Goal: Improve access to services for survivors of conflict related sexual violence (CRSV) and contribute to the mitigation of intra and inter-communal CRSV related-risks that have compounded since the initial influx of the Rohingya into Bangladesh.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Project Summary</th>
<th>Indicators**</th>
<th>Verification Method</th>
<th>Risks &amp; Assumptions</th>
</tr>
</thead>
</table>
| **Outcome 1** | Increased safety and dignity for CRSV survivors and persons at risk | % of beneficiaries reporting improved feeling of dignity & safety at the end of the intervention  
*Baseline: 0*  
*Target: 75%* | Beneficiary satisfaction survey | Access to the camp, makeshifts and local communities remains possible during rainy and cyclone seasons  
Beneficiaries are interested and able to participate in the activities |
| **Output 1.1** | Survivors of CRSV have access to basic services, referral and appropriate follow-up | % of GBV survivors and individuals at risk of GBV that participated in IOM activities who reported receiving quality case management services, including PSS and referrals  
*Baseline: 0*  
*Target: 90%* | Case follow up  
Satisfaction survey | Health service providers continue to address GBV  
WLCC will receive the disclosure of GBV cases and will refer to comprehensive GBV case management system. VISA vi- WLCC will engage the men and boys of beneficiaries. The community will be oriented on GBV |
| An integrated shelter is established for life-threatening cases of GBV, VoTs and EVIs  
*Baseline: No*  
*Target: Yes* | Activity reports, pictures | guiding principles and life saving referral  
The WFS staff will be trained on GBV case management and MHPSS. They will be able to ensure the uninterrupted services to GBV survivors and women and girls at risk |
| --- | --- | --- |
| **# of healthcare providers trained on GBV concepts that score 80 percent or above on post training assessment**  
*Baseline: 0*  
*Target: 116 providers* | Pre/post test analysis |  |
| **A joint report on the findings generated from the community risk assessment toolkit is available**  
*Baseline: No*  
*Target: Yes* | Copy of the report |  |

**Specific activities**

This indicator is responsive to UNOup3.2 (trained field staff and technical specialists working in prevention and response)

- Operationalize IOM’s integrated emergency shelter
- Increase community awareness of available relevant services to better facilitate meaningful access to services
- Ensure individual GBV case management support and PSS services for women and girls
- Conduct training (GBV Core Concepts and Guiding Principles) and systematize survivor-centred toolkits to strengthen relationships and communication between SRH and GBV service providers to ensure survivors have access to comprehensive survivor-centred services in health facilities
- Conduct regular safety and resilience mapping using the IOM-Mercy Corps community risk assessment toolkit in all IOM and UNFPA WFS’s.
- Identify and include dedicated safe counselling spaces for male survivors to help establish a referral pathway
| Output 1.2 | Survivors of CRSV have access to appropriate self-reliance training | # of individuals supported with self-reliance training sessions  
Baseline: 20,000  
Target: 40,000 | Training reports  
# of individuals graduating from structured self-reliance curriculum  
Baseline: 1,931  
Target: 5,700 |
| --- | --- | --- | --- |
| Specific activities | - Adapt and roll out age appropriate structured curriculum in all WGSSs for women and adolescent girls as well as in multipurpose community centers for men and adolescent boys  
- Based on the vocational training, connect older adolescent girls and women to identify the in-camp business development services and employment opportunities  
- Empower CRSV/GBV survivors through financial education along with basic management practices and relevant soft skills development (i.e.: planning, organizing, record keeping) based on shared learning from MHPSS’s mentoring programme  
- Through a structured approach, promote inclusion of women and adolescent girls in community leadership roles and camp governance, including existing women’s committees and youth forums |
| Outputs 1.3 | Survivors of CRSV have improved access to Mental Health and Psychosocial Support (MHPSS) through multi-level support | % of MHPSS trained caseworkers scoring satisfactory or above on MHPSS knowledge and skills assessments  
Baseline: N/A  
Target: 100% | Activity reports  
Pre/post test analysis |
| Specific activities | This indicator is responsive to UNAOup.2.1 (ie: MHPSS assessment tool)  
- Train counsellors on psychosocial focused interventions  
- Strengthen the capacity of the core group of MHPSS supervisors  
- Provide psychosocial support to GBV survivors  
- Provide ongoing supervision and support to the case workers/counsellors  
- Promote self-care education and practices for WFS staff and GBV team members |
| Overall/summary of activities | - Provide case management services, including referral, (health, basic needs, safe shelter and legal assistance) to CRSV survivors and individuals at risk  
- Organize vocational, educational and life skills trainings for beneficiaries and support to self-reliance activities  
- Provide MHPSS activities for girls, boys, women and men |
**Outcome 2**

Local capacity to mitigate CRSV/GBV is strengthened

<table>
<thead>
<tr>
<th>Community members indicate awareness on GBV signs, and knowledge of the mechanism to address it Baseline:</th>
<th>Focus Group Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td># men and boys attending community engagement activities Baseline: NA Target: 50,000</td>
<td>Curriculum copies</td>
</tr>
</tbody>
</table>

**Outputs 2.1**

Targeted individuals are aware of CRSV, mitigation and prevention measures

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>A manual for GBV male community engagement is available Baseline: No Target: Yes</td>
</tr>
<tr>
<td># men and boys attending community engagement activities Baseline: NA Target: 50,000</td>
</tr>
</tbody>
</table>

**Specific activities**

- Conduct an assessment focused on gender norms, roles, beliefs, and practices within the host and Rohingya communities to understand their needs in order to design a sound and safe intervention.
- Adapt gender-transformative/synchronized methodologies' programme design: materials, roles, objectives, implementation strategies, activities and group curriculum for sessions
- Conduct pilot testing and gender sensitivity training with relevant staff and IPs who will ensure orientation and guidance on implementation
- Monitor programme using appropriate tools working closely with M&E teams and develop relevant analyses of gender-related data and knowledge products that can inform the body of knowledge and coordination for engaging men in the response overall

**Outputs 2.2**

Implementing partners, service providers and duty bearers trained have a better understanding of CRSV/GBV and mitigation strategies

<table>
<thead>
<tr>
<th>Implementing partners, service providers and duty bearers trained have a better understanding of CRSV/GBV and mitigation strategies</th>
</tr>
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<tbody>
<tr>
<td># of GBV training attendees who score 80 percent or higher on post assessment Baseline: NA Target: 900</td>
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</tbody>
</table>

**Specific activities**

This indicator is responsive to UNAouc.1.1 (ie: post training assessments and service audits)

- Train community mobilisers, community advocates, and community leaders on using simple tools like safety audit monitoring, basic risk assessment and community safety mapping, record keeping

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1 UNFPA and IOM will work through SASAI’s benefits-based approach focusing on scaling up the stages of change through community mobilization of men, women, boys and girls.
**Problem Statement**

- Insufficient access to survivor-centered approach for survivors of CRSV
- Lack of self-reliance opportunities for Rohingya
- Lack of community engagement, including men and boys, in the mitigation of CRSV/GBV

**Overall/Summary Activities**

- Adapt gender-transformative/synchronized methodologies
- Develop monitoring tools, as needed including supervision forms, facilitator feedback forms
- Conduct training for implementing partners, service providers and duty bearers on CRSV/GBV and mitigation strategies

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>-</td>
<td>Provide capacity building to existing community support and safety groups and local authorities to become agents of ethical and safe referrals to GBV services</td>
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<tr>
<td>-</td>
<td>Develop the capacity of the Community Watch Groups by providing training on basic GBV guiding principles and basic concepts of GBV, so they can conduct safety audits</td>
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<tr>
<td>-</td>
<td>Develop the capacity of Women Support Groups to conduct GBV risks assessments and to be capacitated in providing emergency referral information at the community level</td>
</tr>
<tr>
<td>-</td>
<td>Provide capacity development training to IP’s and relevant organizations who are listed under GBV referral pathways, to ensure the quality GBV services</td>
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</table>

**Note**

**Indicate the project’s contribution to UNA’s global results, when applicable, by referencing the corresponding indicator code as stated in UNA’s Results Framework.**