

OVERALL INSTRUCTIONS

1	All questions/sections must be responded to before submitting to the secretariat. Once the document is uploaded in the relevant folder (as per instruction below) please email the secretariat.
2	<p>To ensure high quality results reports please follow the next guidelines:</p> <p>a) The narratives should be a well written, succinct summary clarifying what was done during the reporting period and the results achieved. It should highlight the JP achievements. It should also specify scope and beneficiaries.</p> <p>b) Factual, evidence-based reporting against the outcome and output and corresponding indicators in the original project document;</p> <p>c) In case certain indicators are not longer relevant, an explanation for why they are not should be provided.</p> <p>d) Factual, evidence-based reporting against the outcome results and its alignment with the overall SERP joint workplan, and linkage to reporting on global-level SERP indicators.</p> <p>e) Indicate the relevant SERP monitoring framework global indicators that were contributed to as part of this project.</p> <p>f) An honest analysis of challenges faced, the responses to these challenges and the extent to which these responses were successful or not.</p> <p>g) Reflect on innovation. Avoid generic and standard descriptions. Rather, present well documented features of successful innovative solutions truly new for you and which could enable replication efforts.</p>
3	Please fill out all sections of the reporting template before submitting to the secretariat via email to: nina.andersen@undp.org and cc.: maria.herrera@undp.org
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DEADLINE: MARCH 31 ST, 2022	
1	ALL projects receiving funds in late 2020 and in 2021 must complete an ANNUAL report as per the end of the calendar year with a reporting period : date of start until 31 December 2021 .
2	The joint programmes which completed their activities in 2021 should deliver a FINAL report by March 31 at the latest and will not be obligated to provide an annual report.
3	The joint programmes completing activities in 2022 will be asked to submit a FINAL report (by 31 August 2022)
4	ALL projects must report number of direct beneficiaries.
5	ALL projects must provide an update on project indicators

Programme Title & Project Number	
Programme Title:	Protection of Women and Girls from Sexual and Gender Based Violence in the times of COVID-19
Programme Number (if applicable)	
MPTF Office Project Reference Number:	124786
Country	India

Programme Duration	
Overall Duration (months)	13 months + 3 months (NCE)
Start Date (dd.mm.yyyy)	16.11.2020
Original End Date (dd.mm.yyyy)	31.12.2021
In case of NCE Current End date(dd.mm.yyyy)	31.03.2022

Recipient UN Organizations	
Organizations that have received direct funding from the MPTF Office under this programme	UNICEF, UNWOMEN, UNHCR, WHO

Implementing Partners	
National counterparts (government, private, NGOs & others) and other International Organizations	Line ministries (MoWCD, MoE, MoHFW), NITI Ayog, the Judiciary, the Police, oversight mechanisms such as NCPCR, S/DCPCRs, CHILDLINE Foundation, NIMHANS, academic institutions such as Tata University, professional associations, NGOs/CSOs and youth platforms (NYKS, NCC, NSS) and one stop-centres, counselling centres, helplines.

Report Cleared By
o Name:
o Title:
o Email address:

The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page the MPTF Office GATEWAY

The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY

As per approval of the original project document by the relevant decision-making body/Steering Committee.

If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

#	Questions	Guidance to respondents	Responses
1	Executive Summary	<p>Please succinctly capture the key activities and concrete/tangible results and any important developments that the COVID-19 MPTF-funded Programme in your country achieved during the reporting period. The Executive Summary should serve as an accessible, simply written, standalone summary of the Programme's results for this reporting period. It should show how implementation was carried out in the context of COVID-19 (up to 500 words).</p>	<p>UNICEF, UNWOMEN, WHO, and UNHCR provided technical support to Government of India to strengthen formal and informal structures and systems to mitigate, prevent and respond to violence against women and children. A multisectoral approach involving health, education, child protection and justice systems to provide services to 1,858,034 women and children. 13 million children and women were reached with messages on SGBV prevention and response through community-based outreach, media campaigns, including social media platforms. UNICEF supported Government and other stakeholders to enhance child protection systems and strengthened capacities of 603,462 (51% women) child protection and community-based workers to provide age and gender sensitive prevention and response services. UNICEF launched a campaign on online safety with reaching 50 million children, adolescents, and young people. 11.9 million children and adolescents were reached through life skills programmes on prevention of child marriage and , SGBV and other child protection vulnerabilities. More than 15000 (68% women) service providers were trained to provide legal, medical and psychosocial support with the technical support of NIMHANS and TISS, providing services to 918,978 (38% women) children and caregivers. UNICEF supported and assisted Social Emotional Learning Platforms in partnership with MoYAS and YuWAAH. 15 million community were reached through social media platforms on positive parenting, adolescent reproductive health, gender based violence and MHPSS. 11.9 million adolescents (68% being girls) were reached through life skills programmes on prevention of child marriage, SGBV and other child protection vulnerabilities. UN Women trained 143652 frontline functionaries of One Stop Centers, Anganwadi workers, nurses and law enforcement officers to build their capacities towards GBV prevention and response. UN Women provided support to survivors in the states of Delhi, Madhya Pradesh, and Rajasthan. Additionally, UN Women designed innovative technology-enabled solutions (MyAmbar and MySaksham) to address, especially cyber violence during the pandemic, and conducted campaigns to raise awareness on cyber violence and facilitate access to helplines to report incidents. UN Women supported 5008 vulnerable women at risk of and/or survivors of violence, through cash transfers, amount of INR 1,500 (\$35) to be used by the beneficiary to address their losses (including access to food security, livelihood, and emergency needs). UN Women also trained 130 women micro-entrepreneurs to enhance their skills including providing them with INR 10,000 (\$135) per person to re-start small-scale businesses or in restoring their livelihoods. UNHCR provided one-time cash assistance of INR 5,000 (US\$780) to women refugees and asylum seekers and disseminated key messages on preventing and reporting GBV. UNHCR also conducted skill development trainings with 221 women on enterprise development and provided them microgrants to start small businesses. UNICEF focused on addressing the evidence gap for child protection. The study on "Drivers of Violence against Children" in collaboration with University of Edinburgh in India on prevention and response to VAWC and findings and recommendations have been shared with relevant stakeholders. The study on age of consent and its intersectional analysis of POCSO cases from 8 states to identify gaps and challenges in implementation of the act was well received by all stakeholders including Judiciary and law enforcement. COVID-19 response has brought along opportunities for leveraging resources, partnerships and joining forces to address UN's priority agenda. UN agencies have been calling for COVID-19 response to leverage funding for regular systems strengthening interventions to address SGBV ;for example, joint initiative on MHPSS and referral of survivors by UNICEF; joint collaborative framework between UNICEF and UNWOMEN with UNHCR targeting women and girls of refugee communities.</p>
2	Purpose	<p>Please describe the project general objective specifying its link to COVID-19 response.</p>	<p>1,004,616 children and women in Chhattisgarh, Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan reached by interventions aimed at mitigating, preventing, responding to and supporting survivors of violence against women and children.</p> <ul style="list-style-type: none"> •138,943 frontline functionaries and personnel of MWCD, One Stop Centers, CHILDLINE, frontline health workers, CSO functionaries were trained on protection of children and women •255,543 children and caregivers benefitted from community based MHPSS; •5,417,513 adolescent girls, boys and youth reached and engaged in community based outreach interventions; 221 refugee women were trained on enterprise development and provided microgrants to start their small business; GBV awareness campaign on Radio dedicated messages and jingles highlighting the increased violence against women and children were developed and disseminated in the week (29 November to 5 December) through radio means to address these including connecting women with National Commission of Women VAW helpline were developed and disseminated in the week (29 November to 5 December) aired in 36 cities (42 radio stations), reaching over 290 towns with a weekly listenership of ~21 million. A total of 168 radio capsules (radio properties aired 4 times in each week) along with 336 mentions (8 mentions in each of the 42 radio stations) by popular Radio Mirchi RJs across the cities. Primetime slots were leveraged to amplify radio capsules from the listeners and managed to steer a conversation around the need to end violence against women and children (VAWC). • 4 scoping studies developed to analyse the progress on GRB&P interventions in the states through three key stages: policy design and planning, budgeting, and implementation. Gender Responsive Budgeting & Planning addressing SGBV in the states of Delhi, Rajasthan, Madhya Pradesh, and Punjab
3	Results: Outcome Level	<p>Please include narratives describing the main project achievements against the project's overall goal (up to 300 words)</p>	<p>By end of 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 amidst the COVID19 pandemic.</p>

3,1	Results: Output Level	Please include narratives describing the main annual/ final results of each output included in the project document (up to 200 words)	<p>Despite challenges caused by COVID-19, UNICEF, UNWOMEN, WHO and UNHCR supported governments and partners at national and state level to ensure multi-se of COVID-19, including SGBV concerns and capacitated 747,114 child protection and allied functionaries (including law enforcement officers) and CSO volunteers to p result 1,858,034 children and women (44% women and girls) across programme states were reached by interventions and services aimed at mitigating, preventing and At the national level, UNICEF and UNWOMEN provided technical inputs to the guidelines of Mission Vatsalya and Mission Shakti, the flagship initiatives of Ministry of V towards strengthening service delivery structures with a strategic shift towards more impetus to prevention initiatives and holistic approach to address GBV/VAC and g UNICEF through its multi-sectorial strategy for MHPSS capacitated 15000 (68% women) service providers on early detection, primary care and linkage to referral servi women) children and caregivers. UNICEF supported online counselling platforms and AI-assisted Social Emotional Learning Platforms UN Women along with the Depa Development and CSO partners trained 842 One Stop Centre/Shelter Home and Helpline functionaries, 3,572 Anganwadi workers and 1002 nurses towards better and COVID 19 affected patients and building their capacities towards GBV and ensuring a more gender-responsive response. UN Women also supported the Government (GNCTD) in the development of COVID-19-related Standard Operation Protocols/guidelines, which were issued by the Department of Women and Child Development. protocols and lays down accountability of different duty bearers to support women in distress, in coordination with Mahila Panchayats Scheme (Women headed local g Samanvay Kendra (Women Coordination Centre), Cluster Coordinators of the Integrated Child Development, Protection Officers, district commissioners, and member Authority.</p> <p>2.Women and girls and victims of SGBV have improved access to gender-sensitive justice systems. During the reporting period, UNICEF continues to strengthen the p law enforcement and justice systems, especially to improve access to justice for women and girls and survivors of SGBV. In particular, UNICEF provides technical sup well as Police Departments at state level; the oversight mechanisms like national and state level commission for protection of child rights, juvenile justice boards (JJB), High/Supreme Courts, etc.; legal aid service providers and para legal volunteers through a continuous process of advocacy at the highest level, handholding at the mid mid- lower levels on issues related to child protection, violence and abuse, gender and mental health. As a result, more than 1.2 million frontline functionaries and com prevention of violence against women and children, child labour, child marriage and family separation. 28000 personnel of the law enforcement and justice sector inclu persons were trained on SGBV/VAC and gender/child-friendly procedure.</p>
3,2	Results: Gender	Please include project Gender results and its linkage with COVID- 19 response. If applicable, refer to the project's gender equality marker and any impacts they may have had on programming quality and results (up to 150 words).	<p>WHO capacitated 2000 functionaries of support centers for redressal of Violence Against Women (VAW) in India such as One Stop Centers (OSCs), 181 Women Help Special Cells to provide legal and medical assistance, counselling, and temporary shelters for the survivors of GBV. The capacity-building framework was developed j Development and Delhi University based on a preliminary needs assessment of the above mentioned facilities.</p> <p>WHO also supported a research study which was conducted by its partners such as AIIMS, MGIMS Wardha, PGI Chandigarh in six national premier academic institute Violence (DV) faced by Indian women during COVID, its effect on mental health, quality of life and their coping mechanisms. This intervention comprised of two main c Data collection and strengthening health sector response to Gender-Based Violence and testing of global WHO guidance on health-sector response. Based on the pre Health and Family Welfare developed SOPs for first responders and subsequently 500 Health care workers were capacitated to provide gender-responsive services to</p> <p>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</p> <p>During the reporting period, UN agencies along with its partners led the inter-agency initiative of 16 Days of Activism against SGBV, reaching more than 1 million audie campaign was designed in a manner that integrated messages on COVID-19 related vulnerabilities and gender inequalities including limited access to digital devices increased risk of SGBV due to lockdown and lack of access to services.</p>
3,3	Results: Direct Beneficiaries	Please include total number of DIRECT BENEFICIARIES disaggregated by gender, age, location (rural, urban, any other location). Please avoid duplicating beneficiaries ensuring the disaggregated data adds to the total presented.	<p>* 1858034 children and women in Chhattisgarh, Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan reached by interventions aimed at mitigating, preventing, respon</p> <ul style="list-style-type: none"> •747114 frontline functionaries and personnel of MWCD, One Stop Centers, CHILDLINE, frontline health workers, CSO functionaries were trained on protection of child mitigation and referrals for survivor •918978 children and caregivers benefitted from community based MHPSS; •137417513 women, girls, boys, men reached with messages on SGBV prevention and response through community-based outreach, media campaigns, including soc <p>were trained on enterprise development and other business skills and received microgrants to start their small business; GBV awareness campaign on Radio dedicated increased violence against women during COVID-19 and ways and means to address these including connecting women with National Commission of Women VAW h disseminated in the week (29 November – 3 December). The messages were aired in 36 cities (42 radio stations), reaching over 290 towns with a weekly listenership c capsules (radio properties aired 4 times in each of the 42 radio stations) were aired, along with 336 mentions (8 mentions in each of the 42 radio stations) by popular R Primetime slots were leveraged to amplify radio capsules that garnered positive responses from the listeners and managed to steer a conversation around the need to children (VAWC).</p>

3,4 **Results: Indirect Beneficiaries** Please include total number of **INDIRECT BENEFICIARIES. Please clarify if these are estimated and/or verified. If possible, disaggregate beneficiaries by gender. Please reflect on use of the "Do no harm" approach to avoid exacerbating inequalities and vulnerability as a result of the intervention. (up to 100 words)**

3,6 **Results: Challenges/Difficulties Encountered and Measures Taken** Please briefly describe, if applicable, any difficulties encountered, concrete measures taken to overcome them and changes introduced (any course corrections that were undertaken to achieve the expected results) Further, please draw on the Risk Management Matrix that was included as part of the approved ProDoc (regardless of whether challenges encountered were originally envisioned as risks or not), and highlight which risks materialized and how they were addressed, in very concrete terms(use up to 150 words).

3,7 **Results: Qualitative Assessment and Learning** Please include any specific policy, programmatic and/or operational lessons or findings from the programme that could inform similar responses at country or global levels. Please focus on knowledge generated by the project that is truly new and likely to inform other interventions (in country or beyond) (up to 250 words)

3,8 **Results: Partnerships** Please explain how the programme has worked with partners and developed new partnerships and if any catalytic financial or programmatic outcomes have been achieved in this regard. Please focus on new, innovative and/or very practical ways in which these partnerships delivered impact/results and how the financial support from the fund helped, if applicable, to foster these partnerships. And explain if and how the intervention complemented activities funded by other global instruments such as the GHRP, WHO SPRP, and any national level response plans (up to 250 words)

COVID-19 pandemic and related restrictions on mobility affected outreach and on-ground implementation of programme, as well as pace of the project activities. Especially in India, the country experienced the devastating hit from the 2nd wave, with staff from UN agencies and partners being severely infected. UN agencies continued maintaining close partnership with implementing partners to expand the outreach of project interventions through innovative methods including virtual platforms. Inclusion of mixed methods of delivery of interventions, both feasible, and online, building on the current experiences in mobilizing online platforms have been explored, especially with non-traditional partners such as the technology companies. Key challenges identified when involving refugees and host communities especially about lack of access to basic financial services for refugees, which were addressed by partnering with local micro-finance enterprises. UN agencies continue leveraging existing institutional relationship and forge formal partnerships with the national and relevant state level government counterparts (via MoU and/or any forms of collaboration framework/agreement) to ensure the implementation of the program. Dynamic political context, especially priorities during the 2nd wave, might have impacts on prioritizing and mainstreaming issues of Gender Equality and Women's Empowerment, particularly ending sexual and gender-based violence. UN agencies have been and continue focusing on the institutionalization of partnerships with key government agencies to ensure that programme activities are not affected by leadership changes. UN agencies consultants in Ministries by UN agencies has ensured consistent support to the Government on these substantive issues. Strategic alignment and inclusion of GBV as a priority in the response was helpful. Ensuring that GBV was included in strategic priorities of the organization like the UN Joint Response Plan, the socio-economic response framework, and the national response through the national RG-7 (results group 7 for SDGs) was crucial in ensuring that the agenda was included and addressed. This has also contributed significantly to institutionalizing responsive governance, to mitigate risks accruing from changes in the larger political environment or churn at the individual level. Finally, the initiative will also rely on continued support and engagement with civil society. In order to avoid the backlash from and in line with the Do No Harm principle, the programme has also focused on increasing awareness in local communities and other platforms to improve buy in for women and girl's leadership and reduce acceptance of gender based violence as a social norm. Alternatively, the programme is working with government departments and women's rights organizations to ensure economic and community focused interventions are complemented with access to referral services and support where possible.

Through the MPTF programme, UN agencies have contributed to increase the SGBV visibility by engaging in public fora, investing in evidence building, strengthening accountability mechanisms and through collaborating with other sectors to ensure the multidimensional nature of some SGBV risks. There is a need to build on this opportunity galvanizing attention on this critical agenda. The pandemic also brought into focus the need for better digital communications and digital solutions for delivering programmatic results. Frontline service provision, physical access and support was rendered difficult and lack of online tools and connectivity, all hampered provision of essential GBV services. In the context of travel restrictions, digital technology and online platforms came in as prominent way to deliver capacity building sessions for partners in all fronts. By engaging with technology firms and digital service providers, UN agencies would be able to reach out to a broader scope of target population despite the limited movement. At the same time, it is important to also address the issue of digital divide through digital programming, in order to ensure that the most vulnerable groups of women and children are reached. COVID-19 response has brought along opportunities for leveraging digital technologies and forces to address UN's priority agenda. UN agencies have been able to turn the opportunity of the MPTF call for COVID-19 response to leverage funding for regular systems to address SGBV. Moreover, through the MPTF funded programme, the participating UN agencies managed to create the momentum for close collaboration among UN agencies and forces on boosting the agenda of SGBV, for example, joint initiative on MHPSS and referral of SGBV services between WHO and UNICEF; joint collaborative framework with UNHCR targeting women and girls of refugee communities .

UN agencies have worked with FOUNDATION, NIMHANS, academic institutions (such as TISS), professional associations, NGOs/CSOs and youth platforms (NYKS, NCC and NSS), the one stop centres, etc. to ensure interventions reach the most vulnerable children/community, especially in the hard-to-reach areas . In addition, COVID-19 context has created favorable conditions for partnerships, especially the private sector to bring in innovative and technology-based solutions to address SGBV in the unprecedented context. For example, exploring digital solutions for women and girls at risks/survivors of SGBV for enhanced access to Artificial Intelligence (AI) based solutions, virtual safe space and e-referral pathways (Facebook, Websites, WhatsApp) for information dissemination, identifying and reporting, as well as referral to specialized services for women and girls experiencing SGBV. UN agencies are strengthening the inter-agency coordination thanks to the MPTF funded joint programme and leveraging different platforms/networks to move the SGBV related agenda in a more coordinated way , which is critical especially in the times of COVID-19. Further, to mark the 16 Days campaign, supported by MPTF WHO/HQ released the global status report on gender equality and social media tiles for dissemination. Through this activity, 10 social media tiles from WHO HQ were adapted for the Indian context and shared with UN RG-7 members. UN agencies are working in languages in line with those States that had the highest need for addressing VAW especially during the ongoing COVID-19 pandemic. A short video highlighting the work of UN agencies supported that was showcased during an inter-agency meeting on 10th of December 2021. UNHCR reached out to 221 women on enterprise development through its ILO Fair Trade Forum India.

3,9	Other Assessments or Evaluations (if applicable)	Report on any assessments, evaluations or studies undertaken (up to 200 words).	Not applicable
4	Programmatic Revisions (if applicable)	Indicate any major adjustments in strategies, targets or key outcomes and outputs that took place (Up to 100 words).	Not applicable
5	Resources (Optional)	<ul style="list-style-type: none"> • Provide any information on financial management, procurement and human resources. • Indicate if the Programme mobilized any additional resources or interventions from other partners. 	Not applicable

	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Outcome 1[1]			Quarterly internal reporting from each agency
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			
Baseline: 260,000	1.858.034		
Planned Target: 930,500			
Indicator: b. Number of girls and boys, women that have increased their socio-economic empowerment and agency to be able to prevent and address SGBV			
Baseline: 270,600	287.850		
Planned Target: 1,200,000			
Output 1: 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			Quarterly reporting by agency
Indicator 1.1: 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)	918.978		Quarterly reporting by agency
Baseline: 240,000			
Planned Target: 800,000			
Indicator 1.2: Number of frontline healthcare professionals, staff of OSC, child protection functionaries have enhanced capacity on providing SGBV related services	747.114		Quarterly reporting by agency Report from Partners (TISS and Learnnet Skills Pvt. Ltd) attached •OSC & helpline:707 by
Baseline: 124,000			
Planned Target: 248,000			
Indicator 1.3: Number of women and girls at risks/survivors of SGBV have access to Artificial Intelligence (AI) based solutions (Disaggregated by age, disability, ethnicity)		SAMBAL launch on December 2022 but it went live on website on November 2022 https://twitter.com/unwomenindia/status/1469208128872845314 https://asiapacific.unwomen.org/en/countries/india	Quarterly reporting by agency MyAmbar present download is 50,000.
Baseline: 10,000	150.000		
Planned Target: 30,000			
		Link to Shri Shakti challenge: https://innovateindia.mygov.in/amrit-mahotsav-shri-shakti-challenge-2021/ https://asiapacific.unwomen.org/en/news-and-events/stories/2021/08/second-shri-shakti-challenge-opens-to-women-entrepreneurs-with-a-new-topic https://www.youtube.com/watch?v=R7rBNXtkjME	AI Assisted Social Emotional Learning Platform : Unicef India Country Office, Yuwaah, Ministry of Youth and Affairs utilizing TrustCircle SEL platform to empower 1.2 million individuals. https://youtu.be/8_bfcPZXb80
Output 2: Women and girls and victims of SGBV have improved access to gender-sensitive justice systems.			
Indicator 2.1: 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)	2.250		
Baseline: 0			
Planned Target: 8,500			
Indicator 2.2: Number of states with referral mechanisms and training schemes in place by the National Police Academy to prevent and respond to SGBV/VAC			
Baseline: 1			
Planned Target: 8	8	NPA has rolled out programme in 8 states. Additionally UNICEF has supported capacity building of state legal services authority and also rolled out training programme for support persons under POCSO Act 2012.	Quarterly reporting by agency
Indicator 2.3: Number of officials from the law enforcement, security forces, CP functionnairies trained on cyber safety and security	28000		Quarterly reporting by agency Law enforcement personnel were trained in the states of Delhi, Madhya Pradesh and Rajasthan.Report from
Baseline: 2000			
Planned Target: 132,000			
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			Quarterly reporting by agency Report from partner (SEWA BHARAT) attached.
Indicator 3.1: 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	100000		
Baseline: 20,000			
Planned Target: 100,209			
Indicator 3.2: Number of women, girls, boys, men reached with messages on SGBV prevention and response through community based outreach, media campaigns, including social media platforms	137.417.513		1.Social Media links of Mamlu Urgent Hai Campaign. Outreach 1.2 million

Baseline: 1, 187,400			
Planned Target: 2,662,000			https://twitter.com/unwomenindia/status/1469187280438923268
Indicator 3.3: Number of girls and boys, male and female youth collectives actively participated in community led outreach interventions and movements on SGBV and VAC	This indicator to delete as it is captured in the indicator 3.2		https://twitter.com/unwomenindia/status/1466390693589524485/photo/1
Baseline: 250,000			
Planned Target: 1,000,000			
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	Similar to Output indicator 1B	restricted due to limited access to government sponsored schemes to prevent and address SGBV	Quarterly reporting by agency Report from Partner (SEWA BHARAT attached)
Indicator 4.1: Number of women and girls at risk and/or survivors of SGBV benefit from social protection and livelihood programmes (Disaggregated by age, disability, ethnicity)	13.820		8682 women supported with increased access to Government social protection schemes and 5138 vulnerable women
Baseline: 20,600			
Planned Target: 30,850			
Indicator 4.2: Number of India's Flagship programmes on livelihoods that are gender sensitive	2	In Rajasthan, UN Women country office supported development of a Scheme for Indira Mahila Shakti Kendra (Women Empowerment Centre) in the State under a Budget Announcement no. 126 for the year 2021-21. The Scheme stands approved by the State and the Chief Minister has sanctioned	Quarterly reporting by agency
Baseline: 1			
Planned Target: 3			
Indicator 4.3: Number of states with Gender Action Plan, including responding to SGBV, developed and implemented	1 (4)	Discussion going on with state governments of Rajasthan, MP, Jharkhand. With the Government of National Capital Territory of Delhi (GNCTD), UN Women initiated and supported the development of COVID-19-related Standard Operation Protocols (SOPs)/guidelines issued on May 27, 2021 by	Quarterly reporting Report from Partner (Centre for Budget and Governance Accountability) attached
Baseline: 2			
Planned Target: 4			

Please include all three: Baseline, Planned Target and Achieved Targets

[1] Note: Outcomes, outputs, indicators and targets should be as outlined in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi worker
CP	Child Protection
CSO	Civil Society Organization
CWC	Child Welfare Committee
DCPU	District Child Protection Unit
DLSA	District Legal Services Authority
EVAC	End Violence Against Children
FLW	Frontline workers
GBV	Gender-based violence
Gol	Government of India
IDEA	Institution for Disasters, Emergency & Accidents
ICDS	Integrated Child Development Services
MHPSS	Mental Health and Psychosocial Support Services
MHRD	Ministry of Human Resource Development
MHU	Mental Health Units
MoHFW	Ministry of Health and Family Welfare
MP	Madhya Pradesh
MWCD	Ministry of Women and Child Development
NCPCR	National Commission for the Protection of Child Rights
NCRB	National Crime Records Bureau
NDMA	National Disaster Management Authority
NFHS	National Family Health Survey
NGO	Non-governmental Organization
NIMHANS	National Institute of Mental Health and Neuro-Sciences
PSS	Psychosocial Support Services
TISS	Tata Institute of Social Sciences
UNHCR	United Nations High Commissioner for Refugees
UP	Uttar Pradesh
VAC	Violence Against Children
WHO	World Health Organization

1. Impact Stories from the Field

Please submit one impactful story showing how your work has met critical needs in the context of the pandemic and supporting progress towards the SDGs, especially for vulnerable people. Ideally, this story will feature testimonials from the targeted groups. Please also take a moment to highlight any specific results on gender equality and LNOB, as relevant.

2. Upload here: Communications and Visibility (OPTIONAL)

Please include highlights of communications and visibility efforts supported by the Programme during the project implementation, if relevant. (up to 500 words)

To share the video as well as picture material please make sure you include all credits and share them in high resolution.

Submit photographs. Please provide with captions and in high resolution, photographs that capture the programme in action. Strong photographs will be considered for inclusion in the COVID-19 MPTF publications and social media.

Please provide links to any videos that have been produced during implementation.

Please produce and share a social media card(s). See an example below and visit our Trello Board.

Promoting Mental Health and Wellbeing and Prevention of VAC in Chhattisgarh
IEC material on coping with examination stress, mental wellbeing workshops with school students

UNICEF, in collaboration with Chhattisgarh Agricon Samiti, launched the “Aao Baat Kare” (Come, Let’s Talk!) initiative, covering four districts in the state of Chhattisgarh, with a focus on mental health including prevention of violence, early detection of signs of distress, primary care and access to referral services. As people from different age cohorts face different mental health challenges, community members were grouped as: Mother and child; Children, including adolescents, and youth; Adults; and Elderly.

688 volunteers, consisting of FLWs, local governance body members, community influencers and traditional healers were engaged in village-level mental health groups. Regular trainings on community mental health and child protection were conducted.

“Hum Honge Kamyab” (We will be Successful), is an intervention which is being implemented in high schools and higher secondary schools with a focus on students in the final year, who face stress due to examinations. Workshops with various activities like meditation and dance are conducted to help children overcome stress. They are taught how to set small goals and improve concentration. The initiative has successfully reached 72 teachers and 1239 children. The target is to reach over 100 schools in the district and over 400 schools in the overall project area.

