

Fund

Title*

Anticipated Start Date*

Duration (In months)*

Anticipated End Date*

MPTF_00209: UN COVID-19 MPTF

Funding: Protection of Women and Girls from Sexual and Gender

Sexual and Gender-Based Violence (SGBV) in India remain a high health and development challenge. COVID-19 outbreak has increased domestic violence, intimate partner violence, violence against children, and violence against the leaders of the Members States to put 'Women and Girls' Safe Countries Call to endorse the Call.

In response to this urgent concern, four agencies (UNICEF, UN Women, UNFPA, and UNHCR) are working with 16 States, focusing on the most vulnerable groups, and with the

1. Ensure availability of and accessibility to gender responsive services
2. Improved access to gender-sensitive justice systems
3. Increased in women and girls' awareness of risks of SGBV
4. Reduction of women and girls' economic vulnerability and

With the above interventions, the joint programme aims at achieving

- 250,000 women and girls survivors of SGBV have improved their lives
- 446,000 women, girls and care givers received MHPSS
- 2,665,000 adolescents and youth reached through community-based programmes
- 500,000 women, girls, men and boys reached outreach
- 127,000 child protection functionaries trained, and 2,000,000 children reached
- 5,000 (3000 males, 2000 females) Law Enforcement and
- 100,000 Women Self Help Groups (SHG) trained
- 10,000 women benefited from livelihood programmes.

Brief Overview*

Comments

The interventions will enable UN Agencies to implement SGBV-re

Geographical Scope

Name of the Region

Geographical Scope	Country	
	Participating Organizations	NGOs
Participating Organizations and their Implementing Partners	UNHCR	
	UNICEF	
	UNWOMEN	
	WHO	
	Contact Type	Name
	Project Manager	Radhika Kaulbatra
	Focal Point	Kavita Belani
	Focal Point	Kiri Atri
	Focal Point	Soledad Herrero
	Focal Point	Chi Pham
	Focal Point	Kiran Sharma
Contacts	Focal Point	Sanya Seth
	Gender Equality Marker	Risk
Universal Markers	GEM3 - GEWE is the principal objective of the Key Activity	Low Risk
		Fund Windows
	Fund Windows	Window 2: Reduce Social Impact and Promote Economic Response
	Human Rights Based Approach to COVID19 Response	HRBA integrated
		Yes
	Primary Socio-Economic Pillars	Pillars
		Pillar 2: Protecting People
Fund Specific Markers	Concept Note Type	Type
	Budget	Funding
	Budget Requested	Amount
		\$2,000,000
	Other Sources	\$1,800,000
Estimated Budget	Total	\$3,800,000

Gender Based Violence in times of COVID-19

Gender Based Violence (GBV) is a globally prevalent and protracted problem which not only affects the human rights for many women, but also covers the existing inequalities in families and society in India and exacerbated the structural factors such as child labor, sexual exploitation, abuse and harassment, and at different sites – private, public, work and community. The Government of India has taken 'women and children first' and center-stage gender responsive measures in their plans to address the challenge of GBV.

The Government of India (GOI), UN Women, WHO and UNHCR) propose a joint programme to enhance the protection of women and children and address the following specific objectives:

1. Provide responsive and age sensitive protection and SGBV

2. Provide support for women and girls at risk of or survivors SGBV

3. Address GBV and harmful practices, and empowerment and engagement in decision making

4. Provide and increased access to livelihood and income generation programs, which can increase women's economic resilience

5. Achieve the following results:

1. Improved access to SGBV-related essential services;

2.;

3. Community-based interventions and public awareness raising campaigns;

4. Increased awareness through media campaigns including social media platforms;

5. 10 women functionaries trained on SGBV;

6. 100 Judicial Officials trained on SGBV, including cyber safety;

7. 100 women trained on SGBV, reaching out to a million women;

8. Related interventions under the Socio-economic Response and Recovery Plan and UN SGBV Action Plan.

Region(s)

Country(ies)

Asia

New Entities

Other

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OECD-DAC

India

Implementing Partners

and Child Development at national and state level, Ministry of Health and Family Welfare, Ministry of Home Affairs, National

Position

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30-Sep-20

15

30-Dec-21

girls and other vulnerable groups, but remains a major public
tors that contribute to SGBV in its different forms, including
nd online. With the UN Secretary General making an appeal to
of COVID-19, build back better and equal, India was among 140

d girls from SGBV in the times of COVID19, to be implemented in

autonomy and capacity to negotiate violence free relationships.

on Plan. The joint programme will ensure Government

Telephone

Skype

Title

CN_I. What is the specific need/problem the intervention seeks to address? Summarize the problem. Apply a gender lens to the analysis and description of the problem. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens).

CN_II. Results expected to be achieved and a clear explanation of tangible results or changes that will be achieved through this collaborative programme Describe the results expected to be achieved and how it contributes to the Covid-19 response and the SDGs. Describe programme approaches, methods, and theory of change, and explain why they are the appropriate response to the problem. Please highlight a) how the solution(s) is data driven (especially on population being targeted) b) if and how it employs any innovative approaches; c) if and how it applies a human rights-based approach and how is it based on the principle of “recover better together” d) if and how the theory of change reflects the Gender Equality Marker score selected in this solution

CN_III. Catalytic impact and nexus Describe how the intervention is catalytic by mobilizing or augmenting other financial or non-financial resources including from IFIs, foundations, the private sector. Describe how the proposed intervention supports medium to long-term recovery for example by enabling other actors to engage, generates an enabling environment for longer-term development.

CN_IV. Who will deliver this solution List what Recipient UN Organizations (no less than 2 per concept note) and partners will implement this project and describe their capacities to do so. Include expertise, staff deployed, as well as oversight mechanisms that determine the monitoring and evaluation (M&E) arrangements and responsibilities. Use hyperlinks to relevant sites and the current portfolios of RUNOs so the text is short and to the point.

P_I. Immediate Socio-Economic Response
to COVID19 and its impact

P_V. Target population

and development challenge in India. In addition, COVID-19 outbreak has uncovered the existing inequalities in families and to SGBV in its different forms such as domestic violence, intimate partner violence, violence against children (VAC), sexual violence at different sites – private, public, work and online. The UN Secretary General has appealed to Member States to put 'Women and Gender Equality Responsive Measures' in their plans to address the challenge of COVID-19, building back better. India was among 140 countries that have adopted such measures.

Despite the challenges in reporting and documenting, reported levels of violence against women and girls in India were high. According to economic indicators, India ranks 120 among 131 countries with unacceptably high rates of gender-based violence[1]. The National Crime Record Bureau (NCRB, 2018) reported both a rise in sexual crimes against children and in cases reported under the Protection of Children Act. The National Family Health Survey (NFHS-4, 2015-2016) indicates that at the national level, 28.8% of ever-married women have experienced spousal violence since the age 15, with physical violence among women being more common in rural than urban areas. In India, every hour five cases of violence against women are reported.

Gender norms and value of girls and women in society play a critical role in violence dynamics, with girls often perceived as inferior. The sex ratio at birth (SRB) in India fell from 901 in 2005 to 2007 to 896 in 2015-17, implying that the preference for boys and girls. 42 per cent of women and 42 per cent of men believe that a husband is justified in beating his wife in at least one of seven specified circumstances.

COVID-19 pandemic has exacerbated three 'shadow' pandemics: violence, poverty, and mental health issues, increasing the number of people turned to negative coping mechanisms which have led to an increase in SGBV, and exacerbated other protection risks such as child trafficking. The Minister of Women and Child Development reported that at least 898 child marriages were prevented in the first 100 days of the declared an emergency service by the Ministry of Women and Child Development (MWCD), reported a 50% increase in the number of child marriages prevented during the lockdown. The National Commission for Women (NCW) noted a more than two-fold surge in complaints recorded of violence against women during the lockdown.

Intra household dynamics in access and control over resources resulting from prevailing discriminatory social norms continue to affect women's free relationships. According to the Global Gender Gap index 2020, India ranks at 145 amongst 153 countries in 'Women's Economic Participation in the workforce has declined in recent years, especially in rural areas. Women and girls are thus likely to face increased economic hardship. For girls, can lead to an increase school dropout. According to an ILO report[4] in 2018, women in India spent 312 minutes/day on unpaid care work, ten times more than men. The disruption of livelihoods and ability to earn a living, especially for women, and reduced access to basic services, increased stress on families, which can lead to conflict and violence. As resources become scarcer, the risk of violence increases.

IF:

(I) gender responsive, age sensitive, quality, multi-sectoral coordinated essential services are made continuously available and accessible to women and girls at risk of and/or survivors of SGBV;

(II) capacity of the justice systems is enhanced for improved access of women and girls at risk of and/or survivors of SGBV;

(III) women and girls are aware of the risks of SGBV and other harmful practices, empowered and increasingly engaged in decision-making within the overall COVID19 response and recovery plan; and

(IV) vulnerable families of women and girls at risk of and/or survivors of SGBV reduce their economic vulnerability and increase their resilience;

THEN:

(I) women and girls will have access to basic essential services and justice system, thus better protected;

(II) women and girl survivors of SGBV will be able to overcome the barriers of social stigma and discrimination to act and access services including case management, legal aid, MHPSS at the early stage, thus protecting themselves and their peers from potential risks of SGBV or its recurrence;

(III) women and girls who are at risk and/or survivors of SGBV will be empowered by having their life skills improved and access to resources and opportunities to secure their essential livelihood and help them reach their full potential and become active contributors to the community;

(IV) women and girls who are at risk and/or survivors of SGBV in the times of COVID-19 will have their resilience strengthened, improved understanding of their rights and execute these rights to protect themselves from potential risks of SGBV or its recurrence.

THEREFORE, there will be a substantial reduction of SGBV among women and girls and other vulnerable categories. Violence against women and girls will be reduced.

and girls are not only safe and have access to justice and essential services, but also become active agents of the economic and social opportunities emerging in India, based on the increasing recognition that addressing SGBV is not only important from the perspective of socio-economic recovery as well as long term development of the country. For that reason, SGBV and Child Protection services are a key component of the Socio-economic Response and Recovery Plan (SERP)- Social Sector Pillar, endorsed by the Government of India. In addition, following the recommendations of various organizations in the country, the UNCT have developed the UN India SGBV Plan of Action based on the suggestions from the various documents have informed this proposal, which is therefore based on agreements and engagement both with Government and civil society to have a catalytic effect:

Scaling up SGBV programmes for recovery and for longer term policy-influencing to address SGBV. The proposed programme is identified by the UN and the Government of India, as priorities under the Socio-economic Response Plan, but which have not been a key component of the response in India remains severely underfunded. This funding will enable UN Agencies to increase Government's commitment to the inclusion of SGBV in recovery plans in the country, as well as long term development priorities and policies of the Government. The strengthening of evidence around SGBV, which can help UN Agencies to influence Government on SGBV related programmes. Niti Ayog has recently signed a MOU with UN agencies on monitoring initiatives of the SDGs. This programme can be an effective way to highlight the importance of SGBV and the need for more evidence around it to keep the country's commitments towards the SDGs.

Leveraging additional funding opportunities. The current global and national recession due to COVID-19 impacts has led to budget cuts in ministries that are not at the frontline of COVID19 response, which includes the MWCD, have been asked to restrict their spending. Child protection funding which is also meant to be allocated for response and prevention services for violence against girls and women has a budget for the last years. Nevertheless, despite funding limitations, budgets for SGBV and Child Protection remain year after year. The Nirbhaya fund, with an important component on SGBV, remained unutilized in the first two years of its creation, despite programme remains ineffectively utilised. This programme will be an opportunity to also advocate for leveraging of these funds for its effective implementation. In the proposed interventions, UN Agencies will leverage its ongoing programme on Responsive Planning and Budgeting, to prioritize allocations, as well as their outcomes are gender responsive. This will also create the catalytic factor for UN Agencies to boost Government and state level on securing sufficient budget allocation and expenditure for child protection services in response to SGBV.

Expanding partnership engagement to promote a multi-disciplinary and multi-stakeholder approach, enhancing the participation of development partners and influencers from all fronts. This is especially critical to strengthen in terms of the referral linkages for engaging closely with non-traditional partners, including the private sector, faith-based leaders, and influencers and media.

economic Response and Recovery Plan (SERP), in partnership with the Government. The SERP captures the immediate response including immediate response to the pandemic especially for the most vulnerable groups. Addressing Gender Based Violence has been included specifically as a Social Service Sector, given the dimension of the problem in India. In India, there are 7 Co-Groups (UNRGs). UNRG-7 focuses on Gender Equity. At the onset of the pandemic, the UNRG-7 group set up a GBV coordination identified key interventions by respective UN Agencies backed with budget commitments. The identification of the priority by Government priorities and plans, but also by an extensive dialogue conducted with organizations from the civil society, v ground.

This joint programme will be implemented by four agencies: UNICEF, UN Women, WHO and UNHCR. The agencies will complement expertise, leverage initiatives and partnerships, thus ensuring a holistic and integrated response to empowering of women and Women with the mandate of advancing gender equality and the rights of women and girls will ensure the gender equality lens joint programme and ensuring the diverse needs of all women and girls are met. Through the proposed interventions, UNICEF and child-centered perspective in the joint programme and ensure that all interventions taking into consideration the special child. UNHCR with its mandate and expertise on the protection of refugee and asylum seekers, will ensure that the proposed this vulnerable group. WHO as health technical lead agency will ensure the gender sensitive lens integrated into the health response.

The agencies will work closely with the rest of the UN system, the civil society, in particular India's strong women's and children and Central and State Governments to leverage its ongoing partnerships for the proposed collaborative action. This will largely be focused on areas of response and prevention services for women and girls at risk and/or survivors of SGBV. A range of Government Development (MWCD), Home Affairs, Human Resource Development, Health and Family Welfare to name the critical ones will interventions. Collaborations with independent human rights organisations like National Commission for Women (NCW), National the Judiciary adds another layer of nuance to the interventions by contributing towards strengthening the oversight mechanism.

Leveraging the role of apex academic and research institutions as well as professional associations like National Institute of Medical Law, All India Institute for Medical Sciences, (AIIMS), New Delhi, Post Graduate Institute of Medical Education and Research, Gynecological Societies (FOGSI) etc is another key aspect of the joint strategy for all the agencies. Strengthening services for women and girls and emergency services like CHILDLINE is a key element of the joint plan.

the Rights of Persons with Disabilities (CRPD). India is also committed to the Sustainable Development Goals (SDGs) and the and advancing the rights and opportunities of India's women and girls becomes particularly critical given the spread of the C

The COVID19 pandemic which began as a health crisis has quickly becoming a human rights/child rights crisis, adding a new pandemic has exposed the fragility of women and girls, less by the virus itself but much more by the indirect and long-term f development and learning opportunities, and their right to survive and thrive.

The lockdowns imposed by the Government of India from 25 March until 30 June 2020 following the spread of COVID-19 ha conditions deteriorated sharply in March and April 2020. The country's industrial output declined sharply (with many sect slumped as overseas demand fell due to the COVID-19 pandemic. According to the Centre for Monitoring Indian Economy (C and May 2020 when it averaged 23.5 per cent (25.4 per cent in urban and 22.3 per cent in rural areas). The macroeconomic India. The International Monetary Fund (IMF) slashed India's growth estimate to 1.9 per cent for FY21, from 5.8 per cent earl predict a GDP growth rate of 2-3 per cent for 2020-21. Most recent estimates by the Government reveal that India's econo financial year.

The adverse socio-economic impacts of COVID-19 have magnified the insecurities in the lives of people, especially women an

Employment: Enforced with just a four-hour notice, the lockdown on March 25, 2020 led to millions of casual labourers as Close to 122 million workers are estimated to have lost their jobs in April 2020 alone – 75 per cent of whom were working ir lose jobs - hurting India's already-dwindling female labour force participation rate – which is one of the lowest in the world. year have lost jobs during the coronavirus lockdowns. Women who were employed pre-pandemic are 23.5 per cent less like care work at home is likely to increase, especially as children are unable to go to school. Already, an Indian woman does nea minutes). As family members fall sick, this will add to women's care-giving responsibilities. According to ILO, in 2018 wome minutes a day in rural areas on unpaid care work. Men correspondingly spent only 29 minutes (urban) and 32 minutes (rural cent loss of income in urban areas, salaried and labourers casual workers and a serious disruption in the principal source of i households, casual wage labourers and self-employed households. Many of the close to 63 million Micro, Small and Mediu the GDP and employ almost one-third of the total labour force had to shut operations and lay off workers. Migrant and daily

The joint programme interventions target girls and women, particularly those from vulnerable and marginalized groups such as persons with disabilities and special needs, migrant, displaced, refugee and asylum-seeking populations, groups from non-binary special categories. Persons with disabilities constitutes 8.6 per cent of the total population of India (Census 2011) constitute the most vulnerable groups in terms of access to services and are the most affected by SGBV. Additionally, boys and men will also benefit from interventions, recognizing that: i. they can also benefit from interventions will not be fully transformed until and unless they are fully involved.

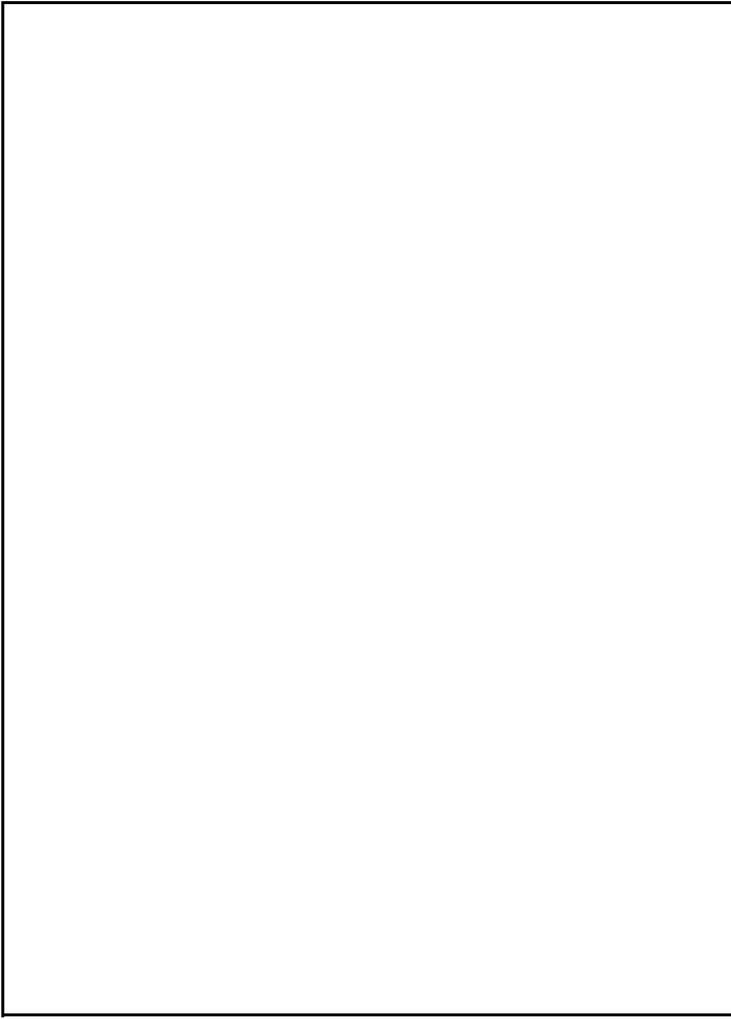
The joint programme proposes interventions with central Government of India for strategically enhancing and strengthening existing schemes covering country wide. At the same time, the joint programme will also specifically focus on programme states where the impact of COVID-19 is high. Framework of the Immediate Socio-Economic Response to COVID-19. Thus, the joint programme targets vulnerable and marginalized groups in Uttar Pradesh, West Bengal, Bihar, Maharashtra, Andhra Pradesh, Chhattisgarh, Odisha, Jharkhand, Madhya Pradesh, Telangana, Gujarat and Rajasthan, Kerala, Jammu and Kashmir and the North East. That will represent a geographically and ethnically diverse population (tribal/conflict affected, transition, prone to natural disasters), all ethnic groups, majority and minority.

While the population at large will benefit indirectly from all the interventions, especially community-based outreach and awareness, gender-based violence, the direct reached population will include specifically the followings:

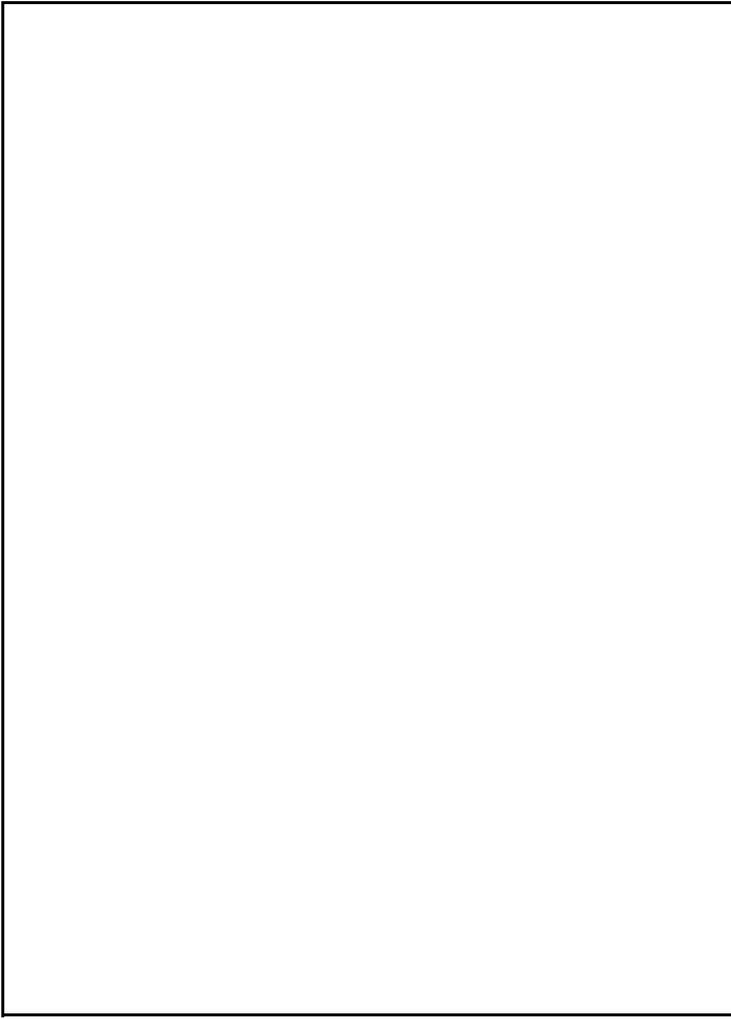
- 250,000 women and girl survivors of SGBV have improved access to essential services;
- 446,000 women, girls and care givers received MHPSS;
- 2,665,000 girl and boy adolescents, youth, women and men reached through community-based interventions and public information campaigns on various platforms;
- 127,000 child protection functionaries trained, and 2,000 women functionaries trained on SGBV;
- 5,000 (3000 males, 2000 females) Law Enforcement and Judicial Officials trained on SGBV, including cyber safety;
- 100,000 Women Self Help Groups (SHGs) trained on SGBV, reaching out to a million women;
- 10,000 women benefited from livelihood programmes.

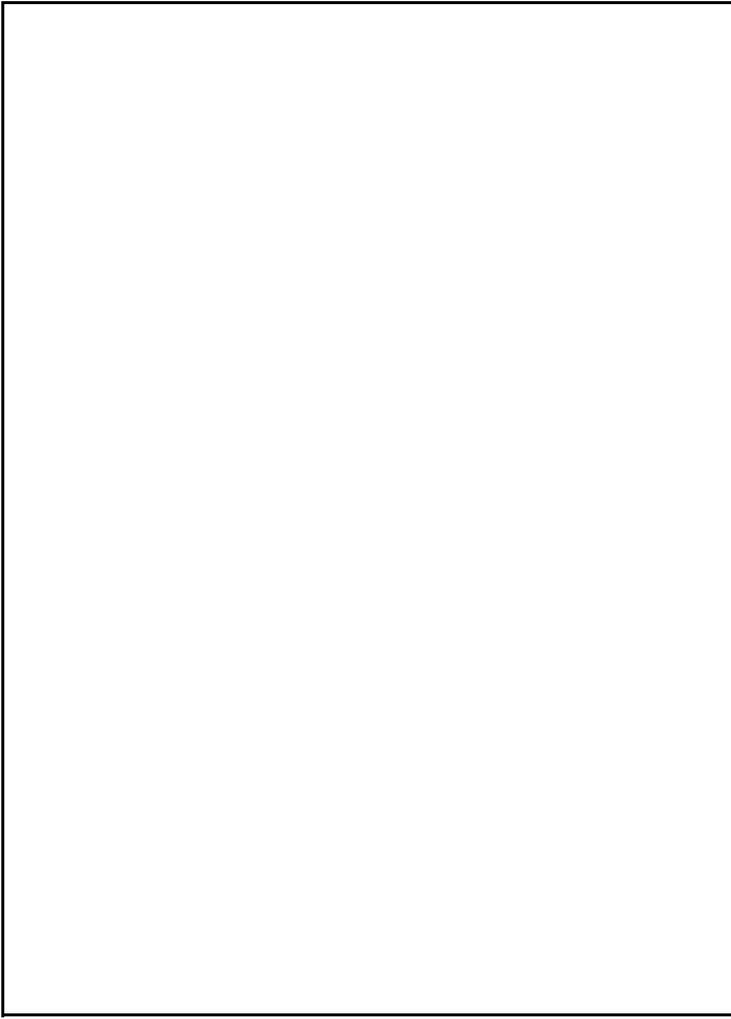
Comments

Assessor 1: Overall Score is 21. The proposed interventions and approaches in the concept note present effective solutions to the challenges and issues described in the problem statement.











Goal Target

Goal 5 Target 5.2

Goal 5 Target 5.3

Goal 5 Target 5.4

Goal Target

Goal 16 Target 16.3

Goal Target

Main Goals

Description

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

Secondary Goals

Description

16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all

Contributing Goals

Description

Indicator 1

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18

5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location

Indicator 1

16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms

Indicator 1

Indicator 2	Total Estimated % Budget allocated per target
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5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

23%

30%

28%

Indicator 2	Total Estimated % Budget allocated per target
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19%

Indicator 2	Total Estimated % Budget allocated per target
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Outcomes	
Outcomes	Output
Outcome	
	Output1
	Output 2
	Output 3
	Output 4
Indicator Title	
Indicator Title	Description
Outcome indicator	a. Number of women and girls and other vulnerable groups at risk and or survivors of SGBV have improved access to effective gender based violence preventive and responsive services
	b. Number of girls and boys, women that have increased their socio-economic empowerment and agency to be able to prevent and address SGBV
Output indicator 1.a	Number of women and girls at risk and/or survivors of SGBV have access to SGBV case management and MHPSS services (Disaggregated by age, disability, ethnicity)

Output indicator 1.b	Number of frontline healthcare professionals, staff of OSC, child protection fonctionnaires have enhanced capacity on providing SGBV related services
Output indicator 1.c	Number of women and girls at risks/survivors of SGBV have access to Artificial Intelligence (AI) based solutions (Disaggregated by age, disability, ethnicity)
Output indicator 2.a	Number of women and girls at risk and /or survivors of sexual and gender-based violence received legal aid support (Disaggregated by age, disability, ethnicity)
Output indicator 2.b	Number of states with referral mechanisms and training schemes in place by the National Police Academy to prevent and respond to SGBV/VAC
Output indicator 2.c	Number of officials from the law enforcement, security forces, CP fonctionnaires trained on cyber safety and security
Output indicator 3.a	Number of local authorities, women's and community groups and women elected representatives benefit from participation-based comprehensive interventions to prevent and respond to SGBV

Output indicator 3.b	Number of women, girls, boys, men reached with messages on SGBV prevention and response through community based outreach, media campaigns, including social media platforms
Output indicator 3.c	Number of girls and boys, male and female youth collectives actively participated in community led outreach interventions and movements on SGBV and VAC
Output indicator 4.a	Number of women and girls at risk and/or survivors of SGBV benefit from social protection and livelihood programmes (Disaggregated by age, disability, ethnicity)
Output indicator 4.b	Number of India's Flagship programmes on livelihoods that are gender sensitive
Output indicator 4.c	Number of states with Gender Action Plan, including responding to SGBV, developed and implemented

Manage Indicators	
Baseline Value	Max Value
260,000	930,500
270,600	1,200,000
240,000	800,000

Description
By December 2021, women and girls in India are protected from sexual and gender based violence and are empowered to use gender responsive and age sensitive essential services and recover from violence amidst the COVID19 pandemic.
Improved gender responsive and age sensitive protection and SGBV related multi-sectoral essential services are available for women and girls and other groups at risk of and/or survivors of SGBV
Women and girls and victims of SGBV have improved access to gender-sensitive justice systems.
Women and girls are aware of the risks of SGBV and harmful practices, and increasingly engaged in decision making processes related to COVID-19 response and recovery
Vulnerable families of women and girls at risk of and/or survivors of SGBV/VAC have reduced their economic vulnerability and increased access to livelihood and income generation programs

124,000	248,000
0	30,000
0	8,500
1	8
200	132,000 (including 127,000 CP fonctionnaires, 5000 (2000 females, 3000 males) law enforcement and judicial officials)
157	100,209

1,874,000	2,662,000
250,000	1,000,000
20,600	30,850
1	3
2	4

Outcomes	Outputs
<p>By December 2021, women and girls in India are protected from sexual and gender based violence and are empowered to use gender responsive and age sensitive essential services and recover from violence amidst the COVID19 pandemic.</p>	
<p>Output 1: Ensure availability of and accessibility to gender responsive and age sensitive protection and SGBV related multi-sectoral essential services for women and girls at risk of and/or survivors of SGBV:</p> <p style="padding-left: 40px;">1.1.Support the accessibility to quality MHPSS service in collaboration with the National Institute for Mental Health and Neuroscience (NIMHANS), CHILDLINE, Civil Society Organizations (CSOs), Child protection and</p>	

Health structures (UNICEF, WHO)

- 1.2. Expand the coverage and strengthen the capacity of One-Stop Centres and other shelter and safe spaces for women, and develop Resource Kit for Women and Girls at risk and/or Survivors of SGBV (staff competencies, coordination and referral pathways) (UNICEF, UN WOMEN, WHO)
- 1.3. Strengthen health sector response and capacity building of frontline healthcare professionals on providing gender responsive and age sensitive response to women and girl survivors of violence, including SGBV (UNICEF, UN Women, WHO)
- 1.4. Support the continuity of child protection essential services, including by strengthening capacities, expanding case management systems, and by monitoring and influencing budget allocation and overall public finance for girls and boys (including CHLDLINE, District Child Protection Units, Child Welfare Committees and Juvenile Justice Boards) (UNICEF)
- 1.5. Strengthen programmes for safe and violence-free access to schools for children, especially girls, through existing Government initiatives of School Safety Programmes and School Health Programmes.
- 1.6. Support in enhancing access to essential services to women, girls affected by violence through technology based solutions including developing Artificial Intelligence (AI) based solutions such as a WhatsApp Chatbot, to enable ease of reporting of domestic and other forms of violence, and strengthening access to resources and tools to address SGBV (UN Women)

Output 2: Enhanced capacity of the gender-sensitive justice systems for improved access of women and girls at risk of or survivors GBV:

- 2.1. Technical assistance Railway Protection Force to prevent and identify SGBV, especially among migrant populations, and to the National Police Academy to set up systems to prevent SGBV/VAC (UNICEF)
- 2.2. Capacity building to National Security Forces, including Rapid Action Force and Border Security Forces and Law & Enforcement agencies working on Cyber Safety for gender responsive action and community engagement (UNWomen, UNICEF)
- 2.3. Support to National/State Commissions for Protection of Child Rights, and National and State Court Juvenile Justice Committees (JJC) to address GBV and to strengthen the operationalization of child friendly courts as a means of sensitized justice delivery (UNICEF)
- 2.4. Workforce strengthening of law enforcement agents including prosecutors, judiciary including legal aid and para - legal volunteers and support persons, including restorative practices for rebuilding the agency of survivors (UNICEF, UNWomen)
- 2.5. Strengthen the capacity of law enforcement agencies, National Crime Record Bureau, National Commission for the Protection of Children Rights (NCPCR), CHLDLINE and other technical partners on the response and services for children especially girls who are victims of online offences (UNICEF)

Output 3: Women and girls are aware of the risks of SGBV and harmful practices, and increasingly engaged in decision making processes related to COVID-19 response and recovery:

- 3.1. Capacity building of local authorities, women's and community groups, and women elected representatives, to develop participation-based comprehensive interventions for prevention and response to SGBV in coordination with other stakeholders (UN Women, UNHCR)
- 3.2. Facilitate girls and boys and male and female youth collectives including National Social Service League and Nehru Yuva Kendra Sangathan (youth groups)' participation in community-led outreach interventions and movements on GBV and VAC issues including online safety, which include their dialogue with decision makers and influencers such as elected representatives, police

include their dialogue with decision makers and influencers such as elected representatives, policy makers and media personnel. (UNICEF)

3.3. Develop and roll out of contextualized communication materials, including using digital platforms for addressing stigma, discrimination, and SGBV for community outreach and awareness raising for health, CP and other service providers (UNICEF, UN Women, UNHCR, WHO)

3.4. Multi-stakeholder convergent public awareness quick-impact communication campaigns mobilizing mass media, social media and interpersonal communication together with UN agencies, CSOs, children, volunteers, young people, influencers and celebrities through community groups, to address social norms perpetuating SGBV, including online safety, and promote public narrative for increased participation of women in decision making and economic activities (UNICEF, UN Women, UNHCR)

3.5. Orientation of Community Radio Stations (CRS) on COVID sensitive Risk Communication and Community Engagement (RCCE) to engage key stakeholders such as parents, community members, adolescents and youths to address GBV, VAC, PSS and Stigma during COVID19 Outbreak (UNICEF)

Output 4: Vulnerable families of women and girls at risk of and/or survivors of SGBV/VAC have reduced their economic vulnerability and increased access to livelihood and income generation programs:

4.1. Expansion of livelihood interventions and provision of life skills, and entrepreneurship skills trainings along with microgrants programmes for refugee women at risk of or survivors of SGBV (UNHCR)

4.2. Capacity building and engagement with women and community groups in gender planning and income generation, including Women Self-Help Groups (UN Women)

4.3. Support the increase of access of women and girls at risk or survivors of SGBV to Government social protection schemes and cash plus transfer programmes can ensure girls continuity in education (UNICEF & UN Women)

4.4. Undertake scoping studies in select states to better understand the progress on Gender Responsive Budgeting and Planning (GRB&P) including on steps to address SGBV at sub-national level (UN Women)

4.5. Strengthening mechanisms to develop gender-responsive programme design for Government of India's Flagship programmes on Livelihoods, including National Rural Livelihoods Mission (NRLM) and Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) (UN Women)

Risk Management

Event	Category	Level	Likelihood
Risk 1: COVID-19 pandemic and related restrictions on mobility may affect outreach and on-ground implementation of programme, as well as pace of the project activities	Operational	High Medium	Expected
Risk 2: Dynamic political context, including upcoming state elections and COVID-19 response, may further push back prioritising and mainstreaming issues of Gender Equality and Women's	Political	Low	Low Likelihood
Risk 3: increasing women and girls agency and their access to economic resources can potentially lead to backlash and rejection from men and boys of principles of gender equality,	Social and Environmental	Low	Moderate

Impact	Mitigating Measures	Risk Owner
Extensive	Work with the government and implementing partners to expand the outreach of project interventions through innovative methods including virtual	All
Intermediate	institutionalization of partnerships with key government agencies to ensure that programme activities are not affected by leadership change. Strategy of embedding the project has targeted	All
Intermediate	interventions with men and boys in communities and other platforms to improve buy in for women and girl's leadership and	All

Budget Lines	Fiscal Year
	2020 - 2021
1. Staff and other personnel	
2. Supplies, Commodities, Materials	
3. Equipment, Vehicles, and Furniture, incl. Depreciation	
4. Contractual services	
5. Travel	
6. Transfers and Grants to Counterparts	
7. General Operating and other Direct Costs	
Sub Total Programme Costs	
8. Indirect Support Costs * 7%	
Total	

Description	Agency 1	Agency 2	Agency 3
1	UNICEF	UNWomen	WHO
	170,000	86,653	30,000
	25,000	10,000	10,000
	0	5,000	0
	185,000	41,000	40,000
	40,000	10,000	5,000
	281,317	389,310	0
	25,000	30,000	5,000
	726,317	571,963	90,000
	50,842	40,037	6,300
	777,159	612,000	96,300

Agency 4 UNHCR	Total USD
27,443	314,096
24,675	69,675
14,800	19,800
125,213	391,213
2,000	57,000
0	670,627
7,334	67,334
201,465	1,589,745
13,095	110,274
214,560	1,700,019

Checks

Total USD
314,096
69,675
19,800
391,213
57,000
670,627
67,334
1,589,745
110,274
1,700,019

APPLICANTS WILL BE ASKED TO UPLOAD THIS EXCEL SHEET AS WELL AS ANY OTHER ADDITIONAL DOCUMENTS THEY NEED TO.