



**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.**

**- LOGFRAME -**

Reference	Project Summary	Indicators**	Verification Method	Risks & Assumptions
<b>Outcome 1</b>	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 <i>Baseline: 0</i> <i>Target: 75%</i>	Beneficiary satisfaction survey	<p>Access to the camp, makeshifts and local communities remains possible during rainy and cyclone seasons</p> <p>Beneficiaries are interested and able to participate in the activities</p>
<b>Output 1.1</b>	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 <i>Baseline: 0</i> <i>Target: 90%</i>	<p>Case follow up</p> <p>Satisfaction survey</p>	<p>Health service providers continue to address GBV</p> <p>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</p>

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		<p>An integrated shelter is established for life-threatening cases of GBV, VoTs and EVIs  <i>Baseline: No</i>  <i>Target: Yes</i></p>	<p>Activity reports, pictures</p>	<p>guiding principles and life saving referral</p> <p>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</p>
		<p># of healthcare providers trained on GBV concepts that score 80 percent or above on post training assessment  <i>Baseline: 0</i>  <i>Target: 116 providers</i></p>	<p>Pre/post test analysis</p>	
		<p>A joint report on the findings generated from the community risk assessment toolkit is available  <i>Baseline: No</i>  <i>Target: Yes</i></p>	<p>Copy of the report</p>	
<p><b>Specific activities</b></p>	<p>This indicator is responsive to UNOup3.2 (trained field staff and technical specialists working in prevention and response)</p> <ul style="list-style-type: none"> <li>- Operationalize IOM’s integrated emergency shelter</li> <li>- Increase community awareness of available relevant services to better facilitate meaningful access to services</li> <li>- Ensure individual GBV case management support and PSS services for women and girls</li> <li>- 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</li> <li>- Conduct regular safety and resilience mapping using the IOM-Mercy Corps community risk assessment toolkit in all IOM and UNFPA WFS’s.</li> <li>- Identify and include dedicated safe counselling spaces for male survivors to help establish a referral pathway</li> </ul>			

<p><b>Output 1.2</b></p>	<p>Survivors of CRSV have access to appropriate self-reliance training</p>	<p># of individuals supported with self-reliance training sessions Baseline: 20,000 Target: 40,000</p> <p># of individuals graduating from structured self-reliance curriculum Baseline: 1,931 Target: 5,700</p>	<p>Training reports</p>	
<p><b>Specific activities</b></p>	<ul style="list-style-type: none"> <li>- 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</li> <li>- Based on the vocational training, connect older adolescent girls and women to identify the in-camp business development services and employment opportunities</li> <li>- 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</li> <li>- 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</li> </ul>			
<p><b>Outputs 1.3</b></p>	<p>Survivors of CRSV have improved access to Mental Health and Psychosocial Support (MHPSS) through multi-level support</p>	<p>% of MHPSS trained caseworkers scoring satisfactory or above on MHPSS knowledge and skills assessments <i>Baseline: N/A</i> <i>Target: 100%</i></p>	<p>Activity reports</p>	
			<p>Pre/post test analysis</p>	
<p><b>Specific activities</b></p>	<p>This indicator is responsive to UNAOup.2.1 (ie: MHPSS assessment tool)</p> <ul style="list-style-type: none"> <li>- Train counsellors on psychosocial focused interventions</li> <li>- Strengthen the capacity of the core group of MHPSS supervisors</li> <li>- Provide psychosocial support to GBV survivors</li> <li>- Provide ongoing supervision and support to the case workers/counsellors</li> <li>- Promote self-care education and practices for WFS staff and GBV team members</li> </ul>			
<p><b>Overall/summary of activities</b></p>	<ul style="list-style-type: none"> <li>- Provide case management services, including referral, (health, basic needs, safe shelter and legal assistance) to CRSV survivors and individuals at risk</li> <li>- Organize vocational, educational and life skills trainings for beneficiaries and support to self-reliance activities</li> <li>- Provide MHPSS activities for girls, boys, women and men</li> </ul>			

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<b>Outcome 2</b>	Local capacity to mitigate CRSV/GBV is strengthened	Community members indicate awareness on GBV signs, and knowledge of the mechanism to address it <i>Baseline:</i> <i>Target:</i>	Focus Group Discussion	<p>Political and security situation remains stable</p> <p>Community members, local authorities and journalists are interested and participate in activities</p> <p>Access to the camp, makeshifts and local communities remains possible during rainy and cyclone seasons</p>
<b>Outputs 2.1</b>	Targeted individuals are aware of CRSV, mitigation and prevention measures	A manual for GBV male community engagement is available <i>Baseline: No</i> <i>Target: Yes</i>	Curriculum copies	
		# men and boys attending community engagement activities <i>Baseline: NA</i> <i>Target: 50,000</i>	Activity reports	
			Activity reports	
<b>Specific activities</b>	<ul style="list-style-type: none"> <li>- 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.</li> <li>- Adapt gender-transformative/synchronized methodologies<sup>1</sup> programme design: materials, roles, objectives, implementation strategies, activities and group curriculum for sessions</li> <li>- Conduct pilot testing and gender sensitivity training with relevant staff and IPs who will ensure orientation and guidance on implementation</li> <li>- Monitor programme using appropriate tools working closely with M&amp;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</li> </ul>			
<b>Outputs 2.2</b>	Implementing partners, service providers and duty bearers trained have a better understanding of CRSV/GBV and mitigation strategies	# of GBV training attendees who score 80 percent or higher on post assessment <i>Baseline: NA</i> <i>Target: 900</i>	Pre/post test analysis	
<b>Specific activities</b>	<p>This indicator is responsive to UNAOuc.1.1 (ie: post training assessments and service audits)</p> <ul style="list-style-type: none"> <li>- 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</li> </ul>			

<sup>1</sup> UNFPA and IOM will work through SASA!’s benefits-based approach focusing on scaling up the stages of change through community mobilization of men, women, boys and girls.

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	<ul style="list-style-type: none"> <li>- Provide capacity building to existing community support and safety groups and local authorities to become agents of ethical and safe referrals to GBV services</li> <li>- 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</li> <li>- 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</li> <li>- Provide capacity development training to IP's and relevant organizations who are listed under GBV referral pathways, to ensure the quality GBV services</li> </ul>	
<p><b>Overall/summary activities</b></p>	<ul style="list-style-type: none"> <li>- Adapt gender-transformative/synchronized methodologies programme design</li> <li>- Develop monitoring tools, as needed including supervision forms, facilitator feedback forms</li> <li>- Conduct training for implementing partners, service providers and duty bearers on CRSV/GBV and mitigation strategies</li> </ul>	
<p><b>PROBLEM STATEMENT</b></p>	<p>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</p>	

\*\* 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