where possible, mandatory training, and a reporting procedure.

ACCOUNTABILITY AND TRANSPARENCY

A coordinator and four community relays work with the participants themselves to review service quality every month. A mid-term review with participants adjusts schedules, venues, and tools; an endline exercise measures what changed. Donors receive a report at least every three months through GlobalGiving, and a final report within three months of closure. Every report is read by our protection and finance leads before publication.

MAIN PHOTO AND CAPTION

Use a genuine, positive photograph of a general wellbeing, mutual-aid, or women's leadership activity. Never present anyone as a "survivor", avoid the faces of adolescent girls in the main image, and never show injuries, weapons, scenes of distress, recognisable displacement sites, or location data. Written, freely given, revocable consent specific to worldwide publication is required; refusal never affects access to services. Do not use an image found online, a press photo, or an AI-generated image to represent real participants.

Suggested caption: "Women take part in a community wellbeing activity in Ituri. Illustrative image, taken with consent; participants are not identified as survivors."

ABOUT THE ORGANISATION

The Observatory for Governance and Human Rights (OGDH) is a Congolese non-profit working on governance, human rights, and access to justice, and a GlobalGiving partner under ID #102849. This project is delivered with a local partner organisation based in Ituri, whose staff run the day-to-day activities, and with health, legal, and protection services that have agreed to receive our referrals.

HOW DONORS WILL HEAR FROM US

A project report goes out at least every three months: what was delivered, how many women and girls were accompanied, what changed for them, what did not work, and what we adjusted. Reports are written in plain language, never include a case detail, a name, or the location of a safe space. Photographs only appear with written, revocable consent.