



Strengthening Conflict Related Sexual Violence (CRSV) Support Services and Mitigation in Cox's Bazar

UN ACTION MPTF PROJECT FINAL REPORTING FORM

Country	Bangladesh												
Project Start Date	15/03/2019												
Project Completion Date	31/12/2019												
Project Duration	1 year (15/03/2019 - 31/12/2019)												
UN Implementing Entities	IOM and UNFPA												
Name, Title and Contact information of Reporting Focal Point(s) from all implementing agencies. (Please include both email and phone).	IOM Programme Support Unit CXBpsu@iom.int Roselidah Raphael, Head of Sub Office, UNFPA Cox Bazar raphael@unfpa.org												
Project Location(s)	Ukhiya and Teknaf												
Project Budget	Total Project Budget: US \$575,000 Amount of MPTF funds requested at this time: USD \$ <table border="0"> <tr> <td>PUNO</td> <td>Programme Cost</td> <td>Indirect Costs (7%)</td> <td>Total</td> </tr> <tr> <td>IOM</td> <td>303,738</td> <td>21,262</td> <td>325,000</td> </tr> <tr> <td>UNFPA</td> <td>233,645</td> <td>16,355</td> <td>250,000</td> </tr> </table>	PUNO	Programme Cost	Indirect Costs (7%)	Total	IOM	303,738	21,262	325,000	UNFPA	233,645	16,355	250,000
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IOM	303,738	21,262	325,000										
UNFPA	233,645	16,355	250,000										
UN Action pillar of activity	<input type="checkbox"/> Advocacy <input type="checkbox"/> Knowledge building <input checked="" type="checkbox"/> Support to UN system at country level												
Report Date	31 March 2020												

General guidance: This reporting form is to be used for the **final project report**. Final reports are due **no later than 3 months after the completion date of the project**. Please complete **all** sections of this reporting form including the Logframe. Please also attach all documents requested. Report results **cumulatively**, i.e. results achieved since the beginning of the project. Please submit the report in both PDF and Word formats. Once the report is submitted, UN Action will review the report and follow up as needed¹.

1. Project Context

Guidance: Please provide a short description of any changes in context since the inception of the project.

1. The Government of Bangladesh expressed a need to modify the camp governance structure. Upon government request, UNHCR put forward a proposal to create a refugee self-management structure, supported by IOM, UNHCR and the Government of Bangladesh. The proposal outlines procedures, responsibilities, and code of conduct for Block and Camp Committees. It recommends an electoral system for identifying refugee leaders, in substitution for traditional majhi leadership. Overall, it is expected that site management will be phased out, and with this transition there is a potential risk that the new system may not follow a survivor-centred approach or ensure other key Gender-Based Violence (GBV) case management guiding principles, minimum standards for the GBV Camp Level FPs and the referral system IOM and UNFPA have worked to establish at the camp level supported by the UN Action project are upheld.
2. The onset of the monsoon and cyclone season brought an anticipated refocus from thematic activities to emergency preparedness and response activities.
3. Attempts for repatriation were made two times. UN agencies supported the voluntary, safe, dignified and sustainable repatriation of Rohingya refugees to their places of origin or choice. Though the Government had a list of people who had supposedly voluntarily engaged on this repatriation process, in the end, no one showed up on the scheduled day. The situation overall created some unrest in the local community and with the Government who were anticipating better turnout and strides in the direction of Rohingya repatriation, resulting in GoB-enforced restrictions in mobility as well as restrictions upon small gatherings of refugees inside camps. Thus, the project activities were hampered in some camps during this period.

2. Progress Summary

Guidance: What were the final results achieved by the project at the following levels? Please report against, and reference the Goals, Outcomes, Outputs, Activities and Indicators described in your Logframe.

a) Project Goal

¹ Please note that information **must** be collected, managed and reported in ways that **respect survivor safety, confidentiality, anonymity, informed consent, and existing information-sharing protocols. The process must conform with established safety and ethical principles, including security and protection from retaliation, and protection of the data itself.** Before submitting descriptive information related to a particular survivor, please ensure that every possible precaution has been taken to minimize the potential risk of placing anyone in danger or inadvertently revealing their identity. It is important to remember that even without including any personally-identifiable information, some combinations of information, such as very specific details about the location or date, are enough to compromise confidentiality in a way that could result in negative repercussions for survivors, such as stigmatization and/or reprisal attacks.

Guidance: In line with the project's Logframe, describe how the goal of the project was achieved.

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."

IOM's Women and Girl Safe Spaces (WGSS) and UNFPA's Women Friendly Spaces (WFS) acted as critical life-saving entry points in providing individual case management, ensuring survivors and vulnerable at-risk women and girls had their physical and psychosocial needs supported as well as age-appropriate life skills training and awareness raising sessions. IOM established and continues to maintain and work through 10 WGSS as case management entry points in addition to one emergency safe shelter for women and girls who are victims of trafficking, GBV survivors, or generally at risk of imminent and physical harm. UNFPA maintains 23 WFS across 19 camps and 4 host communities that include safe WASH facilities and access to an onsite midwife for SRH services along with 10 Women-Led Community Centers (WLCCS) where women and girls can access GBV case management services with safety and dignity.

b) Project Outcomes

Guidance: In line with the project's Logframe, describe how the main outcomes of the project were achieved.

Outcome 1: Increased safety and dignity for CRSV survivors and persons at risk:

IOM continued to provide GBV case management, PSS and life skills activities in ten WGSS and provided community awareness raising across nine camps in Ukhiya and Teknaf Upazillas reaching 37,107 women, girls, men, and boys. The WGSS is a safe space for all women and girls in the camps, but also acts as an entry point for women and girls to become aware of GBV response services and for survivors to safely receive case management and psychosocial support (PSS) without stigma. IOM's GBV team, trained other GBV service providers working in case management, PSS or health for example as well its local partner PULSE on technical topics such as GBV Case Management, Case Supervision, GBVIMS (information management system used globally among GBV actors), Caring for Child Survivors, and Clinical Care for Sexual Assault Survivors. At the same time, non-protection actors were also trained on how to refer to a GBV case and related core concepts for GBV risk mitigation.

Through IOM's local partner PULSE, community mobilizers were able to reach 37,107 women, girls, men, and boys. The mobilizers worked with different community groups on raising awareness of IOM's services for women and girls through the WGSS. The teams work in camps and host communities to cover topics on early marriage, counter trafficking, and GBV.

Of the 80 safe spaces established by all actors across all sites in Teknaf and Ukhiya Upazillas and host communities, IOM established and continues to maintain and develop 10 safe spaces as entry points in addition to an emergency safe shelter for women and girls who are victims of trafficking, GBV survivors, or generally at risk of imminent and physical harm. UNFPA maintained 23 safe spaces at Women Friendly Spaces (WFS) along with 10 Women-Led Community Centers where women and girls participated in livelihoods courses, which also serve as entry points for safe referrals to GBV services.

During the implementation period, 93,493 women and girls utilised safe spaces for the first time for learning and sharing, accessing information, social networking, using and accessing different facilities, services and so on. Outreach was conducted in the communities surrounding the WFS for women and girls who are not able to come to the safe spaces due to social/family restrictions or mobility challenges. In this way, through meeting case workers during GBV awareness raising sessions, survivors learn how to request assistance safely if they are unable to reach a WFS. 102,012 individual women and girls attended outreach sessions.

The programme supported recruitment of an MHPSS Specialist who trained and mentored WFS Case Managers and Case Workers ensuring provision of quality PSS services to women and girls. Case Managers and Case workers were mentored to manage and refer survivors for more specialized MHPSS; and to promote self-care strategies. A PSS manual was translated into the local language to facilitate service provision.

The programme supported Women-Led Community Centres to contribute to the social and economic empowerment of women and girls, as well as to promote their self-reliance through the provision of life skills and vocational training for livelihood opportunities in the future. These trainees are equipped with lifesaving information and vocational skill which covers GBV, trafficking, disaster preparedness, nutrition, basic literacy, hygiene along with tailoring skill.

Outcome 2: Local capacity to mitigate CRSV/GBV is strengthened:

UNFPA expanded and strengthened community capacity to mitigate GBV through intensive engagement with the Community Watch Groups (CWGs) and Women's Support Groups (WSGs). Women's support groups, community watch groups and volunteers were oriented on GBV guiding principles and emergency referral pathways to ensure they know where to seek services and for referral purposes.

In addition, UNFPA initiated SASA! programming in five WLCC locations reaching over 70,000 men, women, girls and boys and aim to create a "critical mass" within the community that will support behaviour change around positive and negative uses of power. SASA! creates the basis for discussion of intra-family, community, and societal dynamics that can lead to inclusive decision-making and equitable power sharing, thus targeting a root cause of GBV. UNFPA engaged a SASA! International Consultant to initiate the start phase of the project.

UNFPA and IOM supported monthly service providers' meetings at the host community and camp level. These regular meetings are designed to enhance coordination among the partners providing services to survivors. IOM also continued to expand its capacity building activities through the Women's Committees, Women's Leadership Training of Trainers and preparations for the 'Poribortok!' ('Change maker') Rohingya community advocates.

Given the proposed changes to the camp governance system and the appointment of CiCs, both IOM and UNFPA have been engaged in the development of a sector level orientation and training program which should provide the foundation and entry point to service providers for further capacity development of local and camp level authorities in particular.

Both IOM's and UNFPA's GBV caseworkers have undergone various Training of Trainers (ToTs) to ensure camp level training for GBV service providers. IOM has coordinated with other actors in facilitating camp level trainings on the GBV referral pathways to increase access to services for the Rohingya and host community in this response. IOM and UNFPA caseworkers serve as interagency camp level GBV focal points and UNFPA's GBV

Program Officer is the GBV focal point for Ukhiya Upazilla. IOM's GBV coordinators and caseworkers are also leads in the response's Protection Emergency Response Unit (PERU), Mobile Medical Teams, Cyclone Preparedness Programme and IOM Emergency Response Unit, assisting in the relocations of vulnerable households (HH), providing psychological first aid (PFA) and GBV case management. IOM's GBV team subsequently takes a lead role in field coordination within camp level and protection coordination meetings.

UNFPA and IOM's focus has primarily been to ensure minimum standards for GBV programming are being adhered to. As lead GBV actors in the response, IOM and UNFPA took active roles in the core group of the GBV Referral Pathway and Case Management Task Teams, auditing and mapping women and girls' safe spaces (WGSS) in line with minimum quality standards and the development of the interagency GBV referral pathways.

UNFPA utilising other resources leads the GBV Information Management Task Force, to which IOM is an active contributor and member. Under an Information Sharing Protocol signed by 19 GBV response agencies, data collection procedures and tools are standardized to allow analysis of GBV incidents across all response sites. With this insight into trends, danger areas, referral gaps, and other data points, GBV service providers can better plan response and prevention strategies.

IOM and UNFPA regularly conducted camp level orientation on GBV in camp coordination meetings and with CiCs to ensure individual case data is not being shared publicly. IOM and UNFPA are both members of the GBVIMS Task Force and have been instrumental in its roll out. IOM and UNFPA case management teams have been trained by the GBVIMS global team and are and are now core members in a pool of trainers for GBV Case Management in Bangladesh.

c). Project Outputs

Guidance: In line with the project's Logframe, describe how the main outputs of the project were achieved.

Output 1.1: Survivors of CRSV have access to basic services, referral and appropriate follow up

WGSS and WFS activities:

66,938 women and girls attended IOM's WGSS to learn about various topics such as emergency preparedness and response, health and hygiene, puberty for adolescent girls, GBV, positive parenting, and counter trafficking which empower women and girls to be active in their own safety and protection. Women and girls received support in managing their mental wellbeing through PSS and life skills activities as well as recreational activities, radio listening groups, creative arts therapy, tailoring training, basket weaving/handicrafts and basic computer literacy training.

UNFPA's Women Friendly Spaces (WFS) continued providing comprehensive case management and referrals for GBV survivors and throughout the project period received 391,410 women and girls first visits in all 19 camps and four host communities.

As mentoring, and skill development of GBV staff are very important for ensuring comprehensive GBV services, staff were mentored on a regular basis by UNFPA GBV staff, and regular case reviews were conducted in collaboration with GBV and MHPSS staff. Thus, staff were given feedback on addressing particular needs of cases and how to deal with complicated cases with needed support. UNFPA also ensured skill assessment of

the case workers and case managers, based on the results the skill development, and mentoring sessions has been planned and its ongoing.

UNFPA and IOM's GBV technical teams supported case management teams in ensuring adherence to minimum standards through regular monitoring and case reviews conducted in collaboration with each agency's respective GBV and MHPSS teams. IOM and UNFPA also ensured regular skill assessment of the case workers and case managers to ensure quality service provision and developed mentoring sessions accordingly that are ongoing particularly around PSS and counselling skills.

Regarding the development of an new integrated shelter life-threatening cases, there was discussion and disagreement around the existing design of the shelter that an engineer provided to IOM for review. Due to delays and technical capacity, a new engineer was eventually identified, who revised the technical design of the building, which is currently under review by IOM's engineering team. The features and services of the existing safe shelter have been upgraded during this project's implementation and it continues to provide protection, lodging, food, medical assistance, mental health and psychosocial support (MHPSS) as well as training support and awareness raising on key themes (aligned with activities rolled out in the WGSS) for GBV survivors and Victims of Trafficking (25 person capacity).

Output 1.2: Survivors of CRSV have access to appropriate self-reliance training.

Women's Income Generational Support (WINGS) Project. IOM expanded its Women's Income Generation Support (WINGS) programme as part of a broader effort to teach vocational and business skills to local women. A total of 460 female beneficiaries (200 Rohingya and 260 host community) have been trained under the WINGS programme with a goal of increasing female beneficiaries self-reliance. The programme teaches women practical skills for earning informal or full-time incomes. The courses are carefully designed to be relevant to the rural market and include topics such as food processing, tailoring, vegetable gardening, and goat rearing.

Vocational and life skills training. In the reporting period, of the enrolled batch of 4,000, 3,974 women and girls graduated (26 dropped out) from UNFPA's Life Skills Program in Women-Led Community Centers. The program consisted of a 4-month vocational and life skills training to build self-reliance. Participants learned applied skills in tailoring and micro-gardening, basic literacy and numeracy, and information on nutrition, hygiene, GBV, and sexual and reproductive health.

Output 1.3: Survivors of CRSV have improved access to Mental Health and Psychosocial Support (MHPSS) through multi-level support

IOM MHPSS activities

Re-designed group support sessions. Women and girls seeking services in the existing WFS (UNFPA) were able to access group support sessions that were re-designed by an MHPSS Specialist to strengthen the psychosocial components, as well as to integrate increased cultural relevance into the activities in response to the population's interests.

Framework for suicidal prevention. IOM and UNFPA are leading the GBV sectoral response to the growing concern regarding suicidal ideation and completion within the Rohingya population. IOM as co-chair of the

MHPSS WG is facilitating the drafting of a framework for suicidal prevention, in which GBV is seen as one of the risk factors. UNFPA is participating in the MHPSS WG effort and has reached out to WHO to collaborate on the development of a protocol for detecting suicidal ideation in survivors, making appropriate higher-level referrals, and constructing immediate safety and protection plans for the individuals at risk.

The programme supported recruitment of an MHPSS Specialist who trained and mentored WFS Case Managers and Case Workers ensuring provision of quality PSS services to women and girls. All 16 case managers and 4 senior case managers were provided with ToT refresher training in Psychological First Aid (PFA) and on Community Based PSS, to ensure baseline competency. The trained ToT cascaded the training to 83 case managers. As a result of the trainings, case managers displayed increased confidence in practicing PFA and demonstrated that they possess the skills to satisfactorily train all case workers under their supervision. In addition, twelve PSS activities prioritized by the women in the WFS have been revised and strengthened by the MHPSS Specialist to ensure psychosocial objectives are integrated, with case managers and workers taught to deliver and evaluate these sessions. A number of MHPSS tools were developed for WFS staff including a training manual, a monitoring and evaluation guide, an individual and community psychosocial assessment template, and a tool to evaluate the PSS skills of applicants.

A ToT for Self-Care workshop was provided to 22 Implementing Partner (IP) staff, who learned how to recognize their own personal and professional stressors, as well as to develop their own self-care sessions for their teams. For the first time, IP staff will be fully capable of designing and implementing self-care sessions to deal with and mitigate the stresses that case workers experience in the context of their GBV service provision in the field.

Outputs 2.1: Targeted individuals are aware of CRSV, mitigation and prevention measures

IOM Women's Committees. The aim was to increase women's participation in camp management and subsequently mitigate and prevent GBV risks. Working with IOM's Site Management and Livelihoods departments, 100 women as well as an additional 10 women with disability were assessed and selected to participate in women's committees in the camps and subsequently trained in a Women's Leadership, Participation and Empowerment Training of Trainers (ToT). Assessments found that there was a high interest in developing self-reliance skills including financial literacy and training opportunities in sewing and tailoring, cooking and food processing. IOM had assessed communities and selected 10 women with disabilities who had capacity to participate in the project and provided training on different sectors including WASH, site management, Shelter/NFI, protection and food security, different aspects of GBV, including safe identification and referral, and psychological first aid. IOM's GBV team also ensured inclusion of women in disaster risk reduction activities primarily through training and building their capacities as Safety Unit Volunteers to be able to respond in an emergency. The committee to date has been self-sustaining and regularly refers cases to IOM Protection.

IOM Women's Leadership Training of Trainers (ToT) *Women's Empowerment, Participation and Leadership Training for Rohingya Refugee Women* ToT workshop was aimed to prepare IOM Site Management and Site Development (SMSD), Protection, and MHPSS staff for their role as facilitators/trainers of women's groups in the camps. The women have undergone training to enhance their leadership and decision-making skills at the individual, household and community levels as change-makers and transformational leaders to enhance gender

equality, equity and women's empowerment, as well as their political leadership to influence camp coordination and camp management and overall community engagement activities.

UNFPA's Women Support Groups (WSGs). As mentioned, WSGs with 20 members were established in each of the current 23 operational WFS locations. All members of the group were trained on GBV basics, emergency referral pathway, GBV guiding principles, women leadership and financial management.

UNFPA's Community Watch Groups comprising 460 men and women in 23 camps are self-selected on the basis of their interest in sharing GBV prevention messages and promoting safe access to GBV services. The CWG members identified religious prejudices as one of the major barriers in women's empowerment and gender equality. They are involved with dissemination of GBV related prevention and service-related information to their community.

'Poribortok!' Community Outreach Program. IOM has been working with Rohingya and host community members to sensitize and raise awareness on GBV, particularly against women and girls. The GBV unit, through its ongoing work with the community, developed an outreach activity called 'Poribortok!' (Changemakers). These community advocates will conduct regular activities to spark dialogue and reflection and transform their own lives to model balanced power dynamics between women and men. The programme is designed so that in time they will each develop a group of people who not only attend their activities, but also become advocates who start to speak out about issues relating to violence against women. They will work as a team in their locations and build relationships with community leaders, community groups, and collaborating partners, working off of a gender transformative model.

Social Mobilization of Community Volunteers (Roll out of SASA Together!). The roll out of the 'SASA together' Social mobilization was completed. As such, UNFPA trained 65 staffs from two IPs on **SetUp** which is the preparation phase for SASA Together and CAS (Community Survey Assessment). Upon training of UNFPA staff, a knowledge transfer was carried out to IOM staff. The data collection was completed in 18 locations.

Theatre for Development (TFD) activities for social mobilization: To create mass awareness on social issues, UNFPA formed a TFD group consisting of 10 members and 40 TFD performances were organised for a total of **2625** participants.

Male engagement on GBV. To focus on male engagement on GBV and bolstering services for male survivors of sexual violence in particular, IOM caseworkers have undergone training from Legal Action Worldwide and are linking with their Rohingya male survivor advocates who will support IOM's CAs in engaging in dialogue on certain themes and informing community members that services exist for men and boys. UNFPA has delivered structured training sessions for outreach staff on working with men and boys.

Women and girls attending the WLCC nominated male family members or community members to participate in the programs being implemented at the centres which are separated according to gender. Around **11145** men and boys attended GBV related sessions across all WLCCs in the reporting period.

Male Engagement Task Team. The Male Engagement Task Team, of which IOM and UNFPA are members of, is a platform to develop and harmonize all efforts to ensure an effective response around GBV prevention. The task team is also designed to be a platform to ensure quality GBV referral pathways for male sexual violence survivors.

Outputs 2.2: Implementing partners, service providers and duty bearers trained have a better understanding of CRSV/GBV and mitigation strategies (See Annex 1 : List of IOM and UNFPA trainings)

Coordination on CiC sector level orientation and training. There have recently been some changes to the camp governance system and the appointment of CiCs. They will soon be undergoing a sector level orientation and training program which should provide the foundation and entry point to service providers for further capacity development of local and camp level authorities in particular. GBV awareness sessions to be designed by GBV Subsector members, including UNFPA and IOM, have been integrated into the training as a measure to promote “do no harm” and build understanding of prevention and mitigation practices that camp officials can implement.

Partners and duty bearers training. A range of partners and duty bearers have been provided with GBV-related trainings and workshops during the implementation period, with post-training assessments indicating greater understanding was achieved on topics including clinical management of rape, GBV case management, data collection and management, community engagement, PSEA, and working with adolescent survivors.

Safety audits to mitigate GBV risks. Five safety audits were conducted in the reporting period in host communities and refugee camps. Women and girls shared their concerns about safety and security at the community level and in their shelters. GBV issues are very common with particular risk areas being WASH facilities (emphasizing the lack of gender segregation) and firewood collection, building upon recent assessment findings.

d). Project Activities

Guidance: In line with the project’s Logframe, describe how the main activities of the project were achieved.

In line with the main operational activities conducted through the safe spaces, as well as shelter and community outreach, below are some of the activities (non-exhaustive) that supported the achievement of the outputs and outcomes conducted during the period.

3. Project Beneficiaries

Guidance: Please explain who has benefited from the project and how (Please specify the number and types of beneficiaries):

In this project, primarily Rohingya and host community women, girls, men and boys benefitted from the project as they were direct participants. At UNFPA, social mobilization activities and life skills development programmes served 99,597 community people with 5107 women and girls benefitting from vocational training. Through the women friendly spaces 93,493 women and girls benefitting from WFS services. At IOM, social mobilization activities and life skills development programmes served 104,317 community people with 66,938 women and girls benefitting from WGSS services.

- IOM and implementing partner staff (3,067): GBV, SMSD, Protection field staff, Women’s Committee Members, Community Advocates, midwives, health workers, doctors, and non-GBV service providers

- UNFPA and implementing partner staff (250): GBV officers, case workers, case managers, social mobilizers, social welfare officers, midwives, outreach supervisors

4. Implementing partner coordination and stakeholder engagement

Guidance:

a). Please detail key partnerships and interagency collaboration including roles, responsibilities and interactions with each other.

UNFPA and IOM collaborated with the GBV sub-sector WG, Protection, Site Management SRH, MHPSS, Gender in Humanitarian Action (GIHA), Child Protection, Counter Trafficking, PSEA and Livelihoods sectors, as government level coordination groups. UNFPA and IOM coordinated with other service providers for quality and timely services through referrals through the appointment of GBV camp level focal points and through regular monitoring visits.

UNFPA and IOM IPs attended regular camp level coordination and protection meetings. IPs were supported on a regular basis through regular meetings, field visits and programmatic workshops.

b). Please detail how the project engaged governmental organizations, UN agencies, NGOs and other key stakeholders. Which coordination mechanisms did the project establish or use? What was the impact of the collaborations on the results of the project?

The project follows the Inter Sectoral Coordination Groups (ISCG) platform for broader coordination. IPs regularly participated in local government level coordination, and camp level coordination for smooth operational support. Through a successful coordination with ISCG, District Government and the RRRC, IOM and UNFPA have ensured its key project deliverables.

Because UNFPA and IOM take on active roles in various working groups, it was easy to maintain networking and advocacy issues. For instance, the GBV SS guided the appointment of GBV camp level focal points across all sites, SOPs, guidelines and tools related to referral pathways and the 5W information/IM tools helped to ensure camp/local level coordination in service provision. The SRH WG led by UNFPA, provided updated information on health protocols, brought family planning services widely which in a coordinated way the project ensured. IPs submitted field level complaints in the ISCG NGO platforms, as well as in the DC/RRRC office either bilaterally or in forums.

IOM co-chairs the PSEA Network which UNFPA also attends. This helped to ensure GBV programming considered SEA risks and safe reporting channels as well as broader Accountability to Affected Population (AAP) aspects in service provision.

c) Please describe which multi-sectoral, comprehensive plans or strategies that address conflict-related sexual violence the project contributed to. This can include Protection of Civilians (POC) Strategies, United Nations Development Assistance Frameworks (UNDAF), GBV Strategies, Joint Communiqués on CRSV etc.

The project was operationalised under the Joint Response Plan (JRP) 2019 under the GBV subsector. UNFPA and IOM follow the UNDAF which states that - all people have equal rights, opportunity and access. UNFPA also has a 9th Country programme in which CP outcomes 3 focuses on advancement of gender equality, women and girls' rights' empowerment and reproductive rights including the most vulnerable and marginalized women, adolescents and youth. The project also contributed towards IOM's Gender-Based Violence in Crisis (GBViC) Operational Framework and model.

GBV SS's strategic goal, also followed by UNFPA, is improved access to quality survivor-centered services responding to individual needs; prevention and mitigation of GBV risks; and the empowerment of women, girls and survivors of Gender Based Violence through a multi-sectoral approach.

5. Capacity building

Guidance:

Please detail how the project strengthened the capacity of national institutions and local NGOs, CSOs, community-based organizations etc. to deal with conflict-related sexual violence.

Through the project UNFPA partnered with Mukti Cox's bazar and Gana Unnayan Kendro (GUK) who are local NGOs. UNFPA has worked with these NGOs since the onset of the emergency and provided technical support and strengthened their capacity in GBViE programming. Likewise, IOM partnered with PULSE Bangladesh, a local NGO supporting IOM's community mobilisation and PSS activities. IOM has worked with this NGO since the onset of the emergency and provided technical support and capacity strengthening.

6. Challenges

Guidance: Describe the main challenges and constraints encountered during the project implementation and what was done to address them.

Outreach messaging. There is a growing realization that existing awareness campaigns, outreach programs, and general messaging are, on their own, insufficient to result in behavioural change among the Rohingya population. This has been a key issues discussed in relevant interagency fora after extensive piloting and testing of curriculum materials since Nov. 2017 in the GBV subsector WGs and the Gender in Humanitarian Action (GIHA), in particular, messaging and programmes focused around gender and socio-cultural norms transformation and those that requires active participation and leadership from women and girls. This is paralleled by a growing trend within humanitarian and development practices to better address and consider the role social norms play on discriminatory perceptions, behaviour, and protracted harmful practices and behaviour, especially those that affect women and girls, including early marriage, menstrual restrictions, and gender based violence (GBV). IOM has conducted a social norms mapping that will help to establish a base for better understanding entry points for campaigns and programs. A draft version is currently under review by IOM and will be released publicly in April alongside an interagency lesson learned workshop hosted by GIHA and the GBV SS WG.

Moreover, the focus of efforts by UNFPA and IOM in SASA's development and roll out will ensure a gender-transformative approach, which was initially envisioned by Promundo's work. This work is being complemented by other joint messaging developed in the newly established Women's Leadership Task Team (under the GIHA WG) and Male Engagement Task Team (under the GBV SS WG).

Recent repatriation process onwards. Following the recent repatriation initiatives, the CiCs in the camp level are insisting for detailed information on community volunteers including their salary structure. CiCs also indicate there will be strong actions against the organization who does not provide such information. Revealing such information might put the women at risk and affect the community's perspective towards programming. Besides, the staff, especially the female staff are inappropriately checked at almost every checkpoint with no privacy maintained on a daily basis. The staff seem frustrated and demotivated with such checking and that hampers their support to the women and girls in need. IOM and UNFPA supervision teams are working with the newly appointed Gender CIC Officers to ensure incident monitoring and technical support.

Mobile Network Restriction. The recent restriction of mobile networks in the refugee camps areas has created challenges on the GBV services delivery. Particularly delay in reaching life-saving emergency services, especially during the overnight hours, and the inability to access mobile-based information systems developed to speed referrals. This is also hampering the timely reporting of the activities into the online system. Advocacy is being done by IOM and UNFPA with the ISCG and relevant interagency forums.

Staff turnover. Due to the level of staff turnover that is experienced in this response, the incoming UNFPA MHPSS Specialist found that existing staff capacity for PSS ranges varies on a broad continuum. Therefore, UNFPA decided to reiterate foundational aspects including PFA for all staff before moving on to more advanced levels of PSS training. While this resulted in a slight delay in implementing the more intensive training group, it ensures the gap was addressed and that stronger individuals could be identified to become part of the first advanced PSS training course.

Delay in building integrated emergency shelter. IOM continues to operate its old emergency safe house whilst still trying to break ground with the construction of the new integrated emergency shelter. Due to challenges in the previous design shared by the engineer as well as the gap in funds to cover the full cost of construction, the development of the shelter has been delayed. IOM has since changed the firm in charge of the design of the shelter layout and will continue to mobilise resources. The existing shelter has been upgraded to better address the needs of the shelter. UNHCR has also since established an additional shelter for the response in the last quarter which will be maintained as a referral partner to better manage the existing caseload capacity and needs of beneficiaries.

Tool harmonisation. There have been some delays in tool harmonisation at the interagency level (case management and MHPSS quality supervision tools and beneficiary feedback survey) which need technical inputs and feedback from relevant working groups and task forces that have only recently been established by GBV and GIHA WGs (Male Engagement Task Team and Women's Leadership Task Team). UNFPA and IOM are advocating for a common matrix of quality control to ensure meaningful access to GBV service providers in this particular environment. IOM and UNFPA are currently using their existing tools, improved by service audit results and feedback from the GBV Subsector and feedback from each agency's camp level GBV Focal Point.

Challenges in case management. Overall, challenges in provision of case management support have persisted in terms of safety/security of survivors, data and information sharing at community level and quality of services among referring agencies. To overcome some of these challenges, IOM and UNFPA recently took a lead role in facilitating a GBV SOP workshop to finalise guidelines and minimum standards around referrals, training of staff, etc.

Monsoon season. Due to the rainy season a lot of thematic activities for that period had to focus primarily on emergency preparedness and response activities and distribution of key items like dignity kits, solar lanterns and HH preparedness planning with women and girls. This delayed the joint training sessions between IOM and UNFPA on community risk mapping later in the project.

7. Lessons Learned

Guidance: Outline any lessons-learned and good practices that emerged, and describe how they will be used to inform future programming.

MHPSS skills and regular case review can be very much helpful for staff to deal with complex GBV cases.

Case management training and GBVIMS training are important for case workers to develop the specific skills required for managing a GBV case and documenting this accurately. To strengthen the capacity required for complicated GBV cases and increase the MHPSS skills of staff, UNFPA employed an international MHPSS specialist. The staff received ToTs on Psychological First Aid, MHPSS and Self Care. This was followed up with regular case reviews to support and guide caseworkers in applying their skills as well as providing a forum for case discussion and feedback. There is a need for rigorous support to manage the complex GBV cases within a MHPSS focus. It is imperative that MHPSS capacity strengthening continues for staff and volunteers.

Self-care sessions were an effective way of addressing and reducing stress experienced by staff as well as community members

After receiving a ToT on self-care, all case workers provided self-care sessions to the volunteers and community women and girls at their respective WFS locations. The staff feedback was that these sessions helped to reduce their work-related stress. Listening to GBV cases, stories of trauma, and distress every day often produces tertiary stress and regular sessions on self-care strategies have been described as “...like rain in the hot summer” by staff and volunteers. These sessions were also an opportunity for the staff and volunteers to form a closer bond and build trust. The sessions provided a foundation to strengthen support among the case workers through a healing, informal activity which in turn strengthens the nature of professional peer support.

Building capacity of Community Activists on GBV prevention:

The project heavily engaged the community groups, including women support groups, community watch groups, and thematic working groups in GBV prevention activities. These groups are the community activists who are engaged on awareness raising information sessions, message dissemination, and emergency referral information sharing especially in the evenings when needed. The WSG groups are also engaged into women empowerment activities and social support activities. The experiences in one year show that in order to

develop safer communities and bridge between service providers and communities the capacity of the community-based groups should be strengthened.

As part of the attempt to reach the most vulnerable groups, IOM and UNFPA have each joined in a collaboration with Legal Action Worldwide, UNHCR, and DRC to provide GBV and PSS services to the Hijra (transgender) population in the Rohingya camps and surrounding communities. While GBV response is available for any individual who needs it, the complexities of PSS and referral for this population cannot be fully met with current case management staff and practices. During the course of this collaboration, in which our staff and partners have received sensitivity training on working with transgender individuals, the need for protected spaces and improved access to GBV services for the Hijra² has become evident. Rohingya Hijra were previously invisible in this programme. Its key to programme or consider how services will be LGBTI friendly in the future. Engagement of this group in case management is crucial but more needs to be done to ensure this community is not exposed to further harm given that Rohingya hijra are living as males in the camps at present. In one IOM WGSS, one openly Hijra beneficiary has been taking part in activities in the WGSS and has not faced backlash yet. IOM teams trained on working with transgender individuals have been taking the lead in sensitizing regular beneficiaries in the WGSS.

The process has highlighted the need to consider how to make services more LGBTI-friendly and to avoid exposing LGBTI individuals to any backlash or harm. By adapting our response modalities, (as we have done with other groups such as people with disabilities and adolescents), UNFPA, IOM and partners will need to listen to needs and preferences directly, and then engage technical expertise to design interventions in an iterative process in which the Hijra are fully consulted and involved.

8. Innovations

Guidance: Describe any innovative approaches and pilots designed and implemented in the project.

In the life skill development programmes, the trainees nominated 2 of the male members of their family or community. These male groups attended the awareness session on GBV, emergency referral, disaster management, gender equality and other lifesaving information sessions. At the initial stage some women faced challenges from family, however after the engagement of the men and boys in the same programmes through GBV session, engaging them into community mobilization activities like- cultural competition for men and boys, football competitions in different locations for the youth, and religious leader's engagement into the awareness sessions the community became more supportive. IOM used a similar approach in mobilizing men in the community as community advocates and has been involving husbands and fathers as supporters of women and girls' life skills and livelihoods training.

Including male members of the family must be included in prevention activities for ensuring social protection and safe access to services. UNFPA and IOM will continue to innovate and build upon ongoing work with the Male Engagement Task Team.

² Hijra are the third gender- for instance in Bangladeshi Hijra are a protected group by law

9. Sustainability Plan

Guidance:

- a. What are the implementing organizations plans to sustain the project results beyond the life of the project?

Building the capacity of national staff and partners to address GBV prevention and response is a priority in UNFPA's and IOM's humanitarian work. Through the opportunities afforded by UN Action and other funds, the Bangladeshi NGOs implementing IOM and UNFPA's programming are continuously engaged in technical, financial, and programmatic learning that will equip them to eventually mobilize and manage funds directly, effectively, and professionally.

During the project's implementation, UNFPA and IOM have provided technical instruction and mentoring to partners on GBV case management, data reporting, working with adolescents, social mobilization, disability inclusion, and psychosocial support, as well as on operational components of service delivery, working with all levels of partner staff from caseworkers to project managers. In addition, through UNFPA's work as chair of the GBV SS and IOM's work as PSEA Network co-chair, national and local service providers are included in conducting joint assessments, audits, trainings, reporting, and related activities, all of which provide opportunities for mentoring and skills transfer from UNFPA and IOM to national counterparts.

b. Do you anticipate any challenges in regard to project sustainability?

The situation in Cox's Bazar is a protracted displacement that is unlikely to be resolved soon, although donor interest will eventually migrate to other humanitarian crises and has already begun to focus on nexus interventions. Yet there are issues of access to livelihoods, education, and justice that must be resolved in partnership with the Government of Bangladesh in order to transition from humanitarian aid to cohesive development that involves both camp and host community populations. The pace at which this happens can affect overall project sustainability, as a very slow transition will likely discourage donor investment in durable solutions.

10. Communication Strategy, Communication Materials, Tools and Media

Guidance:

- a. Please describe the project's communication strategy and describe what was done to promote the visibility of UN Action.

A communication strategy was not developed at the beginning of the project, and many of the activities are inappropriate to showcase due to government and cultural sensitivity. Programme fact sheets, press bulletin notes and photos are shared in ['Support Material'](#) folder.

- b. Please *describe here*, and *attach* with this report, **all** communication materials, tools and other communications-related products developed. Kindly also reference and provide links to media coverage of the project. Please also attach photos if available. *For photos, please note, who the photo should be credited to, and confirm informed consent was obtained from the person(s) in the photo.

All photos, press bulletin notes, fact sheets and tools are available in One Drive Folder: [Support Material](#)

11. Products, Resources and Tools developed

Guidance:

- a. Please **describe** all context-appropriate, catalytic tools and resources that were developed to fill cross-sector gaps in knowledge, practices, advocacy and technical expertise for improved survivor-centered response.
 - The WGSS Questionnaire has been adapted to better solicit feedback from women and girls around safety, dignity and the activities to give better ownership of programme design overall. This has been instrumental in assisting IOM in tailoring programming and awareness raising efforts and will be shared in the GBV SS WG with all GBV actors.
 - Interagency GBV Prevention and Response SOP. What initially started as a case management SOP evolved to a more comprehensive guide for all GBV services providers. Though pending the RRRC endorsement, this resource has been catalytic in providing structure to GBV service providers and is operational by GBV service providers. Since submission, the RRRC has since provided comments that have been addressed by the GBV CM Task Team and are currently under review by the RRRC.
 - The Community Risk Mapping Tool Kit was contextualised and adapted for Bangladesh by Mercy Corps and IOM. Later, it was tailored for better understanding GBV risks among women and girls. The tool kit can be used in a wide range of camp and camp like settings as well as in community centres and women and girls' safe spaces overall.
 - During 16 Days of Activism 2019, IOM and UNFPA helped to facilitate a panel event and national dialogue including GBV service providers and representative of the Government of Bangladesh to draft a Call to Action of advocacy points around GBV service provision
- b. Describe how you think they could be shared beyond the scope of this project and benefit organizations working in similar contexts.

The Community Risk Mapping tool kit can be used in a wide range of camp and camp like settings as well as in community centres and women and girls safe spaces. The training of facilitators package can be shared beyond the mission perhaps on GBV Responders and through the GBV AoR with a guidance note.

- c. Please **attach all** products developed with this report.

One Drive Folder: [Support Material](#)

12. Voices and Stories

Guidance: Please include direct quotes, statements and stories from project implementers, GBV survivors, project participants and other beneficiaries that may help you illustrate your project's story.

The project contributed to positive changes in the lives of national partner staff, volunteers, and women and girls in target populations. One of the case managers explained that before joining this programme and receiving training, her understanding of GBV was limited to physical assault and rape. She was not fully aware of GBV issues. After the training she has completed, she began to understand that it occurs in many other forms, and she began to educate her family. “I sat with my family, I informed my mother and sisters-in-law and brothers about the GBV issues around us. I keep an eye out so that my sisters in law are protected from GBV at home. I discuss services and rights of women. I can talk to my family logically and they listen to me. This project experience gave me confidence about myself.”

Another case worker shared how she benefited after attending the self-care sessions: “As I am a working lady and I have a family, it was hard to manage the work/ life balance. My family is supportive, but still I could not rest properly after work hours. I had to engage in so much household work. After attending the self-care training, I discussed this with my family. My mother-in-law and husband understood the need for it. Now, all of us do self-care and take care of each other, and I can feel, I am enjoying my work more than before, and I’m able to manage my workload and stress. “

UNFPA’ partner engaged 184 community women as volunteers. Many of them have never worked outside the home before and find this to be an empowering opportunity. The women-only policy in the WFS removes the family barriers some would have in working elsewhere. The volunteers receive training and incentives from the project, and turnover in volunteer positions is extremely low. Volunteers say that when they tell their female family members about their work, many of them become interested in working too. One volunteer’s husband shared with UNFPA staff, during a field visit: “I am so happy for her job, she can support the family, she is supporting her parents financially too. I never thought she would earn money, but she is doing it. As in Bangladesh you have allowed women to work, we are enjoying the benefit.”

Another WGSS beneficiary wrote and performed a song for IOM’s Khusir Ghor WGSS “Happy House,” which is the name of the WGSS as named by the safe space regulars. **Lyrics:** “*There is no peace in my heath this winter. I wish to come to Khusir Ghor because I find mental peace here. I feel safe here. At home I have to worry about taking care of my family and husband. There is also no peace in Leda camp. I only find peace in Khusir Ghor as I can do here whatever my mind wants. I can happily relax and lie down.*”

13. Budgetary and Spending Report

Guidance: Were there any changes to the budget or unanticipated spending? If so, please explain.

No.

14 Contribution to UN Action’s Results Framework

Guidance: Please provide a summary of how the project contributed to UN Action’s Global Results Framework. Please be specific, and reference the corresponding indicator codes in UN Action’s Results Framework³.

³ The UN Action Results Framework is attached for your reference.

Project has made contributions to the following points in the UN Action’s Global Results Framework:

UNAOup.2.1: *Types of CRSV-related knowledge products and/or advocacy tools and/or resources developed to support improved CRSV prevention and response, per focus country*

UNAOup 3.2: *UNA-funded HQ and field level human resources supporting improved CRSV prevention and response*

Please refer to Log frame.

15. Monitoring and Evaluation

Guidance: Please describe how routine monitoring was conducted. Please describe the methodology utilized for a final evaluation, and the results of the evaluation.

UNFPA and IOM jointly conduct regular audits, field monitoring and case supervision for facilities and case management services as well as interagency assessments. Two main tools were adapted and rolled out: The Women and Girls Safe Spaces (WGSS) questionnaire and the client feedback survey for quality of individual case management which supplemented with community consultations and other qualitative methodologies as needed.

16. Support and follow up from UN Action

Guidance: Please share any support and follow up needed from UN Action

No further support needed.

17. Other Feedback

Guidance: UN Action welcomes any other feedback that might improve the Fund

18. Project Data

Guidance: Present achievements against the Goal, Outcomes, Outputs, Activities and Indicators stated in the project's log-frame

Strengthening Conflict Related Sexual Violence (CRSV) Support Services and Mitigation in Cox's Bazar					
- LOGFRAME -					
	Project Summary	Achievements	Achievements against indicators		Verification Method
			Original Baseline, Targets and Indicators	Achievements against Baseline, Targets and Indicators	
GOAL	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.				
Achievement for project Goal	<p>Please describe achievements at Project Goal level here. Narrative</p> <p>IOM and UNFPA continued providing individual case management and meeting the women and girls psychosocial support through its 10 established Women and Girls Safe Spaces including one emergency safe shelter.</p>				

	<p>UNFPA has continued providing case management services and structured PSS activities in 23 Women Friendly Spaces (WFS), 19 of which are in camp settings and 4 in the host community. In 10 established Women Led Community Centres (WLCCS) UNFPA ensured safe referrals for GBV survivors. The GBVIMS Task Team under UNFPA’s leadership and IOM’s active contribution and participation regularly analyses the service gaps at the Camp level that helps in sectoral coordination and advocacy for increased access to services for the GBV survivors.</p>				
OUTCOME 1	Increased safety and dignity for CRSV survivors and persons at risk				
Achievements for Outcome 1	<p>Please describe achievements for Project Outcome 1 here.</p> <p>IOM provided case management services, including referral, (health, basic needs, safe shelter and legal assistance) to CRSV survivors and individuals at risk and psychosocial supports to the Women and Girls through the Women and Girls Safe Spaces (WGSS) and outreach awareness raising sessions. 104,045 women, girls, men and boys reached during the project period.</p> <p>UNFPA provided case management, structured psychosocial services and referrals (health, basic needs, shelter and legal assistance) for GBV survivors and persons at risk of GBV upholding a survivor-centred approach through the Women Friendly Spaces and outreach awareness sessions in the community. A total of 39, 1410 women and girls received services during the project period.</p> <p>UNFPA provided Life Skills training to 2000 women and girls participants in the Women Led Community Centres</p> <p>A PSS training manual was adapted and contextualized for Rohingya Refugee context</p>				
OUTPUTS 1	<p>Please insert Project Outputs under Outcome 1 here:</p> <p>1.1 Survivors of CRSV have access to basic services, referral and appropriate follow-up</p> <p>1.2 Survivors of CRSV have access to appropriate self-reliance training</p>	<p>Please describe achievements at Project Outputs level under Outcome 1 here:</p> <p><i>Narrative</i></p> <p>IOM and UNFPA continued to provide case management service</p>	<p>1.1: % of beneficiaries reporting improved feeling of dignity & safety at the end of</p>	<p>Achievements against baseline targets and indicators:</p> <p>1.1. UNFPA client</p>	<p>Client satisfaction survey</p> <p>Case follow up</p>

	<p>1.3 Survivors of CRSV have improved access to Mental Health and Psychosocial Support (MHPSS) through multi-level support</p>	<p>for the survivors of sexual violence including establishing shelter support for life threatening cases and support in managing their wellbeing through PSS activities and life skills building activities such as recreational activities, radio listening groups, creative arts therapy, tailoring training, basket, weaving/handicrafts, adolescent-centered group sessions, culturally linked PSS and social support activities, i.e. art and craft in different trades including hand-made jewelry making, book-cover making, basic applique, tie-dye and block batik and basic computer literacy training through the operation of Women and Girls Safe Spaces. IOM supported women under Women Income Generation Support (WINGS) project and UNFPA provided vocational and life skills training to build self-reliance. .</p>	<p>the intervention⁴</p> <p><i>Baseline: 0</i></p> <p><i>Target: 75%</i></p> <p>1.1: % 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%</p> <p>1.1: An integrated shelter is established for life-threatening cases of GBV, VoTs and EVIs</p>	<p>satisfaction survey:</p> <p>99% of women expressed satisfaction with the case management and services they receive in WFS and 97% of the women expressed satisfaction with the referral option provided</p> <p>1.1.2 IOM survey of the cases closed and reviewed, 95% very satisfied, 05% satisfied.</p> <p>1.1.3 Old shelter is functioning – new shelter has yet to be</p>	<p>Activity reports and pictures</p> <p>Pre/post-test analysis</p> <p>Training reports</p> <p>Enrolment rosters, attendance reports</p> <p>Activity reports</p>
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⁴ This indicator is responsive to UNOup3.2 (trained field staff and technical specialists working in prevention and response)

			<p>Baseline: No Target: Yes</p> <p>1.1: # healthcare providers trained on GBV concepts scoring 80 percent or above on post training assessment (n=45) <i>Baseline: 0 Target: 116 providers</i></p> <p>1.1: A joint report on the findings generated from the community risk assessment toolkit is available</p>	<p>constructed (see challenges). IOM upgraded the facilities inside the old shelter.</p> <p>1.1.4 A total of 187 healthcare providers were trained on GBV concepts and scored an average 79 % on the post training assessment.</p> <p>1.1.5 Conducted 96 community risk mapping sessions in 23 camps and created an action plan with consultation of the community (report attached)</p>	MHPSS Assessment Tool
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			<p><i>Baseline: No</i> <i>Target: Yes</i></p> <p>1.2: # of individuals supported with self-reliance training sessions^[1]</p> <p>Baseline: 0</p> <p>Target: 50,000</p> <p>1.2: # of individuals participating in structured vocational training</p> <p>1.2: # of individuals enrolled in structured (4 month) self-reliance curriculum</p> <p>Baseline: 1,931</p>	<p>1.2.1 15,974 women and girls participated in vocational training in WFSs (UNFPA)</p> <p>1.2.2 A total of 5,107 women and girls enrolled in a Life Skills Training Curriculum (4 month) in UNFPA WLCCs. Of which 1041 of women and girls were trained on handicraft and</p>	
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			<p>Target: 5,700</p> <p>^[1]These sessions are one-off trainings and last between 2-4 hours, from March onward the reporting system to prevent double counting was revised- there could be a +15% double counting (counting by activity instead of participant) in January</p> <p>1.3: 0% of MHPSS trained caseworkers scoring satisfactory or above on</p>	<p>jewellery making</p> <p>1.2.3 A total of 433 women volunteers received leadership training (UNFPA)</p> <p>^[1]Statistics only available through mid-June</p> <p>1.3.1 22 case workers scored average 95% on skills assessment.</p> <p>1.3.2 In the MHPSS ToT, post-test 70 % case workers scored satisfactory, 15 % scored above satisfactory.</p>	
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			MHPSS knowledge and skills assessments <i>Baseline: N/A</i> <i>Target: 100%</i>	In the case Management Skill Assessment: 75 % of case workers scored satisfactory, 20 % above satisfactory and 5 % were below satisfactory.	
ACTIVITIES	Please insert Project Activities under Outcome 1 here: Output 1.1: <ul style="list-style-type: none"> - 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 	Please describe achievements at Project Activities level under Outcome 1 here: 1.1.1 66,938 women and girls received sessions on life skills building activities such as recreational activities, radio listening groups, creative arts therapy, tailoring training, basket weaving/handicrafts and basic computer literacy training and engaged in PSS activities. (IOM) 1.1.2 A total of 391, 410 women and girls received services in 19 camps and 4 host community WFSs. (UNFPA) 1.1.3 To ensure a survivor centered approach in different sectors including govt. in GBV-related information sharing, referrals and, critical service provision GBV SoP has been drafted and submitted to RRRC for endorsement. (IOM) 1.1.4 A total of 433 Women Support Group members, volunteers have been trained on leadership and self-reliance. (UNFPA) 1.1.5 IOM existing shelter has been upgraded with improved facilities			

	<p>relationships and communication between SRH and GBV service providers to ensure survivors have access to comprehensive survivor-centred services in health facilities</p> <ul style="list-style-type: none"> - 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 	<p>1.1.6 IOM continued to provide individual comprehensive case management services and psychosocial support services through the ten WGSS in Ukhiya and Teknaf Upazilla. IOM provided training on Case Management, PSEA, GBV Core concept, GBVIMS, caring for Child survivors, Clinical Management of Rape to its staff and other partner staffs to ensure GBV safe referrals and risk mitigation.</p> <p>1.1.7 IOM utilized the results from community risks mapping sessions to identify the risks in the community and regularly updated designs of the service delivery. Outreach session conducted on available services through WGSS and healthcare, GBV, Counter trafficking, hygiene.</p> <p>1.1.8 IOM conducted Clinical Management of Rape training and GBV core concepts training for the clinical and non-clinical health service providers.</p> <p>1.1.9 UNFPA provided training to a total of 187 health care providers on GBV basic concepts and GBV referral mechanisms.</p>
	<p>Output 1.2:</p> <ul style="list-style-type: none"> - 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 	<p>1.2.1 460 female beneficiaries (200 Rohingya and 260 host community) were trained under the WINGS program towards increasing female beneficiaries self-reliance. The program teaches women practical skills for earning informal or full-time incomes.(IOM)</p> <p>1.2.2 IOM Distributed 326 sewing machines to the trained Women and Girls through WGSS to help improve self-reliance.</p> <p>1.2.3 A total of 5107 women and girls from Life-skills training from 10 UNFPA supported Women Led Community Centres.</p> <p>1.2.4 A total 1041 women and girls received art and craft-based skill (UNFPA)</p>

	<ul style="list-style-type: none"> - Empower CRSV/GBV survivors through financial education along with basic management practices and relevant soft skills development - 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 	
	<p>Output 1.3:</p> <ul style="list-style-type: none"> - 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. 	<p>1.3.1 IOM and UNFPA are collaborating with WHO on the development of a protocol for detecting suicidal ideation in survivors, their immediate safety and protection plans</p> <p>1.3.2 A MHPSS training manual and a number of skill assessment tools were developed (UNFPA)</p> <p>1.3.3 A total of 20 (16 case managers and 4 senior case managers) received a TOT of PFA and Community Based Psychosocial Support (UNFPA)</p> <p>1.3.4 From the TOT on CBPSS the trained was cascaded down to a total of 83 case workers (UNFPA)</p> <p>1.3.5 A total of 24 case workers and case managers have received training on CBPSS (IOM)</p> <p>1.3.6 A total of 56 case workers received training GBV case management and 17 case workers received a refresher training (UNFPA)</p> <p>1.3.7. A total of 40 case workers received a training on Caring for Child Survivors (UNFPA)</p> <p>1.3.8. UNFPA trained a total of 75 front line health care workers on Clinical Management of Rape.</p>
<p>OUTCOME 2</p>	<p>Local capacity to mitigate CRSV/GBV is strengthened</p>	

<p>Achievements for Outcome 2</p>	<ul style="list-style-type: none"> ● Adapt gender-transformative/synchronized methodologies programme design ● 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 ● Safe and ethical referrals for GBV Survivors are ensured at different entry points with the Sector level orientation and capacity development intervention by both IOM and UNFPA ● Well oriented and capacitated community-based support systems like Women Support Group, Community Watch Group, Thematic Working Groups, Self Help Groups are functional at the community level. ● SASA! Together a tested social change approach is rolled out to ensure continued GBV mitigation activities at the community level. 				
<p>OUTPUTS 2</p>	<p>Please insert Project Outputs under Outcome 2 here:</p> <p>2.1 Targeted individuals are aware of CRSV, mitigation and prevention measures</p> <p>2.2 Implementing partners, service providers and duty bearers trained have a better understanding of CRSV/GBV and mitigation strategies</p>	<p>To increase women’s participation in the camp management, IOM supported 100 women to form women committees and ensured women’s participation in the Safety Unit volunteer to be able to respond in an emergency. Besides, IOM conducted women leadership training to the women to enhance political leadership, decision making skills at the individual, household and community level. IOM is working through community women, men, girls and boys to sensitize and raise awareness on GBV through community advocates initiative.</p>	<p>Indicators:</p> <p>2.1 Community members indicate awareness on GBV signs, and knowledge of the mechanism to address it</p> <p><i>Baseline:</i></p> <p><i>Target:</i>⁵</p> <p>2.1 A manual for GBV male community engagement is available</p>	<p>Achieved:</p> <p>2.1.1 A manual for GBV male community engagement is available (IOM)</p> <p>2.1.2 11, 145 men and boys attended GBV awareness sessions (UNFPA)</p> <p>2.1.3 79,169 men and boys were reached through</p>	<p>FGDs</p> <p>Curriculum Copies</p> <p>Activity Reports</p> <p>Pre/post-test analysis</p>

⁵ No baseline target as agreed upon with UN Action

		<p>IOM conducted GBV related trainings and workshops including clinical management of rape, Clinical Care for Sexual Assault Survivors, GBV case management, PSEA, caring for Child Survivors, Community risk mapping to partners and duty bearers.</p>	<p><i>Baseline: 0</i> <i>Target: 1</i></p> <p>2.1 # men and boys attending community engagement activities <i>Baseline:0</i> <i>Target: 50,000</i></p> <p>2.2 # of GBV training attendees who score 80 percent or higher on post assessment (n=65)⁶ Baseline: NA Target: 500</p>	<p>community engagement activities. (UNFPA)</p> <p>2.1.4. Through UNFPA WFS's, members of the 433 Women Support Group members and volunteers and Community Watch Groups (comprising 460 men and women) were trained on referral pathways.</p> <p>2.2.1 87 Basic GBV trainings were conducted for 3,067 participants who scored 80 percent or</p>	
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⁶ This indicator is responsive to UNAouc.1.1 (i.e.: post training assessments and service audits)

				higher on post training assessment	
ACTIVITIES	<p>Please insert Project Activities under Outcome 2 here:</p> <p>Output 2.1:</p> <ul style="list-style-type: none"> – 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 methodologies¹¹ 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 	<p>Please describe achievements at Project Activities level under Outcome 2 here:</p> <p>2.1.1 IOM conducted one social norms mapping that will be published in April and presented in relevant interagency forums in a workshop</p> <p>2.1.2 IOM trained women’s committee members through a Women’s Leadership ToT consisting 100 women including 10 people with disability.</p> <p>2.1.3 Conducted women leadership ToT for Site Management, Protection and MHPSS staffs</p> <p>2.1.4 150 Rohingya women have undergone <i>Women's Empowerment, Participation and Leadership Training for Rohingya Refugee Women</i></p> <p>2.1.5 IOM launched community advocates initiative “Poribortok” (change makers), 400 Rohingya women, men, boys and girls then engaged in outreach activities and regularly received training on GBV prevention issues.</p> <p>2.1.6 UNFPA provided training to IOM on SASA together.</p> <p>2.1.7 IOM and UNFPA actively participated in the Male Engagement Task team (METT) platform to ensure referral pathways for male GBV survivors were regularly available and updated..</p> <p>2.1.8. UNFPA trained 19 case managements and case workers on Psychological First Aid (PFA)</p> <p>2.1.9. UNFPA trained a total of 129 case workers on GBV Case management.</p> <p>2.1.10 UNFPA trained 40 case workers on Caring for Child Survivors (CCS).</p>			

	<ul style="list-style-type: none"> - 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 	<p>2.1.11 UNFPA provided SASA preparatory training to 62 social mobilizers, outreach supervisors and case workers.</p> <p>2.1.12 UNFPA trained 50 caseworkers and social welfare officers on GEMS (Generation Breakthrough) curriculum</p> <p>2.1.13. UNFPA provided a ToT on PSEA for 10 Implementing partners staff</p>
	<p>Output 2.2:</p> <ul style="list-style-type: none"> - 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 - Provide capacity building to existing community support and safety groups and local authorities to become agents of ethical and safe referrals to GBV services - 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 	<p>2.2.1 PSEA training provided to a total of 713 staffs (all IOM staffs, IP staffs)</p> <p>2.2.2 PSEA ToT provided to 87 staffs from IOM and IP</p> <p>2.2.3 All IOM GBV staffs received Case Management and GBVIMS training</p> <p>2.2.4 Clinical Care for Sexual Assault Survivors (CCSAS) training provided to all CMR Focals</p> <p>2.2.5 Caring for Child survivors training provided to IOM GBV caseworkers and Safe Space and shelter supervisors</p> <p>2.2.6 Training on conflict related sexual violence and GNV and mental health concepts/MHPSS provided to 27 GBV and CP Caseworkers (IOM)</p> <p>2.2.7 Clinical Management of Rape and GBV Core concept, guiding principles and safe referrals provided 152 clinical and non-clinical staffs (IOM)</p> <p>2.2.8 UNFPA provided training to a total of 2024 community-based group members on GBV basic concepts and GBV referral mechanism.</p> <p>2.2.9 UNFPA organised a total of 11 meetings with 256 service providers at camp and host location</p>

	<ul style="list-style-type: none"> - 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 - Provide capacity development training to IP's and relevant organizations who are listed under GBV referral pathways, to ensure the quality GBV services 	<p>2.2.10 UNFPA organised regular meetings and discussions with a total of 79,169 men and boys GBV, SRH and other related topics</p> <p>2.2.11 UNFPA organised meetings with 593 religious leaders including Kazi, Imam, Muazzin, Block Majhi, Madrasha Teacher, Hafez</p>
PROBLEM STATEMENT	<p>Insufficient access to survivor centered approach services for survivors of CRSV</p> <p>Lack of self-reliance opportunities for Rohingya refugees</p> <p>Lack of community engagement, including men and boys, in the mitigation of CRSV/GBV</p>	
Contribution to UN Action's Results Framework	<p>Please summarize here and indicate in the above Logframe with a * the project's contribution to UNA's global results, when applicable, by referencing the corresponding indicator code as stated in UNA's Results Framework.</p>	

Annex 1: IOM and UNFPA Training Table

Training Subject	Start Date	End Date	Trainees	Trainee Type
IOM				

GBV Core Concepts and Safe Referral	3/1/19	6/1/19	80	NPM Volunteer and Staff
Child Marriage Workshop	17/1/19	17/1/19	6	ICCO Cooperation WINGS project staff
Training on Listener Group Formation and Facilitation	13/1/19	13/1/19	20	Different GBV service providers (Inter-Agency)
PSS Training	10/2/19	11/2/19	24	All staff of NGO and IOM WGSS staff
Self-Care Training	14/2/19	14/2/19	32	All IOM-GBV staff
Case Management Workshop	6/3/19	6/3/19	21	Inter-Agency
Hygiene Promotion Training	6/3/19	7/3/19	23	All Pulse PSS, CMO and TL
GBV Core Concepts and Safe Referral	18/3/19	19/3/19	53	All Pulse PSS, CMO and TL
GBV Core Concepts and Safe Referral	27/3/19	3/4/19	25	SMSD all teams
GBV Information Management System (GBVIMS)+/ Primero	4/8/19	4/11/19	30	All GBV Staff
Communication Skills & Positive Communication Support Strategies for People with Disabilities	26/2/19	26/2/19	26	IOM Protection and Site Management
Women's Leadership ToT	24/4/19	25/4/19	45	IOM GBV (1) and SMSD (1)
Clinical Care for Sexual Assault Survivors (CCSAS)	8/1/19	10/1/19	24	IOM CMR focal points and GBV Coordinator
GBV Core Concept and Safe Referral	1/4/19	4/1/19	270	Teknaf IOM SMSD team
Training on person with disabilities and purposeful inclusion training on women's participation project	27/02/19	28/02/19	26	IOM GBV (10), PULSE (2) and few of Site Management team
Code of Conduct training	10/2/19	19/02/19	110	Women's Committee in Leda

GBVIMS + /Primer	3/2/19	7/2/19	30	Inter-Agency Training
Disability Inclusive Humanitarian Actions training	13/2/19	13/2/19	26	IOM Protection all staff
Self-care training	13/3/19	13/3/19	32	All IOM Staff from Different Unit
Radio listening drama training	28/3/19	28/3/19	10	Inter-Agency Training
Training for MMTs on Protection	30/4/19	30/4/19	37	GBV Staff, Medical Staff, MHPSS Staff,
Community Mobilization Training	17/4/19	18/4/19	30	IOM GBV Staff and Pulse all GBV program Staff
GBV Case Management training for Male Survivor	13/05/19	13/05/19	14	2 GBV Coordinator, 8 Safe space supervisor, 1 CT and 1 CP male staff
MHPSS screening tool training / workshop	20/05/19	21/05/19	28	12 GBV CWs, 1 CP CW, 1 CT CW, 1 GP and 13 MHPSS
First Aid Training	23/05/19	27/05/19	47	All Protection Field Staff
TOT on Women's Empowerment, Participation and Leadership training for Rohingya Refugee Women	17/06/19	20/06/19	49	GBV staff and SMSD staff
TOT on PSEA from Inter-Agency	29/07/19	30/07/19	51	Humanitarian Workers
GBV Core Concepts/Safe Referral	31/07/19	31/07/19	54	NPM Volunteers
Protection with GBV in focus	14/07/19	14/07/19	19	NPM Volunteers
Code of Conduct	7/07/19	7/07/19	30	NPM Volunteers
Women's leadership TOT	6/08/19	25/08/19	110	Women's Committee
PSEA Training for IP	7/08/19	7/08/19	72	PULSE all Staff
Caring for Child Survivors	18/08/19	20/08/19	20	All GBV caseworkers and Shelter staff
Legal Workshop	24/08/19	24/08/19	26	Protection and PULSE lawyers
Women's leadership TOT	27/08/19	28/08/19	9	1 Senior Officers (GBV and SM)

Primero/ GBVIMS + Alpha Software Testing Workshop	26/08/19	27/08/19	29	IOM SM IPs
Training on Conflict-related Sexual Violence, GBV and MHPSS	27/09/19	28/09/19	27	GBV and CP
PSEA TOT for PSEA Champions	30/09/19	2/10/19	36	Protection, Site Management and HR
GBV Core Concepts and Safe Referral	1/10/19	1/10/19	25	All Non-GBV ACTORS
GBV Core Concepts and Safe Referral	1/10/19	1/10/19	23	Camp level (non-GBV actor)
GBV Core Concepts and Safe Referral	3-Oct-19	3-Oct-19	25	Camp level (non-GBV actor)
GBV Core Concepts and Safe Referral	9-Oct-19	9-Oct-19	28	Camp level (non-GBV actor)
GBV Core Concepts, guiding principles and safe referral Training for NPM	22-Oct-19	22-Oct-19	70	NPM Staff
Community Risk Mapping and Action Planning	9-Oct-19	9-Oct-19	65	IOM, Pulse and Mukti Coxs' Bazar
PSEA Training for IOM	21-Oct-19	30-Oct-19	187	IOM Staff and Enroute Staff
Protection with GBV in focus	24-Oct-19	30-Oct-19	400	Community Advocates
Clinical Management of Rape and GBV Core Concepts and Guiding Principles	15-Oct-19	24-10-19	152	IOM Health and IP
Managerial and Leadership skills	24-Dec-19	24-Dec-19	14	PULSE (IP)
UNFPA				
Cash in Humanitarian Context	17/01/19	17/01/19	22	Centre Coordinators
Engaging Religious Leaders*	28/01/19	30/01/19	65	Social Mobilizers, Case Workers and Outreach Supervisors (42 Females and 23 Males)

GBVIMS Primero*	03/02/19	07/02/19	3	Program Manager, Mukti DMO, Mukti. (2 males) GBViE District Program Officer, UNFPA (female)
Gender Basic Concept*	10/02/19	12/02/19	21	Project Coordinators, Life Skill Facilitators (all females)
GBV Case Management	23/02/19	28/02/19	36	Case Workers (all females)
Monitoring Evaluation and Social Mobilization Data Collection Tools*	15/02/19	16/02/19	55	Outreach Supervisors, Centre Coordinators and Social Mobilizers (50 females and 5 males)
GBV Case Management	24/02/19	28/02/19	36	Case Manager and Case Workers (all females)
Facilitation skills	12/03/19	12/03/19	32	Case workers (all females)
GBV guiding Principles	March 12 th , 13 th and 18 th 2019	One Day Training	73	Health Facility Medical and non-Medical staffs
GBVIMS Basic Tools	19/03/19	21/03/19	31	Case Workers (all females)
Facilitation	24/03/19	24/03/19	38	Case Workers (all females)
Facilitation*	25/03/19	25/03/19	33	Case Managers and Case Workers (all females)
GBVIMS Basic Tools	27/03/19	28/03/19	28	Case Managers and Case Workers (all females)
Caring for Child Survivor	08/04/19	09/04/19	5	Case Managers (all females)
Training on GBVIMS Basic Tools	22/04/19	24/04/19	27	Case Workers (all females)
Clinical Management of Rape	27/04/19	22/05/19	45	Healthcare professionals (all females)
Psychological First Aid (PFA) *	28/04/19	28/04/19	6	Case Managers and Case worker (all females)
Psychological First Aid (PFA)*	29/04/19	29/04/19	7	Case Managers and Case workers (all females)

Psychological First Aid (PFA) *	30/04/19	30/04/19	6	Case Managers (all females)
GBV Case Management	26/05/19	30/05/19	20	Case Workers (all females)
LGBTI	1/06/19	1/06/19	20	Case Workers and Social Mobilizers (15 females and 5 males)
GBV Case Management Refresher for Case Managers	10/06/19	12/06/19	17	Case Managers (all females)
ToT on Girl Shine *	12/06/19	19/06/19	40	Case Workers (all females)
Caring for Child Survivor	12/06/19	19/06/19	40	Case Workers (all females)
Psychological First Aid	13/06/19	13/06/19	13	Case Workers (all females)
ToT on PSEA *	17/06/19	17/06/19	1	GBViE District Programme Officer (female)
SASA Preparatory Training*	22/06/19	24/06/19	62	Case Workers and Social Mobilizers and Outreach Supervisors (39 females and 23 males)
Women Leadership*	22/06/19	29/06/19	42	Case Workers (all female)
Training on Generation Breakthrough (GEMS)	21/06/19	25/06/19	25	Case Workers, Social Welfare Officers (all female)
Training on Generation Breakthrough (GEMS)	26/06/19	30/06/19	25	Case Workers, Social Welfare Officers (all female)
'Refreshing GBV Guiding Principles to Strengthen MHPSS service	08/07/19	08/07/19	25	Project Officer and Senior Project Officer of ACF
'Refreshing GBV Guiding Principles to Strengthen MHPSS service	22/09/19	22/09/19	26	Handicap International 's Protection staff and social workers
Humanitarian Preparedness and Response Training	08/07/19	11/07/19	1	GBViE District Programme Officer (female)
ToT on PSEA for Implementing Partners	16/07/19	16/07/19	10	UNFPA implementing partner staffs (9 females and 1 males)

Disability Inclusion in GBV Programming	17/07/19	17/07/19	13	Mukti Staffs and UNFPA Staffs (all females)
LGBTI	03/07/19	03/07/19	10	Case Workers (all females)
Training on Psychological First Aid (PFA)	07/07/19	07/07/19	14	Case Workers (all females)
Training of Trainers on Mental Health and Psychosocial Support	04/08/19	08/08/19	22	Mukti Staffs and UNFPA Staffs (all females) IP: Project Coordinators, Case workers, Case managers, UNFPA GBV District Officers.
Training on Case Management	08/09/19	12/08/19	37	Case Workers and Case Managers (all females)
Training on GBVIMS + Primero	17/09/19	19/09/19	29	Case Workers and Case Managers (all females)
Training on PSEA (in 6 batches)	1/09/19	30/09/19	139	Case managers, case workers and social welfare officers (all females)
Training on Basic SRHR	22/09/19	23/09/19	20	Case Workers and Case Managers (all females)
Training Gender and GBV for Community Service Providers and Duty Bearers (1 Day training in 3 batches)	22/09/19	25/09/19	75	NGO, Midwives, Health Professionals
Capacity Development Training (1 Day training with 20 Women Support Groups)	15/09/19	16/09/19	200	Women Support Group Members (all females)
Training on GBV Guiding Principles and Emergency Referrals (1 Day Training with Night Guards in 2 Batches)	18/09/19	19/09/19	22	WFS Night Guards (all males)
Training on SRHR Referral Pathway and GBV (In 3 batches)	22/09/19	24/09/19	90	Other sectors focals

Training on CMR and IPV	09/09/19	05/09/19	24	Medical 9 midwives and Non-medical Health Facility Staffs
Training on GBV and women's leadership	10/ 09/19	12/09/19	46	Center Coordinators, Life skill facilitators and outreach supervisors (37 females and 9 males)
Training on Financial Management	20/09/19	22/09/19	21	Outreach supervisors, Community mobilizers, Project Coordinators and Accountants (7 females and 14 males)
Training on facilitation skill	25/09/19	26/09/19	33	Center Coordinators, Life skill facilitators and outreach supervisors (25 females and 8 males)
Workshop on Engaging Religious Leaders on GBV prevention	17/09/19	25/09/19	250	Religious leaders (Imam, Kaz, religious teaches (all males) <i>note: (in 9 days they had 10 workshops, each for one day)</i>
Workshop on Self Help Group	25/09/19	26/09/19	31	Centre coordinators, Outreach Supervisors, Life skills facilitators (21 females and 10 males) <i>(The training was for two day)</i>
TFD module development	23/09/19	24/09/19	46	community mobilizers and 5 outreach supervisors (22 females and 24 males) <i>(the workshop was for two days)</i>
Set Up training on SASA! together	12/10/19	18/10/19	65	Social mobilizers, case workers, outreach supervisors (42 females and 23 males)

CAS (Community Survey Training)	22/10/19	26/10/19	25	outreach supervisors, programme coordinators, Monitoring officers and data management specialist (12 females and 13 males)
CAS (Community Survey Training)	17/11/19	21/11/19	25	Enumerators
PSEA	8/12/19	14/12/19	110	Social mobilizers, centre coordinators, life skill facilitators, outreach supervisors, managers, coordinators, finance officer, admin staffs, support staffs, volunteers (79 females and 31 males)
CMR	24/12/19	28/12/19	30	<i>Midwives (all female) were 29 and 1 was medical assistant (male)</i>

** = this training was or is now being cascaded to additional partner staff and community members*