



<b><i>Enhancing Capacity and Accountability to Prevent and Respond to CRSV in Myanmar</i></b>	
<b><i>UN ACTION MPTF PROJECT FINAL REPORTING FORM</i></b>	
<b>Country</b>	Myanmar
<b>Project Start Date</b>	(01/01/19)
<b>Project Completion Date</b>	(31/12/19)
<b>Project Duration</b>	12 Months
<b>UN Implementing Entities</b>	UNFPA, IOM, UNICEF
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<b>Project Location(s)</b>	Myanmar
<b>Project Budget</b>	795,203
<b>UN Action pillar of activity</b>	<input type="checkbox"/> Advocacy <input type="checkbox"/> Knowledge building <input type="checkbox"/> Support to UN system at country level
<b>Report Date</b>	(31/03/2020)

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 needed<sup>1</sup>.

## 1. Project Context

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

There have been many changes in the context in Myanmar since the commencement of implementation of the UN Action project. Some of the notable changes include:

- Myanmar's Government signed the Joint Communiqué (December following submission of proposal; the National Committee on Prevention and Response to Conflict-Related Sexual Violence (hereafter 'National Committee') was formed in March 2019 and since then the government has developed a national action plan which was initially shared with the UN for review in mid-July. This plan was not developed in coordination with the UN and in keeping with the joint nature of the process. The UN provided inputs and combined comments by UNFPA as focal point on CRSV/OSRSG SVC which were sent to the GoM in July with a request for a meeting between technical teams to go through the feedback in detail. In November, the National Committee invited the UN to attend a meeting where they presented the final draft of the national action plan, which to date has not yet been finalised. The final draft does not adhere to international standards under UN Security Council resolution 1960. The Government has expressed that they are not able to develop a joint action plan with the UN at this time, due to concerns over international monitoring, assessment and access. The Government has twice declined the deployment of a Senior Women Protection Adviser. Similarly, Country Task Force on Monitoring and Reporting was not included in the process of developing the Joint Action Plan on "Prevention of Killing & Maiming and Rape & Sexual Violence" led by the inter-ministerial Prevention of 6 Grave Violations Committee. CTFMR was officially invited by the said Prevention Committee to receive the Joint Action Plan on August 5<sup>th</sup>.
- SRSG mission and momentum gained on the SVC agenda were noted in early 2019. Following the SRSG Mission, UN actors formed a working group for UN Agency Focal Points, which was then converted to the Monitoring Analysis Reporting Arrangements (MARA) working group in October. The MARA WG ToR was finalized in November.
- On August 22nd, 2019, the Independent International Fact-Finding Mission for Myanmar (hereafter FFM) released a thematic report titled: Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts. The report included a number of findings that highlighted the widespread and systematic use of sexual violence by Tatmadaw forces and other

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<sup>1</sup> 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.

security actors against ethnic women, girls and LGBTIQ diverse groups from ethnic minorities in Rakhine, Shan and Kachin states, as well as against men and boys in detention settings. The report concluded that the crimes committed by the Tatmadaw could amount to war crimes, crimes against humanity, and genocidal intent, in whole or in part. The FFM also noted limited but credible reports of sexual violence perpetrated by Ethnic Armed Organisations. The Myanmar Government has rejected the findings of the report.

- There have been significant changes of staff at Maternal and Reproductive Health Division of Ministry of Health and Sports (MOHS) particularly during quarter 2 and at the Department of Social Welfare (DSW) in 2019 which have delayed development of MOHS GBV Guidelines, communication materials and the psychosocial support (PSS) training curriculum.
- Escalation of the security situation in Rakhine State due to conflict between the Tatmadaw and the Arakan Army from November 2018 has limited some access to affected populations, restricted the granting of travel authorizations, and reduced communication with offices in northern and eastern Rakhine State due to government imposed shut-down of communications (mobile and internet services).
- Ongoing conflict in northern Shan State resulting in temporary displacement of communities and access restrictions, government restricting the granting of travel authorization, challenged programme implementation.
- The Joint Monitoring Committee of the Ceasefire (JMC) was previously supported by a UNDP project which ended late in 2018; the current focus of JMC is on ensuring operationalization and less on technical inputs which has limited opportunities for technical engagement around SVC issues despite previous interest and commitments to pursuing the issues.
- On 11th November the Republic of the Gambia filed a lawsuit before the International Court of Justice (ICJ) against Myanmar, for alleged violation of the Genocide Convention for genocidal actions against the Rohingya population; filed on behalf of the 57 members of the Organisation of Islamic Cooperation. On January 23rd, the ICJ ruled that Myanmar must take steps to prevent further genocidal acts by its own forces or by groups or forces acting within its territory over which it has any “control, direction, or influence”; take steps to preserve any evidence of wrongdoing under the Genocide Convention; and require Myanmar to submit a report to the ICJ within four months on the steps it is taking to comply with these orders<sup>2</sup>.

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<sup>2</sup>International Court of Justice, ‘Order on Provisional Measures’. <https://www.icj-cij.org/files/case-related/178/178-20200123-ORD-01-00-EN.pdf>

## 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

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

The project's goal is to increase protection for women and girls affected by conflict and eliminate conflict related sexual violence by enhancing capacities and accountability.

The project has been successful in enhancing the capacities of governmental and non-governmental service providers as well as improving awareness around accountability of CRSV with service providers and with women, girls, men and boys at a community level, thereby encouraging service-seeking behaviours. The project also had limited but notable success in strengthening understanding of CRSV and accountability with some security actors through training and awareness raising sessions, however, UN engagement with duty bearers beyond this has been limited. Though the development of national action plans on the Six Grave Violations against Children in Armed Conflict, and for the implementation of the Joint Communique on CRSV is a step forward for the Government to enhance accountability mechanisms, both national plans fall short of international standards to meaningfully address CRSV, and continued lack of engagement from the Government will stall progress. Therefore, while the project is increasing access to services and protection at the community and state level, there is limited evidence that the project has had significant impact to improve the accountability of security actors which would then be expected to mitigate perpetration of CRSV. However, it is well understood that meaningful engagement of those actors and required changes to promote accountability and mitigate future CRSV will require longer-term engagement.

### b). Project Outcomes

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

#### **Outcome 1: Improved access to strengthen services for survivors of sexual violence, with a focus on mental and physical health services**

Under Outcome 1, both government and non-government health service providers across three conflict-affected states have enhanced their capacity to provide effective support to survivors of sexual violence that promotes survivor-centred care. However, unanticipated delays have affected the implementation of PSS activities.

#### **Outcome 2: Reinforced positive social norms to support survivors' service-seeking behavior and response to survivors**

Under Outcome 2, awareness raising on PSS and GBV prevention and response at a community level have reinforced positive social norms through community engagement. Additionally, increased capacity of front-line responders to support survivors of CRSV with PSS and safe referral support has been achieved through compressive and cross sectoral MHPSS & Protection focused training. Impact of activities on positive social norms will be measured through subsequent projects in the same locations

### **Outcome 3: Improved awareness on CRSV among duty bearers to prevent future violations**

Due to limitations in engaging with the JMC and security actors, Outcome 3 was largely reprogrammed to instead work with local CSOs and NGOs providing services to sexual violence survivors to raise awareness on the Joint Communiqué and related CRSV developments in Myanmar and build their capacity to ensure their GBV response services are survivor-centred. Limited but notable introductory awareness raising was also undertaken with some security actors.

#### **c). Project Outputs**

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

##### **Output 1.1:**

As noted above, staff turnover at MoHS challenged roll out of the GBV guidelines. Therefore, the rollout of the GBV guidelines did not take place in all targeted townships in Rakhine. However, UNFPA were able to roll out all activities at state level successfully.

**Output 1.2:** Delays in engagement with DSW, due to staff turnover at DSW and delayed response on requests made, has prevented the launch and rollout of the PSS curriculum on national and sub-national levels to occur within the project timeframe, however under this project, the PSS curriculum and IEC materials have been developed, and will be rolled out in 2020.

**Output 2.1:** Evidence generation on help seeking behaviour and violence prevention was conducted through adolescent consultations to inform adolescent programming and prevention intervention programmes in Myanmar.

##### **Output 2.2:**

Comprehensive MHPSS capacity building training was provided to 426 (220 men/206 women) field staff, civil society organizations, safe migration focal points and basic health staff. A psychosocial support activities package and field level tool was developed for field staff to implement activities at the community level that promote positive social norms and address GBV, CRSV, VAC and counter trafficking.

**Output 2.3:** Enhanced capacity building of 226 (147 men/79 women) field staff and civil society organizations in GBV prevention and responding to survivors was achieved through training on the PSS activities package, training in MHPSS and protection mainstreaming and through the development of a country wide, township specific field level tool for MHPSS referral support.

#### **d). Project Activities**

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

During the reporting period, the following activities were successfully implemented:

##### **Outcome 1:**

- **Activity 1.1:** Five training sessions conducted for government health care providers, with two training sessions in Rakhine and Northern Shan State, and one training in Kachin covering 155 trainees (61 female and 94 male) from 48 Townships. As planned, three training sessions for non-government health care providers were also organized and 81 participants (49 female and 32 male) were trained. The printed GBV guidelines books were also delivered to health staff for deeper understanding and future reference. Pre-tests and post-tests were completed in each training session to assess the level of knowledge on GBV. The assessment showed that more than 90% of the training participants increased their knowledge on GBV concepts, as well as case management in line with the GBV guideline principles. Rollout of the Clinical Guidelines for Caring for GBV Survivors for the health sector completed for government health workers in 3 states as planned. Continued rollout at the township level of the MoHS clinical guidelines at all of the targeted townships in Rakhine was not completed because of delays in engagement with the State Health Department. IOM and UNFPA closely coordinated and led the MHPSS WG in the development of a countrywide, township specific MHPSS referral directory to strengthen access to MHPSS services for survivors of CRSV.
- **Activity 1.2:** Consultation workshop conducted with MoHS and other partners to develop job aids and posters for GBV. Three IEC materials on GBV management were developed: flow chart for the clinical management of GBV survivors; '72 Hours' poster on emergency contraception and HIV/AIDS prevention; GBV pocket guide for healthcare providers, translated into Myanmar language, printed and disseminated to relevant governmental and non-governmental service providers. Alongside this, six IEC materials on the provision of MHPSS were also developed, however the draft materials will be field tested before further dissemination.
- **Activity 1.3:** The PSS curriculum has been developed by UNFPA and UNICEF and translated into Myanmar language following initial consultations with DSW, however there have since been delays from the Government in endorsing and launching the curriculum within the project timeframe.

## Outcome 2:

- **Activity 2.1:** Research has been completed and the report has been finalized. Series of direct consultations with over 200 (95 male; 112 female) adolescents and young people were conducted in Kachin, Central Rakhine and Northern Rakhine along with social polling with over 16,000 respondents (6,809 male; 9,827 female; 178 other) using the UNICEF-led platform called U-Report. A national validation workshop was also held in Yangon and produced reports (i.e. Drivers of Violence against Adolescents; Visual presentation of Summary of Drivers of Violence against Adolescents; Age and Gender Timeline analysis; 4 thematic data briefs - Intimate partner violence; child marriage and pregnancy; migration and school bullying) have been widely disseminated since.
- **Activity 2.2:** 13 trainings were conducted between April and November 2019 to 426 participants (220 men/206 women) to enhance the capacity of field staff, CSOs, basic health staff and safe migration focal points to build local capacity to deliver PSS support at the community level. Training topics included Mainstreaming of MHPSS in protection & Community Based MHPSS, Psychological First Aid, Safe Referral Support, Safe Migration and the PS Activities package addressing GBV. Basic Health Staff in Rakhine only received training on Psychological First Aid.
- **Activity 2.3:** Enhanced capacity building training was conducted for 226 (147 men/79 women) field staff and CSOs in order to effectively facilitate the targeted community-based PS activities. All IOM partner agencies and staff have facilitated community based psychosocial activities reaching a total of 9,857 (4,192 men/5,665 women) community members through community-based dialogues and safe migration outreach sessions. These community-based dialogues and outreach sessions enabled participants to carry out 455 PS activities addressing GBV, Violence against Children and Counter trafficking in Rakhine and Kachin states.

Through a UNFPA partner agency, a total of 209 GBV awareness sessions were delivered to 2,321 women and 327 girls. In addition, Coffee and Tea workshops were organized in 10 camps in Northern Shan State. In 10 camps, the workshop was attended by both male and female groups. Only women groups were able to participate in activities in 3 of the camps, due to the inability to find new male outreach workers and the security risks of men regularly gathering in the camps. Challenges of implementing Coffee and Tea sessions included the decrease in male participants, as they were required to leave camp for their livelihoods and unable come back every week to join the sessions.

### **Outcome 3:**

- **Activity 3.1:** Joint workshop with OSRSG-CAAC and OSRSG-SVC was conducted in August to highlight synergies between 6 Grave Violations including killing and maiming and rape of children in armed conflict and CRSV and developed a road map to strategize a joint commitment on addressing CRSV with the listed party.
- **Activity 3.2:** Three orientation and awareness raising sessions with Myanmar Police Force frontline officers on responding to GBV, and a GBV consultant to conduct these sessions, were supported by UN Action.
- One Training of Trainers (ToT) with Tatmadaw on six Grave Violations against children in armed conflict – including rape and sexual violence, conducted targeting the Tatmadaw with technical support from the Office of SRSR-CAAC and CTFMR. CRSV content was also integrated into TOT training.
- **Activity 3.3:** One CSO thematic seminar with 30 CSOs currently providing services for sexual violence survivors across Myanmar was held, raising awareness on the Joint Communique, Fact Finding Mission of Myanmar on CRSV, and survivor-centred care.
- One donor briefing was held, raising awareness on the Joint Communique, Fact Finding Mission, and related CRSV developments in Myanmar, within the donor community whom provide direct or indirect support for GBV service providers. An advocacy note was developed and shared with the donor community.
- Translation, printing and dissemination of eight IEC materials on analytical framing and guidance on CRSV and MHPSS, made available for CSOs, I/NGOs and other UN agencies working on CRSV prevention and response for knowledge sharing and understanding.

## **3. Project Beneficiaries**

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

- 155 government health workers (61 Female and 94 Male) and 81 non-government health workers (49 Female and 32 Male) in 3 conflict-affected states (Kachin, Rakhine and NSS) have strengthened their capacity to adequately and effectively provide clinical care for GBV survivors, following the GBV Guidelines training.
- Three orientation sessions with approximately 450 MPF frontline police officers on Responses to GBV in Rakhine, Kachin and Southern Shan state supported, including a GBV consultant to conduct the sessions.
- 21,456 women and girls accessing GBV and SRHR services in Northern Shan State.

- 9,857 (4,192 men/5,665 women) community members in Rakhine and Kachin state supported with PSS activities and outreach addressing well-being and key GBV issues including violence against children (VAC) and counter-trafficking. The community level PSS activities were provided by CSOs and field staff through structured community outreach sessions and at safe houses providing reintegration support for victims of trafficking (VoT).
- Four partner civil society organizations in Kachin state received comprehensive training in both MHPSS and protection mainstreaming to enhance their capacity to respond to and support survivors of CRSV. These CSOs are able to further conduct community level psychosocial awareness activities and outreach at the field level with the capacity building PS tools provided such as the MHPSS referral directory, flipbook facilitation tool on well-being for focus group discussions and the IOM PS Activities package addressing harmful social norms.
- 118 (28 men/90 women) Basic Health Staff have strengthened their capacity to provide Psychological First Aid in Rakhine State following the training by the Township Health Officer with the support of the IOM PS Focal Points.
- 82 (45 men/37 women) safe migration focal points including IOM migration protection community focal points with various background such as volunteering and or staff in child protection, GBV and general protection in Kachin and outreach health workers in Rakhine were trained in delivering key safe migration and anti-trafficking messages. In Rakhine, outreach health workers also were trained in providing PSS activities integrated with safe migration key messages for youth.

#### 4. Implementing partner coordination and stakeholder engagement

Guidance:

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

In order to facilitate interagency collaboration, UNFPA, UNICEF and IOM held quarterly meetings to discuss implementation progress updates, challenges, and coordination priorities. Moreover, by taking an interagency approach, each agency was designated certain roles and responsibilities of their own based on agency mandate and capacity whilst also working collaboratively with other agencies to coordinate the implementation of joint activities:

**IOM:** Primarily responsible for community-level PSS activities and outreach, as well as coordinating with UNFPA on the GBV clinical guideline development and rollout that took place at Union and State level. IOM was responsible for the GBV guideline rollout in three townships in Rakhine, and UNFPA was responsible for the rollout in Kachin, Shan and at Union level.

**UNICEF:** Primarily responsible for capacity building activities with the Tatmadaw and the Myanmar Police Force on Child Protection under the CAAC agenda as CTFMR chairs and coordinating with UNFPA on CRSV and CAAC synergies. UNICEF and UNFPA collaborated to effectively integrate CRSV and GBV components into the curriculum for Myanmar Police Force orientation/training.

**UNFPA:** Primarily responsible for the national level GBV guideline rollout, and development of national PSS curriculum. As designated focal points in country for CRSV by OSRSG-SVC and chair of the GBV sub-sector working group, UNFPA was also responsible for coordinating CRSV activities on capacity building local service providers in GBV prevention and response, including the establishment of MARA working group, CSO capacity building seminars, and the translation and dissemination of key materials to support

knowledge sharing and awareness raising on prevention and response for CRSV and GBV. UNFPA engaged with IOM and UNICEF as stated above.

**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 engaged a number of key stakeholders, and utilised existing coordination mechanisms.

For Outcome 1, UNFPA and UNICEF engaged with governmental organisations primarily through the DSW PSS taskforce, under which also falls a training school. IOM led in a MHPSS working group taskforce to develop a country wide, township specific [MHPSS referral directory](#) to improve access to and strengthen MHPSS services for survivors of sexual violence. The referral directory was populated through protection coordination working groups at state levels as well as through members of the MHPSS working group, INGOs, civil society organizations and through direct engagement with the government. The referral directory was launched in November 2019 as an open access resource and a tool for field level activities and frontline responders.

For Outcome 2, UNFPA partnered with IRC in Northern Shan State to implement community-level awareness raising activities on GBV. IRC partnered with two CSOs, Women Lead and Karuna Mission Social Solidarity (KMSS) to directly implement these activities and also provided technical support and capacity building for GBV service provision for these CSOs. IOM partnered with four CSOs in Kachin to build their capacity in responding to and supporting survivors of CRSV and provided technical support in the implementation of community-based protection focused PSS activities.

For Outcome 3, a number of existing mechanisms to engage with governmental organisations were drawn upon. With regards to the implementation of the Joint Communiqué, UNFPA and UNICEF liaised directly with DSW counterparts, as well as through the National Committee, which is composed of various government departments and a number of CSOs. On synergies with CAAC agenda and the six grave violations, the CTFMR was utilised for technical coordination. The project also engaged with CSOs, NGOs, INGOs and other UN agencies through the GBV sub-sector working group, and UNFPA also worked with local NGOs including the Gender Equality Network (GEN), Alliance for Gender Inclusion in the Peace Process (AGIPP) and Women League of Burma (WLB) to coordinate information sharing and capacity building opportunities through their members, most of whom being service providers working directly or indirectly on GBV.

**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.**

In May 2019, the Country Task Force on Monitoring and Reporting (CTFMR), with the support of an expert from the Office of the Special Representative of the Secretary General for Children and Armed Conflict (OSRSG CAAC), designed and facilitated a 3-day Training of Trainers for Tatmadaw personnel on children and armed conflict, including grave violations against children and humanitarian principles. This was a follow up issue to an initial training facilitated in December 2019.

The training targeted mid-level Tatmadaw officers from all regional commands, from all national recruitment centres and training centres, as well as from the Judge Advocate General office. The training created a space to discuss sensitive issues around protection of children in situations of armed conflict and the level of participation was very high, with Tatmadaw personnel preparing and delivering a short training session on the final day of the ToT.

Sexual violence against children was prominently featured in the training, within the framework of the six grave violations. In addition to theoretical information and definitions shared with the participants, a dedicated case study session was focused on sexual violence, and one of the groups of participants picked SGBV as a topic to the session they prepared and delivered for their peers.

The CTFMR is engaging with the Tatmadaw, as follow up to the ToT, to ensure that the topics covered in the training, including prevention of the six grave violations against children, are incorporated into the training curriculum of new Tatmadaw recruits. The CTFMR intends as well to support the Tatmadaw to further disseminate the training to its wider troops.

In August 2019, a joint mission to Myanmar was organized by the OSRSG CAAC and the Office of the Special Representative of the Secretary General on Sexual Violence in Conflict (OSRSG SVC). to build capacity of actors in Myanmar to address CRSV and grave violations against children as per priorities of the joint communique and recommendations of SG's annual report on CAAC (2017) to strengthen synergies between the CRSV and CAAC agendas in Myanmar to tackle sexual violence. The mission was an opportunity to bring together and raise awareness of key UN and NGO stakeholders to strengthen coordination of actions. Key Government stakeholders were also met by the mission and the Government was encouraged to ensure coordination between different existing inter-governmental committees engaged in preventing sexual violence.

The Tatmadaw was listed in the 2017 SG Annual CAAC Report for killing and maiming; rape and other forms of sexual violence. As a result of concerted advocacy from the CTFMR and the OSRSG CAAC, in January 2019, the Inter-Ministerial Committee for Preventing Grave Violations against Children in Armed Conflict was established by Presidential Order. The CTFMR engaged with the Committee from its inception to advocate for the development of a joint action plan to end and prevent rape and other forms of sexual violence against children.

The Government has developed a "National Action Plan on the prevention of killing and maiming, and sexual violence against children in armed conflict". While the Government has taken on a few of the recommendations from the UN on the plan, the CTFMR is still working on ensuring this initiative is a joint action plan as per the UN CAAC agenda. Strong collaboration is ongoing between the CAAC and CRSV agendas to ensure that advocacy with the Government on the issue of sexual violence and the necessary role of the UN in the process is done in a concerted manner.

Following the submission of the project proposal, the Government of Myanmar and the UN signed a Joint Communiqué on CRSV. Of the six priorities outlined in the Joint Communiqué, all project outcomes directly contribute to two, namely:

- Training and capacity building of justice and security sector actors (including Tatmadaw, Military Police, Border Guards Police and Myanmar Police Forces) particularly on investigation and prosecution of sexual violence; and on International Humanitarian Law including Protection of Civilians;

- Ensuring effective access to strengthen service delivery for survivors of sexual violence, including medical, psychological, legal and livelihood support particularly in conflict areas.

As previously mentioned, the Myanmar Government has developed a draft national action plan, which was not developed in coordination with the UN and in keeping with the joint nature of the process. The final draft does not adhere to international standards under UN Security Council resolution 1960. The Government has expressed that they are not able to develop a joint action plan with the UN at this time, due to concerns over international monitoring, assessment and access.

## 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.

The project's primary aim was to enhance the capacity of national government, NGOs and CSOs through all of its activities. The project worked with to provide technical support to governmental organisations including DSW, MoHS and the National Committee to strengthen their capacity to provide effective, multi-sectoral and survivor-centred services for survivors of sexual violence through the GBV Clinical Guidelines rollout and training, and the development of the PSS curriculum and training. As well as this, the project worked to strengthen accountability mechanisms within the government to work towards adequate implementation of the Joint Communique and prevent future occurrences of CRSV.

The project also worked to strengthen the capacity of local NGOs and CSOs through providing technical support and training to promote survivor-centred service provision for GBV survivors, and skills building for front line responders in the provision of psychosocial support and referral to more specialized mental health services. Moreover, the project aimed to raise awareness and knowledge on the Joint Communique and other relevant accountability mechanisms on prevention and response of CRSV.

## 6. Challenges

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

The main challenges encountered were described above in the section on changes during the implementation period and ranged from political and technical delays from the government side, lack of meaningful engagement with the UN on SVC throughout the project due to internal government sensitivities on the issue, as well as a turnover in technical staff in key ministries early 2019 and ministries' competing priorities; in addition to security, access and communication related challenges particularly in Rakhine and Northern Shan State due to an escalation in conflict.

As such, it was important to invest UN efforts in enhancing the capacities of governmental and non-governmental service providers to ensure that survivors of sexual violence would have effective multi-sectoral support available to them regardless of national level engagement.

## 7. Lessons Learned

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

The project highlighted a number of lessons learned that will inform and improve future programming. One key lesson learnt is the need for flexibility in programming and funding when engaging with and relying upon governmental organisations to achieve project outcomes. This lesson also highlighted the importance of ensuring that programming reliant upon government engagement also has complementary technical or capacity building support for local NGOs, CSOs and other non-governmental service providers in the instance that government is unable or unwilling to engage, thereby ensuring that survivor-centred care for survivors is still available in the absence of government services.

Another good practice example to advise future programming is with regards to the interagency approach that was piloted through this project. UNFPA, UNODC, UNWomen and UNICEF partnered to prepare and conduct training with Myanmar Police Force officers, which drew upon the technical strength of each agency to ensure multi-sectoral needs were effectively incorporated. By taking an interagency approach, each agency provided technical expertise to support the integration of GBV, gender, child protection and ethical policing into the training for effective investigation and reporting duties as a response to GBV incidents.

## 8. Innovations

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

As mentioned above, UNFPA, UNICEF, UNWomen and UNODC piloted an interagency approach to the police training, thereby enabling participants to gain expert multi-sectoral technical support from the most relevant agencies.

## 9. Sustainability Plan

Guidance:

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

The work being undertaken with funding from UN Action will be sustained, to the greatest extent possible, by the three agencies beyond the life of the project. All agencies have substantial buy-in and commitment to addressing SVC in Myanmar. Additionally, the agencies have a field presence in the targeted conflict-affected states that will be maintained with funding from other resources beyond the implementation period of the UN Action project. Through the MARA working group, efforts will also be made to coordinate action and ensure strategic utilization of resources.

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

Funding gaps are expected which may then impact the technical support available from UN actors to support the government's Action Plan and demonstrate the UN's commitment to working together to ensure implementation of the Joint Communiqué. The agencies will have to strategize on ways to mobilize additional funding.

## 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.

Communication efforts that utilize project resources are focused on the development of job aids and health outreach materials that supported the rollout of the GBV Clinical Guidelines with the MoHS, in addition to community-level outreach with existing materials. A consultation workshop with MoHS and partners was held in October 2019, resulting in a number of job aids and materials being produced. The materials were sent to MoHS for official approval to be used by all partners across Myanmar.

- 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.
  - In preparation for the *Ending SGBV in Emergency* Conference in Oslo, Norway in May, UNFPA supported the 5 civil society organizations from Myanmar to develop a brief highlighting their key concerns. It was finalized and printed by the Gender Equality Network and then shared at the conference (see attached). Although no funding from UN Action apart from time of the UNFPA Humanitarian Specialist was utilized, the advocacy around CSOs role in SVC is extremely relevant to this project.
  - A brief on SVC in Myanmar was developed by UNFPA and translated by UN Women for the International Day against SVC in June to raise awareness of the issue and related actions being undertaken (see attached)
  - MHPSS referral directory was developed through the MHPSS Coordination Working Group supported by IOM and UNFPA (see attached)
  - A brief on adolescents and IPV – including analysis on disclosure and help-seeking behaviours- was developed by UNICEF. This was based on secondary analysis of the 2016 DHS data. Based on the findings, adolescent consultations targeting adolescents living in conflict-affected communities in Kachin, central Rakhine and northern Rakhine were designed and a validation workshop was conducted in Yangon in May 2019. There was also a series of social polling using UNICEF-led platform called U-Report to understand social norms underpinning violence against adolescents and how they respond to experience or exposure to violence and other risky behaviours. All of the findings and analysis were compiled together into a report titled 'Drivers of Violence Against Adolescents in Myanmar: Consultations to Inform Adolescent Programming Report'. UNICEF also produced user-friendly summary report using infographic as well as a thematic summary report entitled "Drivers of Violence against Adolescents in Myanmar:

- adolescent Perceptions of Age and Gender Milestone for Boys and Girls in Kachin and Rakhine States”.
- Following the consultation workshop with MoHS and partners on the development of job aids and materials for providing services to GBV survivors, the following resources were produced: flow chart for the clinical management of GBV survivors; ‘72 Hours’ poster on emergency contraception; GBV pocket guide for health care providers, translated into Myanmar language, printed and disseminated to relevant governmental and non-governmental service providers and basic GBV IEC materials for community knowledge sharing and capacity building.
  - Translation of key guidance materials on service provision for CRSV survivors, to disseminate to NGOs, CSOs and other relevant service providers. Materials included three MHPSS standards for providing support to CRSV survivors, a case study for delivering integrated services for GBV and SRHR under UNFPA’s Women and Girls First program, and a fact sheet on the GBV Information Management System
  - The Psychosocial Activities package was developed to support field staff in promoting positive social norms and address GBV, VAC and counter trafficking at the community level.

## 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-centred response.

Along with the abovementioned job aid materials for service providers where GBV may be their core or non-core area of work, the development of the PSS curriculum is also intended to provide technical support to establish PSS as a cross-cutting priority through GBV prevention and response. As well as this, UNFPA had a number of documents translated and disseminated relating to CRSV, enhancing both technical and advocacy level understanding, and also developed PowerPoints and conducted training with CSOs who were providing GBV services on survivor-centred care. UNFPA and the MARA working group also developed a document on suggested strategic actions and advocacy to address CRSV for all donors and conducted a briefing on CRSV in Myanmar, to ensure donor governments were promoting survivor-centred care through their advocacy with government and funding commitments to NGOs and CSOs.

Please see the above section for a comprehensive list of tools developed.

- b. Describe how you think they could be shared beyond the scope of this project and benefit organizations working in similar contexts.

Engagement with NGOs and CSO service providers on CRSV will continue beyond the completion of the project through the relevant UN agencies on GBV, MHPSS and Child Protection, in an effort to continue capacity building and awareness raising for the prevention and response of CRSV. All of the abovementioned resources can be disseminated through existing local NGO and CSO networks in an effort to reach new service providers, and CSO capacity building workshops will be held quarterly with members of the existing gender networks. Moreover, the GBV Clinical Guidelines and the PSS

curriculum once launched provides an effective guidance framework for GBV and PSS service providers to develop their own strategies, framework and guidelines and enhance the quality of their services to international standards.

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

Please find attached.

## 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.

In Northern Shan, UNFPA’s partners IRC and KMSS conducted GBV awareness raising sessions conducted at Women and Girl Centres that provide safe spaces for women and girls to undertake activities and access multi-sectoral support. Below is a direct quote from a participant in the GBV awareness raising session.

Ma Kwan Nu<sup>3</sup> is 52 years old and has 4 children. She shared: “because of joining the GBV awareness sessions, we can teach and share our children about rights. Before we get this awareness, we did not understand the safety risks and the violence happening to girls and we could not help them. Now, our minds are opened about the GBV situation.”

She continued saying “in the house, men and women always argue about money and women cannot make decision about money. Lately, women are also getting involve in the discussion and decision making in the house as well as society. We can also see that tradition beliefs about women are changing positively lately. It is important to keep sharing this GBV awareness to help in reducing IPV and also violence against young girls under 18.”



Photo Credit: International Rescue Committee, Northern Shan office (informed consent obtained by participant)

<sup>3</sup> Name changed for confidentiality purposes

Local partner organizations and Civil Society Organizations (CSO) are front line responders of communities that benefit from the technical expertise and support of the UN Agencies through capacity building. The capacity building of CSOs has been conducted through training and workshops focused on the practical application of MHPSS to improve access to supportive and strengthened services to survivors of sexual violence.

Training took place on 19th -22nd March of CSO Partners of IOM in Kachin (Kachin Women's Association of Thailand, Good Hope Foundation and Good Sheppard Myanmar Foundation) that work primarily in rehabilitation, women's shelters and provide community awareness sessions on a range of issues. The training was titled Mainstreaming Mental Health & Psychosocial Support (MHPSS) in Protection Program and Community-Based Approaches to Mental Health & Psychosocial Support (CB MHPSS). The training aimed to build and strengthen the skills required to facilitate MHPSS interventions, improve participants' understanding of CB MHPSS activities and how MHPSS can be mainstreamed within protection programs. The training included the practical application of conducting a range of psychoeducational activities and ended with a one-day workshop where participants of each organization evaluated their existing activities through the "lens" of MHPSS. The participants then redesigned and integrated MHPSS activities for improvements as well as designed new activities to strengthen the available support for survivors of trafficking, GBV, CRSV, and persons with MHPSS need. Technical support continues to be provided by the IOM MHPSS specialist on the integration of the identified improvements and through additional practical application training provided on MHPSS.

**Direct quotes from three different training participants:**

"I have never had this kind of training which include (psychoeducational) games. This is my first time attending this kind of training. I learned a lot. We could do practical exercises in the training. We will continue to practice."

- Participant of the MHPSS mainstreaming training from partner CSOs in Kachin

"I now know how to deal with problems by identifying our own resources"

- Participant of the MHPSS mainstreaming training from partner CSOs in Kachin



Looking through MHPSS Lens Activity

Photo Credit: Ohnma Win Pe, Metanoia (informed consent obtained by participants)

### 13. Budgetary and Spending Report

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

As aforementioned, significant challenges were faced with government willingness to engage. Under Outcome 1, delays from DSW in launching the PSS curriculum meant that Training of Trainers and state-level rollout of the curriculum activities were not implemented. Additionally, delays in engagement with the government on the rollout of the Clinical Guidelines for Caring for GBV Survivors for the health sector at the township level in all targeted townships in Rakhine were not completed.

Under Outcome 3, challenges were also faced in engaging with the government, Tatmadaw and other security forces that significantly limited implementation of security actor GBV training and JMC training activities.

These limitations in implementation resulted in underspending which has been refunded.

### 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 Framework<sup>4</sup>.

**At the Outcome Level, this project has to date contributed toward to UN Action Global Result Outcomes 1.1 and 1.2. By end of the project period, additional contributions (not detailed here) are expected.**

UNA Global Result Outcome 1.1- Increased knowledge, technical experience and/or advocacy capacity of targeted stakeholders to respond to CRSV and protect survivors and at-risk groups

- To date, the project has contributed to increased knowledge and capacity for government health workers in the three conflict-affected states to better respond to the health needs of GBV survivors. At the community level, a wide range of community groups are being supported to respond to protect survivors and at-risk groups. This includes successful capacity building on PSS provision at the community level. Last, Tatmadaw has been engaged in a training of trainers to raise their awareness and work toward promoting accountability around the 6 Grave Violations and CRSV.

UNA Global Result Outcome 1.2- Improved CRSV policy, practice and access to specific support services

- Capacity building for health workers in improving dissemination of protocol and thus, practice and access to support services for providers. Research conducted on health seeking behaviour among youth and adolescents will also contribute toward improved policy, practice and advocacy for a particularly vulnerable group. Work at the community level on awareness raising and building PSS capacities encourages survivors to access services and support. Training with Tatmadaw will contribute toward improved awareness and ideally to improving policy and practice among security actors.

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<sup>4</sup> The UN Action Results Framework is attached for your reference.

**At the Output Level, this project has to date contributed toward to UNA Global Result Outcomes Outputs 2.1 and 3.1. By end of the project period, additional contributions (not detailed here) are expected.**

UNA Global Result Output 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

- Research has been conducted on health-seeking behaviour for adolescents.

UNA Global Result 3.1: Stakeholder groups trained and/or employing knowledge products, advocacy tools and/or resources developed through UNA support, per focus country

- Community-based PSS materials are supporting community members.

## **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.

Alongside the quarterly meetings between UNFPA, IOM and UNICEF undertaken to monitor project progress, field offices conducted regular monitoring at community and state level. Field staff coordinated with implementing partners to monitor project activities throughout the project cycle and provide technical support where needed.

Implementing partners, such as IRC, reported on a quarterly basis to UNFPA, quarterly meetings were held to monitor progress and regular field monitoring visits were conducted by UNFPA Field Office.

## **16. Support and follow up from UN Action**

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

Continued and flexible support to roll out activities that were unable to be implemented due to the challenges aforementioned.

## **17. Other Feedback**

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

## Enhancing Capacity and Accountability to Prevent and Respond to CRSV in Myanmar

### - LOGFRAME -

	Project Summary	Achievement	Achievement against indicators		Verification Method
			Original Targets and Indicators	Baseline, Targets and Indicators	
<b>GOAL</b>	<b>To increase protection for women and girls affected by conflict and eliminate conflict related sexual violence by enhancing capacities and accountability</b>				
<b>Achievements for Project Goal</b>	As summarized in section 2, the project has been successful in enhancing the capacities of governmental and non-governmental services to understand CRSV and provide effective, survivor-centered support to CRSV survivors, as well as improve awareness on accountability both with service providers and with women, girls, men and boys at a community level, thereby encouraging service-seeking behaviours. The project also had limited but notable success in strengthening understanding of CRSV and accountability with some security actors through training and awareness raising sessions, however, UN engagement with duty bearers beyond this has been limited.				
<b>OUTCOME 1</b>	<b>Improve access to supportive and strengthened services to survivors of sexual violence, with a focus on mental and physical health services</b> (UNAOuc.1.1), (UNA Oup 2.1), (UNAOup.3.1)				
<b>Achievements of Outcome 1</b>	Enhanced capacity of government and non-government health workers in providing survivor-centred management and PSS support for GBV survivors at Union and state level.				
<b>OUTPUTS 1</b>	ernmental and non-governmental health service providers are able to provide GBV response services according to national clinical guidelines.	<b>Please describe achievements Outputs level under Outcome 1 here:</b>	<u>Description:</u> % of trained Health service providers demonstrating increase of knowledge on caring for survivors Baseline: 0	All (100%) of the trained health service providers demonstrating increase knowledge on caring for	Project monitoring reports, training attendance lists, before and after tests

	ional training package on PSS for case workers developed and disseminated	Progress against outputs is measured by implementation of activities reported below	<p>Target: 100%</p> <p><u>Description:</u> National training package developed Baseline: 0 Target: 1</p> <p><u>Description:</u> % of trained PSS service providers demonstrating increase of knowledge. Baseline: 0 Target: 100%</p>	<p>survivors according to the pre and post-tests.</p> <p>PSS package developed but not yet available. Delays have been encountered in launching the national training package on PSS for case workers.</p> <p>Rollout PSS trainings with service providers have not begun due to delay in development of materials.</p>	
<b>ACTIVITIES</b>	<p>1.1 Continued rollout of MOHS Clinical Guidelines on Health Care for GBV Survivors in Rakhine, Kachin and NSS with government and non-governmental partners</p> <p>1.2 Support MoHS to develop job aids and posters for health workers on managing survivors and on the provision of PFA/PSS</p> <p>1.3. Development and rollout of 5-day PSS training for case managers with DSW (State level TOT also</p>	<p>Please <b>describe achievements at Project Activities</b> level under Outcome 1 here:</p> <p>1.1.1 Trainings for government and non-governmental health workers from 3 targeted states have been completed;</p> <p>1.2.1 Workshop with MoHS held in October to support the development of job aid materials for management of</p>	<p><u>Description:</u> #of trained service providers on the GBV Guidelines Baseline: 113 Target: 358</p> <p><u>Description:</u> #of IEC Materials developed Baseline: 0 Target: 5</p>	<p>155 government health service providers (61 female &amp; 94 Male), and 81 non-governmental health service providers (49 Female &amp; 32 Male) were trained on the GBV Guidelines in 2019 bringing the cumulative total to 357;</p>	<p>Photos of the training</p> <p>List of participants</p> <p>Materials</p> <p>Training curricula on PSS developed</p> <p>Photos of the training</p> <p>List of participants</p> <p>Photos of the training</p>

	involving State Health Departments and NGOs)	survivors, job materials developed;  1.2.2 PSS materials were developed in Quarter 4.  1.3.1 PSS training curriculum developed, however delays with DSW meant that PSS training rollout did not commence.	<u>Description:</u> National curriculum and training materials on PSS available  #of people trained on PSS at National and State Baseline: 0 Target: 100	5 IEC job aid materials developed with MoHS on GBV survivor management, and 6 IEC materials developed on provision of MHPSS, with a total of 9 job aid materials produced.  PSS national curriculum developed but not launched due to delays with the government, as a result, no PSS trainings were held.	List of participants
<b>OUTCOME 2</b>	<b>Reinforced positive social norms to support survivors' service-seeking behavior and response to survivors (UNFPA/UNICEF/ IOM)</b> (UNAOuc1.1),(UNAOuc1.2), (UNAOup2.1), (UNAOup3.1)				
<b>Achievements for Outcome 2</b>	Awareness raising and capacity building on PSS and GBV prevention and response at a community level have reinforced positive social norms through community engagement as well as building the capacity of frontline responders to support survivors with psychosocial support and safe referral support				
<b>OUTPUTS 2</b>	dence available on help-seeking behaviour  2.2 Diverse stakeholders engaged at community level to improve local prevention and response (community health volunteers,	Please <b>describe achievements Project Outputs</b> level under Outcome 2 here: Progress against outputs is measured by implementation of activities reported below	<u>Description:</u> Number of interventions related to community awareness raising Baseline: 0 Target: 6	All community awareness interventions for 6 target groups progressed smoothly.  UNICEF's adolescent targeted peer-to-	Programme monitoring  Women and girls monitoring tools

	camp management committees, safe migration focal points, men and boys, child friendly spaces, women and girls centres, etc)		Number of women and girls accessing services at the service delivery points (women and girl's centres and mobile teams). Baseline: 0 Target: 27,500	peer activities on violence prevention: 3,227 children and adolescent (1,723 girls; 1,504 boys) benefited from peer-to-peer child protection sensitization activities.  21,900 Women and girls are accessing services at service delivery points.	Mobile team monitoring tools
<b>ACTIVITIES</b>	<p>2.1 Operational research on disclosure and help-seeking behaviour, pathways to violence prevention among youth and adolescents</p> <p>2.2 Build local capacities to deliver PSS at the community level</p> <p>2.3 Community engagement on key GBV issues, particularly CRSV, violence against children (VAC) and counter-trafficking.</p>	<p>Please <b>describe achievements</b> at <b>Project Activities</b> level under Outcome 2 here:</p> <p>2..1 Evidence generation activity completed. Report has been finalized.</p> <p>2.2 Training with field staff and CSOs have been completed.</p> <p>2.3 All agencies have successfully engaged communities on issues of CRSV, VAC, and counter-trafficking.</p>	<p><u>Description:</u> Research conducted Baseline: 0 Target: 1</p> <p><u>Description:</u> #of trainings delivered Baseline: 0 Target: 10</p> <p><u>Description:</u> # of people reached key messages used by partners and local health workers and volunteers during the community outreach sessions. Baseline: 26,500</p>	<p>Research has been completed and the report has been finalized.</p> <p>National consultation to validate study findings held.</p> <p>13 Training conducted with 426 (220 men/206 women) field staff, basic health staff, migration focal points and Civil Society Organizations. Training included:</p>	<p>Programme monitoring Finalized study (publications produced)</p> <p>Women and girls monitoring tools</p> <p>Mobile team monitoring tools</p>

			<p>Target: 75,000 (Rakhine/Kachin/N.Shan)</p>	<p>Mainstreaming MHPSS in protection &amp; Community Based MHPSS, Psychological First Aid, Safe Referral Support, Safe Migration and PS Activities package training. Training participants included:</p> <p>226 (147 men/79 women) field staff and CSOs</p> <p>118 (28 male/90 female) Basic Health Staff that received training in PFA</p> <p>82 (45 male/37 female) Migration Focal points in Kachin and Rakhine</p> <p>PS Awareness Raising activities: 9,857 (4,192 men/5,665 women) community members (Rakhine/Kachin)</p>	
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<b>OUTCOME 3</b>	<b>Improved awareness on CRSV among duty bearers to prevent future violations.</b> (UNAOuc1.1) (UNAOuc1.2)				
<b>Achievements of Outcome 3</b>	Due to limitations in engaging with security actors, activities were reprogrammed to prioritize improving awareness of CRSV and enhancing the capacity of local NGOs and CSO service providers to support CRSV survivors, rather than duty bearers.				
<b>OUTPUTS 3</b>	3.1 Joint strategy to address CRSV and grave violations against children developed  3.2 Listed party and other armed groups trained on CRSV and grave violations against children	Please <b>describe achievements</b> level under Outcome 3 here:  Progress against outputs is measured by implementation of activities reported below	<u>Description:</u> Number of state and non-state actors trained on CRSV Baseline: 0 Target: 4		List of attendance to workshops and trainings  Government document; SG's reports on CAAC and CRSV
<b>ACTIVITIES</b>	<b>Activity 3.1</b> <i>Planning workshop with SRSR CAAC, SRSR CRSV, CTFMR to build capacity of actors in Myanmar to address CRSV and grave violations against children as per priorities of the joint communique and recommendations of SG's annual report on CAAC (2017)</i>  <b>Activity 3.2</b> <i>Training and capacity building of state security actors (military, border guards, and police) and non-state armed groups on SCRs 1612, 1820, 1888, 1960 and 2106 on CRSV and grave violations</i>	Please <b>describe achievement</b> at <b>Project Activities</b> level under Outcome 1 here: 3.1 Joint workshop with OSRSG-CAAC and OSRSG-SVC was conducted in August.  3.2: 27 TMD officers from central and regional structures trained on 6 grave violations including sexual violence and rape.  3.3 Limited engagement with JMC due to changes in structure and organization from early 2019. Due to this, funding was reprogrammed into raising awareness and enhancing the capacities of	<b>Description:</b> Availability of a joint strategy and roadmap to develop a joint commitment with the listed party. <b>Baseline:</b> None <b>Target:</b> Roadmap available  <b>Description:</b> # of a joint training for listed party and other government stakeholders on CRSV and 6 grave violations against children. <b>Baseline:</b> None <b>Target:</b> At least one training at national level and two at sub-national level (in Rakhine & Kachin/Shan)	Joint advocacy strategy agreed upon to push the development and signing of CAAC and CRSV Joint Action Plans.  One training with Tatmadaw on 6 Grave Violations was included with case studies on conflict-related sexual violence included. Frontline training in Rakhine was not able to be conducted due to ongoing armed	Workshop report  Attendance sheets

	<p><b>Activity 3.3.</b> <i>Support to JMC to ensure the gender, youth inclusion and GBV and CAAC content in the JMC Course Directive is evidence-informed, contextualized and aligns with international good practice.</i></p>	<p>actors involved with responding to CRSV, either directly or indirectly.</p>	<p><b>Description:</b> Availability of the JMC training course incorporating CRSV and 6 grave violations against children.</p> <p><b>Baseline:</b> None</p> <p><b>Target:</b> CRSV-CAAC inclusive training available for JMC</p>	<p>conflict and unstable security situation.</p> <p>Three orientation sessions with approximately 450 Myanmar Police Force frontline officers on effective police responses to GBV supported under UN Action.</p> <p>One briefing held for donor partners on the Joint Communique, Fact-Finding Mission on CRSV, and related developments on CRSV in Myanmar.</p> <p>Eight IEC materials for analytical framing and guidance on CRSV and MHPSS translated into Myanmar Language, printed and made available to CSO and NGO GBV service providers and donor partners.</p>	
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				One thematic workshop with 30 CSOs from different regions and states providing services and support for GBV and CRSV survivors, conducted in November on Survivor-Centred Care. 1 planned for Ethical and Safe data collection, delayed from December to 2020 due to timing constraints.	
<b>PROBLEM STATEMENT</b>	Weak prevention and response mechanisms to prevent and mitigate GBV, particularly CRSV.				
<b>Contribution to UN Action's Results Framework</b>	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.  Summarized in Section 10. Corresponding UNA results are indicated by outcome area.				