



# STOP RAPE NOW

UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

## MULTI-PARTNER TRUST FUND FOR UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT PROJECT PROPOSAL SUBMISSION FORM

Part A. Meeting Information (To be completed by the UN Action Secretariat)																					
RMC Meeting No: RMC028	Project1 No: UNA059																				
Date of Meeting: 11 December 2018	RMC members in attendance at meeting: IOM, UN Women, UNFPA, DPKO, UN Action Secretariat																				
Part B. Project Summary (To be completed by the Participating UN Organization)																					
Date of Submission: 15 November 2018	Participating UN Organization(s): UNFPA, IOM, UNICEF																				
Focal Point of the Participating UN Organization(s): Mollie Fair, UNFPA Humanitarian Specialist, <a href="mailto:fair@unfpa.org">fair@unfpa.org</a> Kristin Parco, IOM Migration Health Programme Officer <a href="mailto:kparco@iom.int">kparco@iom.int</a> Noriko Izumi, UNICEF, Chief Child Protection Unit, <a href="mailto:nizumi@unicef.org">nizumi@unicef.org</a>	Project Title: <b>Enhancing Capacity and Accountability to Prevent and Respond to CRSV in Myanmar</b>																				
	Project Location(s): Rakhine, Kachin and northern Shan States																				
UN Action pillar of activity: <input checked="" type="checkbox"/> Support to UN system at country level  ✓ Advocacy ✓ Knowledge building	Projected Project Duration:  12 Months, starting 1 January 2018																				
Proposed project, if approved, would result in: <input checked="" type="checkbox"/> New Project <input type="checkbox"/> Continuation of previous funding <input type="checkbox"/> Other: additional implementing entity receiving funds <input type="checkbox"/> No-cost extension;	Total Project Budget: US \$ Amount of MPTF funds requested at this time: USD \$ <table border="1"> <thead> <tr> <th>PUNO</th> <th>Programme Cost</th> <th>Indirect Costs (7%)</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>UNFPA</td> <td>295,680</td> <td>20,698</td> <td>316,377</td> </tr> <tr> <td>IOM</td> <td>193,681</td> <td>13,558</td> <td>207,239</td> </tr> <tr> <td>UNICEF</td> <td>253,620</td> <td>17,753</td> <td>271,373</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>743,181</b></td> <td><b>52,023</b></td> <td><b>795,203</b></td> </tr> </tbody> </table>	PUNO	Programme Cost	Indirect Costs (7%)	Total	UNFPA	295,680	20,698	316,377	IOM	193,681	13,558	207,239	UNICEF	253,620	17,753	271,373	<b>TOTAL</b>	<b>743,181</b>	<b>52,023</b>	<b>795,203</b>
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<sup>1</sup> The term "project" is used for projects, programmes and joint programmes.



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## Narrative Summary

### I. Overview

- a. Provide a brief overview of the project, including overall goals and objectives, key strategies, expected results, and intended beneficiaries.
- b. Specify the geographic location(s) of the proposal and/or countries addressed.

### RATIONALE:

Gender-based violence remains a key protection concern for conflict-affected populations across Myanmar particularly in Rakhine, Kachin and Northern Shan States. While the contexts of each state and conflict vary, sexual violence is an unfortunate common thread. Global awareness of CRSV in Myanmar was brought to the forefront in late 2017, as over 700,000 Rohingya fled from Rakhine State. The Myanmar Security Forces (Tatmadaw) Myanmar was listed on the 2017 annual reports of the SRSG CRSV, in addition to being listed in SRSG Children and Armed Conflict (CAAC) report for new violations in 2017, including rape and sexual violence. The visit to Myanmar, of Pramila Patten, SRSG on Sexual Violence in Conflict, in November 2017 was an opportunity for high level engagement with the government on sexual violence in conflict. The SRSG encouraged the swift adoption of a Joint Communiqué of the Government of Myanmar and the Office of the SRSG on the prevention and response to conflict-related sexual violence, in accordance with Security Council resolution 2106 (2013). The Joint Communiqué was signed during the first week of December 2018 and it therefore, remains is critical for UN partners on the ground to work strategically to continue to advocate and strengthen mechanisms to more efficiently prevent and respond to CRSV.

With a geographical focus on Rakhine, Kachin and Northern Shan States- those most afflicted by conflict and with the highest humanitarian need- the aim of this joint action is to improve response and protection of survivors and at-risk women and girls of CRSV. The focus is to enhance the capacity of all actors to prevent and respond to CRSV. Efforts will focus on three main outcomes: (1) improving access to supportive and strengthened service delivery to survivors of sexual violence, with a focus on mental and physical health services; (2) reinforcing positive social norms to support survivors' service-seeking behaviour and response to survivors; and (3) improving awareness on CRSV among duty bearers to prevent future violations. It is expected that all three outcomes will contribute significantly to strengthen the capacity of national institutions, in particular, to deal with CRSV that remains both a pressing gap and a priority at present. These efforts will also help to strengthen working relationship between UN actors and accountable national actors, paving the way for increased support and engagement on CRSV if and when the Joint Communiqué is signed. Even in the absence of a signed communiqué, continued engagement to leverage commitments made by Ministry of Health and Sports (MOHS), the Ministry of Social Welfare, Relief and Resettlement (MOSWRR), the Myanmar Police Force and the Attorney General's Office are important to signal national commitment and ownership to addressing GBV which is





a critical entry point to more direct national action and accountability toward CRSV, more specifically.

In summary, funding from UN Action will be catalytic given that multi-year efforts to build capacities and develop national systems around addressing GBV and VAC are coming to fruition and additional support is now required to ensure implementation at state and township levels. Furthermore, given the signature of the Joint Communiqué, acceptance of security forces of the CTFMR, the double listing of the Tatmadaw in the SRSG CAAC and SRSG CRSV reports for 2017 violations provides an opportunity to raise awareness around the UNSCRs on CRSV and accountability. Sustained efforts will be required and all agencies have multi-year commitments to addressing CRSV.

### Strategic Partnership

UNFPA, IOM and UNICEF have long-standing programmes in Myanmar and operational presences in Rakhine, Kachin and Northern Shan States. Along with the ever-growing concern over accountability (vis-à-vis the 2017 August Rakhine crisis), much-needed support to survivors is also required; continued support to relevant ministries and in particular MoHS and MSWRR is an important step to ensuring government accountability and readiness to respond to survivors. UNFPA leads the GBV Sub-Sector and supports a multi-sectoral programme that engages with MOHS, MOSWRR, the Police and the Attorney Generals Offices and is currently focused on support for the development of specific protocols to prevent and respond to GBV and the rollout of those policies sub-nationally. However, due to current mistrust between the government and communities in some places, it is also important to engage with communities and non-governmental providers.

UNFPA, IOM and UNICEF will coordinate closely across all outcomes with clear division of labor based on agency specific areas of comparative advantage and current operational space. UNFPA will provide technical assistance at the union and state levels to develop and continue to roll out GBV and MHPSS guidelines and materials together with inputs from UNICEF and IOM, and build the PSS capacities of partners delivering services through MHPSS Peer Support Networks (Outcome 1). With a strong presence at township level in Rakhine and Kachin States, IOM will focus on township and community level capacity building activities on both clinical guidelines and community-based PSS (Outcome 1, 2). UNICEF will lead operational research to better understand service seeking behavior while both UNFPA and IOM will support improved community engagement among various constituencies (Outcome 2). As co-chair of the CTFMR, UNICEF is already organizing engagement with security actors on the six grave violations and with contributions from UNFPA opportunities to expand engagement to build awareness around CRSV and accountability will be pursued (Outcome 3). Over-all, the proposed partnership will cover engagement at the national level with key ministries and security actors, systems strengthening support at the national and state levels in the most conflict-affected states, and community engagement with affected populations. These actions will contribute to improved coverage of strengthen services, awareness, and reinforce capacities to respond to mental and physical health needs of survivors.

As operational field agencies, UNFPA, UNICEF and IOM are all well-positioned to broaden access to survivor support through government and non-governmental partners and also to strengthen awareness and demand for accountability. Approximately 70% of the budget will be allocated directly toward programme implementation while 30% will be allocated toward staff salaries and running costs given the



largely technical nature of the support required and the need to maintain operational presences in the conflict-affected states. The specific budget lines for each agencies staff and office cost are at the minimum level of cost and co-shared with other program funds of UNFPA, IOM and UNICEF this is also to ensure accountability across all levels of support.

**Project Goal and Outputs**

**The project’s overall goal is:** *To increase protection for women and girls affected by conflict and eliminate conflict related sexual violence by enhancing capacities and accountability.* The specific outcomes are as follows:

<b>Outcome 1</b>	Improve access to supportive and strengthened services to survivors of sexual violence, with a focus on mental and physical health services;
<b>Outcome 2</b>	Reinforced positive social norms to support survivors’ service-seeking behavior and strengthen capacities to respond to survivors’ needs at the community level
<b>Outcome 3</b>	Improved awareness on CRSV among duty bearers to prevent future violations.

**Outcome 1. Improve access to supportive and strengthened service to survivors of sexual violence, with a focus on mental and physical health services. (UNFPA/ IOM)**

*Activity 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*

Women and girls in most contexts consistently suffer more and face increased vulnerabilities in situations that were and are affected by conflict. According to the Centre for Diversity and National Harmony (CDNH) Rakhine State Needs Assessment, women consistently reported healthcare and food as their biggest needs<sup>2</sup> throughout Rakhine state, across both Muslim and Rakhine populations. In both the Rakhine State Needs Assessment and the Early Recovery Network Rapid Assessment<sup>3</sup>, women reported negatively a variety of indicators, including increases in economic opportunities, increased perception of interaction between villages, and overall safety. Women surveyed in the Early Recovery Network Rapid Assessment reported largely feeling safe in their villages but felt unsafe when accessing markets. In the CDNH Rakhine State Needs Assessment, women, on both Muslim and Rakhine populations, cited healthcare as the most difficult service to access.

While limited access is a particular concern in Rakhine State where the Rohingya population does not have freedom of movement, IDPs in Kachin and Northern Shan are also affected by movement restrictions. Across all of these states, the availability of health services is limited and the capacity of health workers to provide appropriate care in general and more specifically to survivors of violence is limited.

<sup>2</sup> Centre for Diversity and National Harmony (September 2015), *Rakhine State Needs Assessment*

<sup>3</sup> REACH (August 2015), *Cyclone Komen Early Recovery Assessment, Rakhine State*





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In October 2018 the MOHS with support from UNFPA launched Clinical Guidelines on Health Care for GBV Survivors which is an important milestone to systematize appropriate care for survivors in Myanmar. The Clinical Guidelines address all forms of GBV and define the protocol for Clinical Management of Rape in Myanmar which is based on WHO guidance. The guidelines formalize the delivery of GBV related health services from State to Township Levels, and are expected to strengthen the capacity of the health workers to address the needs of GBV survivors. Roll-out of the Clinical Guidelines began in October and UNFPA has three master trainers co-facilitating roll-out trainings with MOHS. However, additional support is required to continue to rollout and monitor the implementation of the Clinical Guidelines. Support will be provided to MRH at State and Township levels in facilitating the roll out of the guidelines in Rakhine, northern Shan and Kachin States. Continued engagement with MOHS on these activities is critical to support the implementation of the Guidelines more locally and to ensure the quality of the rollout and promotion of fundamental Guiding Principles and do-no-harm approaches.

IOM will train health care providers and general practitioners at the township level to support the rollout of the MOHS Clinical Guidelines on Health Care for GBV and will include access to localized referral pathways for MHPSS services. UNFPA will also train NGOs/Local NGOs and CSOs on the guidelines to be able to cascade the guideline in non-government controlled areas, areas especially in Kachin and Northern Shan States. It should be noted that Ethnic Health Organizations working in non-government controlled areas are also referring and adapting the guidelines for their own use which is important to expanding the accessibility of health services for GBV survivors in some of the most challenging contexts in Myanmar through both government and non-governmental health providers who are trusted differently by different communities.

### *Activity 1.2 Support MoHS to develop job aids and posters for health workers on managing survivors and on provision of PFA/PSS*

Utilizing Myanmar new Clinical Guidelines for GBV, UNFPA will work with the MoHS to adapt context-specific job aids and posters for health workers. Technical support will be provided to the MOHS in the development of materials that highlight essential considerations in addressing the management of survivors of GBV, including PSS. IEC Materials will be developed with the use of existing tools, resources and international guidelines. These will serve as basic reminders of the things health workers need to consider when providing services to survivors. This is critical to ensure that health workers are regularly reminded of key considerations for responding to survivors and understanding that with the launch of the Clinical Guidelines, that response to survivors is part of their core functions.

All health-related IEC materials used in the national system must be approved by MOHS, so this activity is also a critical step in the continued dissemination of the Clinical Guidelines, signaling that quality care for survivors in Myanmar is standard. Once endorsed by MOHS, the materials will be distributed to health facilities across Kachin, Rakhine and NSS, as well as to health service providers in non-government controlled areas.

### *Activity 1.3. Development and rollout of 5-day PSS training for case managers with DSW (State level TOT also involving State Health Departments and NGOs)*



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A 5-day PSS training will be provided as a ToT at the central level, followed by a rollout at the state and township levels. The trainings will be developed and delivered in collaboration between Department of Social Welfare (DSW, a department- in MWSRR), UNICEF, UNFPA and Johns Hopkins University, and designed to be integrated within existing GBV and CP Case Management trainings. A technical working group led by DSW will provide a forum in which MHPSS and protection specialists from the respective organisations can come together to identify key PSS needs of GBV and CRSV survivors in Myanmar and develop tailored curricula and training materials to meet these needs that are derived from the existing evidence base on PSS interventions for GBV and CRSV survivors. Members of the group will also collaborate to deliver the TOT training at the central level, support roll-out of the training at state and township levels, and monitor impact. This collaborative approach will ensure that minimum standards for PSS training and supervision in GBV and CP case management are agreed that can be applied by other NGO actors, healthcare providers and state actors. IOM will support UNFPA in the coordination and facilitation across all PSS actors at the state and township level on content and technical input to the training and will ensure a standardized approach of PSS and improve consistency in content and methods. Supportive materials will be adapted and contextualized for the levels of government. These will include suggestions of practical actions on each particular level of government in order to effectively address CRSV. The suggestions will be composed of best practices from the GBV and CRSV supportive guidelines providing practical considerations to increase safety, dignity, well-being and equitable access to services.

UNFPA together with Johns Hopkins University leads a MHPSS Working Group at national level which in recent months has been incorporated formally as a working group under the Protection Sector to ensure appropriate linkages for advocacy and coordination. UNFPA also leads and provide technical support to MHPSS Peer Support Networks in Maungdaw (northern Rakhine State), Sittwe (central Rakhine) and in Myitkyina (Kachin). These networks are a forum for international and national partners delivering MHPSS programming or seeking to integrate PSS into service delivery to coordinate and provide technical support to enhance the quality of their programming and support. Through these networks UNFPA is ensuring that both international and national partners have technical support at national and field levels. This proposal will ensure that technical support remains available for partners providing MHPSS services and those desiring to integrate PSS into their service delivery. This is particularly critical given very limited national capacities on MHPSS

### **Outcome 2. Reinforced positive social norms to support survivors' service-seeking behavior and strengthen capacities to respond to survivors' needs at the community level (UNFPA/UNICEF/IOM)**

This outcome focuses on the community, in understanding and changing social norms that prevent women and girls from seeking support, and in providing the community with basic skills to support survivors of violence at the community level.

*Activity 2.1 Operational research on disclosure and help-seeking behavior, pathways to violence prevention among youth and adolescents*





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According to the DHS 2015/16, help seeking is substantially lower among females age 15-19. Gap between disclosure and help-seeking is also significant.

- Only 8% in this age group have ever sought help to stop the violence, as compared with 22-29% in other age groups.
- 50.2% of girls age 15-19 years told someone but never sought help (higher than all other age groups)

The same data suggest that many adolescents tell no one about the violence they experience (particularly for sexual violence). Type of violence also makes a difference whether victimized women disclose the incident or not: 43.2% of women experienced physical violence never sought help but told someone, whereas only 6.5% of women experience sexual violence never sought help but told someone. Further study on with whom those women disclose their experience will be very useful for future interventions.

The qualitative study by UNICEF, Ministry of National Planning & Economic Development, & Ministry of Health (2013) stated that some participants, both adolescents and adult stakeholders, may not have wanted to share information and others may not have been able to identify some forms of violence as violence – since sometimes being violent against children, a spouse or a student in some contexts becomes a socially accepted norm. In this study, health providers explained that it is customary that if an adolescent girl or young woman is sexually violated or abused by an adolescent boy or man, their tradition is to resolve these matters between the affected families.

In order to improve uptake for victim support services, demand creation- particularly focusing on social norms and unpacking pathways to help-seeking behavior will be critical. IOM, UNICEF and UNFPA will work together in the operational research in Rakhine through GBV referral pathways for survivors in Rakhine looking at vulnerabilities, barriers, and challenges in accessing care and referrals, and barriers to pathways amongst youth and adolescents which is an important factor for survivors of GBV, who needs timely access to care and medication to prevent medical consequences such as infections.

### *Activity 2.2. Build local capacities to deliver PSS at the community level*

IOM will deliver a training of trainers (TOT) on Community Based Psychosocial Support (CBPSS) for local/national networks, NGOs and civil societies that will focus on raising awareness on the psychosocial impact that communities and individuals under stress, often face in response to external stressors such as natural calamities and conflict, and how to address GBV through community participation and ownership of CBPSS specifically with the inclusion of women and girls in the development of the activities, particularly in contexts of limited access to MHPSS services in Rakhine and Kachin. The CBPSS model ensures the inclusion of all vulnerable populations and the participation in the development and provision of CBPSS services. The CBPSS inclusive activities and discussions address stress management as well as coping mechanisms, means to support vulnerable groups, children's safety and well-being, the promotion of psychosocial well-being in the community, and the identification and use of community resources to support these efforts. The trained participants will then provide technical support on best practices and approaches in addressing CRSV on a community level and in supporting survivors of CRSV.



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### *Activity 2.3. Community engagement on key GBV issues particularly CRSV, violence against children (VAC) and counter-trafficking.*

UNFPA, IOM and UNICEF will support a wide-range of community engagement activities collectively targeting affected populations across Rakhine, Kachin and Northern Shan States. Key messages on GBV, violence against children and counter-trafficking will be shared to raise awareness and build more supportive and responsive communities. Activities will target diverse stakeholders including men and boys, camp leaders, outreach health workers, and populations accessing women and girls centers and child and youth friendly spaces.

UNFPA will implement a gender equality and empowerment curricula in 15 sites in northern Shan State with partner IRC to reduce violence against women and girls through fostering positive attitudes and behavior change. The six-month 'Coffee and Tea' program will be conducted with men and boys with 2 sessions conducted per week. It is expected that there are 15 participants per session with participants mobilized by male outreach workers and caseworkers. The curriculum includes three stages: stage one highlights the contribution of women to households and communities; stage two discusses GBV in the community and its consequences; and stage three supports community mobilization for gender equality and women's rights with a focus on increasing women's decision-making opportunities. At the conclusion of the program participants are supported to develop action plans to further gender equality and prevent and respond to gendered discrimination in their communities, including GBV.

UNFPA will also support a meeting with Camp Management Committees (CMCs) in camps in northern Shan State. There remains an ongoing need for coordination and communication to ensure that GBV case management is conducted effectively and that referrals are strengthened. This activity builds on better dialogue between caseworkers and CMCs in 2018 and seeks to continue improving their understanding of survivor needs, their responsibility in survivor safety and security, and their understanding and caseworkers' provision of services (including providing counseling and emotional support; creating safety plans; and referring and accompanying survivors to other services such as health services or a safe house). It is also an opportunity for CMCs to share with each other their structure, challenges and methods of dealing with issues presented in the camps.

**IOM** will conduct awareness raising activities, in conflict affected and hard to reach areas with limited services in Northern Rakhine State by Outreach Health Workers (OHW). The awareness raising activities focused topics and approaches will be developed with a consideration of the limited referral and access to services and in coordination with key health and protection actors. IOM will specifically provide awareness raising sessions within the community that aim to reduce discrimination of GBV and CRSV Survivors and increase service seeking behavior. In addition to awareness raising activities, a proactive community-based inclusive response to lack of services will take place through the establishment of community protection committees existing in Kachin. While in Rakhine the Village Health Track Committee (VTHC) will be facilitated by the OHWs and will compose of leaders and representatives of the community and will specifically include women and persons with disabilities. The training curriculum of the OHW will focus on skills that will support them in the facilitation of the awareness raising activities and of the VTHC. The purpose of the community protection committees and VTHC aims at developing a culture of gender equality and respect for women's rights through the involvement of women, girls and





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men in a deeper transformation of values, attitudes, and hence behavioral change. With these considerations in mind, the project will trigger a shift in the participation of women in prevention and awareness efforts by strengthening the role of women in Kachin and Rakhine States in their communities, by providing opportunities and a platform to engage and contribute ending gender based violence in their communities.

Moreover, IOM will establish a methodology on community based dialogue currently being used by IOM Rakhine and CSO partners in Kachin. This beneficiary driven methodology provides an opportunity for ownership of the outcomes and increases the likelihood of sustainability. The fact that the dialogues are beneficiary driven, also provides an opportunity for critical thinking, applying their experiences to the situation on the ground and come up with adapted and locally driven solutions to address their concerns.

IOM considers that functioning community-based structure is essential for messages to reach to all individuals at community level. IOM will seek to adapt the methodology used in conducting the community based dialogues to empowering women and girls led groups to become agents of change within their communities, who will be given the opportunity to transmit their messages not only to the public at large, but also to those involved in the peace process contributing to shape the peacebuilding agenda and prevention of sexual violence.

### **Outcome 3. Improved awareness on CRSV and grave violations against children in armed conflict among duty bearers to prevent future violations (UNFPA/UNICEF)**

*Activity 3.1 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)*

Myanmar's security forces were listed by the annual report of SRSR-CRSV in early 2018. In addition, all six grave violations against children's rights are committed by armed actors in Myanmar. The security forces were also listed for two additional violations as of June 2018: killing and maiming of children; and rape and other forms of sexual violence.

The Country Task Force on Monitoring and Reporting<sup>4</sup> (CTFMR), co-chaired by UNICEF and the Resident Coordinator's Office, has been advocating for Government of Myanmar to set up an inter-ministerial committee to address those two additional violations (i.e. Killing and Maiming; Rape and Sexual Violence) along the lines of Under-age Recruitment Prevention Committee as soon as possible so that CTFMR can begin dialogue on action plans leading to compliance.

It is highly strategic that the UN partners leverage the operational space that the CTFMR has achieved with the security sector to begin to introduce more dialogue and discussion about CRSV, not limited to child survivors, and eventually greater discussion on accountability. Given the critical nature of this

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<sup>4</sup> UNICEF, UNRCO, UNFPA, UNHCR, WFP, UNOCHA, ILO, Save the Children and World Vision are the members.



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engagement, it is key that technical experts from OSRSG-CAAC and OSRSG-CRSV are involved together with technical staff of relevant agencies including UNFPA, as lead agency for the GBV in conflict and interagency GBV Sub Cluster lead, and UNICEF and UNICEF agency for the GBV and co-chair of CTFMR. UNICEF and UNFPA will jointly plan this workshop with the CTFMR, and develop and implement recommendations in coordination with other partners and stakeholders.

*Activity 3.2 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*

UNICEF, as co-chair of CTFMR, is mandated by the Security Council Resolution 1612 to engage listed parties to conflict to develop plans and measures to prevent grave violations against children. Capacity building has been highlighted by the SRSR-CAAC as one of the key pillars of strategies to prevent grave violations of children's rights. In August 2018, the Myanmar Government requested support from the Office of the SRSR-CAAC to train its armed forces on the six grave violations. It was further recommended by Tatmadaw that the training also includes representatives from relevant ministries. CTFMR, with technical support from the Office of the SRSR-CAAC and UNICEF Headquarters, has designed a capacity building strategy, targeting wide range of actors, both at Union level and sub-national level.

UNFPA as lead agency within the IASC to coordinate the prevention and response to GBV in emergency settings is well positioned and ready to provide necessary support for training on the Security Council resolutions related to sexual violence in conflict: SCR 1820, 1888, 1960 and 2106. The coordinated support between UNICEF and UNFPA will ensure appropriate training of state security actors on CRSV and grave violations.

The development and facilitation of training will be undertaken in partnership with the Government, which will review the draft curriculum. CTFMR and the GBV Sub Cluster are also ready to provide necessary technical support for the wide dissemination of the training to Tatmadaw troops by the pool of trainers. A key priority of the proposed planning workshop (activity 3.1) will be to identify the strategy to use CTFMR engagement and capacity building with security actors to introduce content on CRSV for survivors of all ages.

*Activity 3.3. 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.*

The CTFMR, in accordance with its mandate, intends to develop more structured engagement with *all* listed non-state armed groups in Myanmar to prevent the six grave violations and promote child protection in areas under their control. CTFMR will provide much needed technical support to increase capacity and awareness of child protection issues among non-state actors (NSAs), and reinforced systems and mechanisms to strengthen child protection. The process of engagement with NSAs will be gradual, starting with the 4 signatories of the National Ceasefire Agreement (NCA).

Moreover, the Joint Monitoring Committee on Ceasefire (JMC) a tri-partite entity formed by the Tatmadaw- Government of Myanmar and Ethnic Armed Actors. The Course Directive or contents of the training for the JMCs will be developed in early 2019. UNFPA will provide technical support to ensure that contents on GBV and CRSV, in particular, are integrated into the training materials.





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### II. Proposal's compliance with UN Action's Strategic Framework

The UN Action MDTF provides support to proposals that embody the six guiding principles and contribute to one or more of the three pillars of activity listed below:

#### Six Guiding Principles:

- Rape is not an inevitable consequence of conflict. It must be prevented.
- Gender-based violence, including sexual violence, is a violation of fundamental human dignity and rights.
- Attempts to end to sexual violence must address gender-based inequalities by empowering women, and protecting and promoting their rights.
- The constructive involvement of men and boys is vital.
- Survivors of sexual violence must guide advocacy and programming efforts to end sexual violence and secure peace.
- Sexual violence in conflict is one of history's great silences. We all have a duty to act.

#### Three Pillars of Activity:

1. *Country Level Action*: strategic and technical support to joint UN system efforts to prevent and respond to sexual violence in conflict, including efforts to build capacity and train advisers on conflict-related sexual violence.
2. *Advocacy*: action to raise public awareness and generate political will to address conflict-related sexual violence
3. *Knowledge Building*: creation of a knowledge hub on sexual violence in conflict and effective responses through research and the development of tools to improve data collection and analysis, enhanced provision of services, and training to improve protection and prevention.

This project fully supports the participation of women and girls in conflict and post conflict environment, argues for the importance of investing in addressing improved access to services and supports existing assumptions and theories of change regarding women. The project ensures consistency with the UN Security Council Resolutions (UN-SCR) 1325 and 1820 (Women, Peace and Security), complements the UNSG Seven-Point Action Plan on Gender- Responsive Peacebuilding and contributes to the implementation of the National Strategic Plan for the Advancement of Women (NSPAW) launched by the Government of Myanmar in 2013 and UN Action to Strategic Framework.

### III. What pillar does the proposal fall under?

The main pillar it falls under is Country level Action or Support. Nonetheless, it also has a knowledge Building and advocacy component.

- a. Explain how the proposal enhances UN system coordination and joint programming.

The proposal enhances UN system coordination and joint programming through coordinated delivery by



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UNFPA, IOM and UNICEF building upon each agency's respective strengths in specific expertise in GBV matters, trafficking and children. The initiatives mentioned in the present proposal also complement interventions of other UN agencies, especially UNHCR as lead agency of the Protection Cluster and main coordination agency in Northern Rakhine. UNFPA, IOM and UNICEF will also be closely working with OHCHR to ensure action is taken in line with the recommendations of the Fact Finding Mission. In order to avoid gaps and duplication, the funded projects will be presented to the relevant coordination mechanisms and inserted in the joint UN matrixes. Collaboration with UNHCR will take place through the coordination mechanisms or in bilateral depending on the type of the intervention. Collaboration with any other agency or agencies working on GBV will be done through the GBV Coordination Working Group and GBV Sub Sectors both at national and state level.

- b. Explain how the UN, governmental organizations, NGOs, and other key stakeholders will be engaged throughout implementation of the proposal.

The implementation of the proposal will be highly participatory. A Project Board will be established and will be meeting as a minimum quarterly to monitor activities and steer the project and provide advice. It will have representatives of UNFPA, IOM, UNICEF and NGOs, national institutions and other stakeholders, such as government counterparts, as appropriate. UN agencies and NGOs will be engaged with this work during monthly meetings of the GBV Coordination working group at Yangon level and GBV SS at state levels (of which UNFPA is the chair).

The implementation of the first project outcome area is focused on developing and rolling out nationally owned and contextually relevant policies and curriculum on health and PSS. Both MOHS and MSWRR have identified the outputs under that outcome area as priorities. UN agencies will work at the community level in outcome 2 with and through INGO and NGO partners as well as existing community structures and leaders. On the other hand, outcome 3 focuses on engagement with security actors whose engagement is critical yet also highly sensitive and requires strategic planning and cooperation.

- c. Explain how the proposal would strengthen the capacity of national institutions to deal with war related sexual violence.

The suggested project will strengthen the capacity of key first responders to war-related sexual violence, namely health service providers, case managers, government counterparts, local NGOs and CSOs in addressing the gaps and needs in increasing the capacity of providers in providing support to CRSV survivors, information and knowledge of the community on where to access services and advocacy.

Given that the Myanmar military has been listed on both the SRSR CRSV and SRSR CAAC reports for sexual violence, it is critical that national actors are meaningfully engaged in this action. In addition to being duty bearers, it is also a critical sign for relevant Ministries to adopt and rollout GBV policies. These actions help to legitimize national engagement on GBV issues and signal commitment and accountability. As the issue of CRSV is particularly sensitive, it is strategic for UN agencies to leverage current initiatives among MOHS and MSWRR on GBV and direct those to services in conflict-affected





## **STOP RAPE NOW**

UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

states while strategically and carefully pursuing openings with security forces through the CTFMR and the JMC by capitalizing on acceptance of engagement around CAAC and interest in GBV issues.

#### IV. Success criteria and means of evaluating results

- a. Explain how the Participating UN Organisation(s) submitting the proposal has the institutional capacity to successfully achieve the proposed objectives.

UNFPA leads the GBV Sub-Sector in Myanmar and implements a comprehensive GBV programme that focus on both the development of policies and norms at Union-level while also supporting multi-sectoral GBV prevention and service delivery in the conflict-affected States through over 15 implementing partners. In 2018, UNFPA supported the Ministry of Health and Sports (MOHS) to launch GBV Guidelines for the Health Sector; to develop Standard Operating Procedures with UNICEF and the Department of Social Welfare; and continues to engage with the police and the Attorney General's Offices to promote strong multi-sectoral engagement on GBV prevention and response. UNFPA also leads the GBV Information Management System (IMS) in Myanmar. UNFPA also leads the national MHPSS Working Group which has successfully been adopted as a sub-working group to the Protection Sector, and has also established MHPSS Peer Support Networks in northern and central Rakhine, and Kachin State.

IOM has been working in Myanmar on health and migrant protection issues especially on mainstreaming MHPSS in primary health care services and sexual reproductive health, counter trafficking, and has been entrusted by both government and agencies in Rakhine and CSOs working in Government Controlled Areas (GCA) as well as Non-Government Controlled Areas (NGCA) in Kachin, thereby bridging various stakeholders and service providers. This process contributed to the improved trust and confidence beyond its primary objective of addressing health and SRHR/GBV and counter trafficking issues.

UNICEF as a co-chair of the Country Taskforce for the Monitoring and Reporting mechanism (CTFMR) is expected to demonstrate technical leadership to engage with listed parties to conflict with a view to ending and preventing grave violations. Especially with listing of the Tatmadaw with two additional violations (i.e. rape and sexual violence; killing and maiming) confirmed in June 2018 by the SG's Annual Report on Children and Armed Conflict, pressure for the CTFMR to make progress on accountability has become even higher. This is of, course, in addition to UNICEF's comprehensive programming across the conflict-affected States and leadership of the Child Protection Sub-Sector in Myanmar.

- b. Describe the overall management structure of this project.

The Project will be jointly managed by UNFPA, IOM and UNICEF with a clear division of labor for the various components under this action. A Project Board representing all stakeholders will be meeting at least quarterly and will steer and strategically monitor implementation. The overall focal point for the project will be UNFPA GBV Specialist and Sub-Sector Coordinator (P4), he/she will oversee the sound implementation of the project activities and monitor the overall situation on the ground should the contextual variables change. The GBV Specialist will work closely with the UNFPA Programme Manager to ensure strong coordination with UNICEF and IOM. Given UNFPA and UNICEF's leadership of the



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GBV and Child Protection Sub-Sectors, those fora will be used to engage relevant partners in Myanmar at the national and sub-national levels to keep them informed of the project and engaged in relevant action.

c. Explain how the proposal will be monitored and evaluated.

UNFPA, IOM and UNICEF have rigorous monitoring and evaluation procedures that will be applied in this project. This will include developing a project document with Results and Resources Framework and apply the M&E framework with quarterly reports, annual reports, and a final independent evaluation. In addition, the project board representing all partners and stakeholders will monitor progress quarterly and steer the project. Corrective measures will be made if necessary after internal consultations with UNFPA, IOM and UNICEF humanitarian and national program teams.

UNFPA, IOM and UNICEF will conduct regular field monitoring visits to partners and also will stay in touch with the stakeholders at the authority and beneficiary levels. Regular engagement and joint monitoring with national counterparts is planned to enhance the awareness and accountability of responsible actors from MOHS, MSWRR and other key stakeholders. Day-to-day monitoring of implementation progress will be the responsibility of respective focal points in each agency who will inform the Project Board through the UNFPA GBV Specialist and Programme Manager of any delays or difficulties faced during implementation so that the appropriate support or corrective measures can be adopted in a timely fashion.

The project will be monitored through the following:

### Within the annual cycle

- On a quarterly basis, the three agencies will convene to discuss progress towards the completion of key results, based on quality criteria and methods captured in the log frame.
- Based on the initial risk analysis submitted, a risk log shall be activated and updated by reviewing the external environment that may affect the project implementation.
- A project Lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project
- Annual Project Review. An annual project review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project, this review will be a final assessment. This review is driven by the Project Board and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.
- Annual Review Report. An Annual Review Report shall be prepared by the three agencies, coordinated by UNFPA GBV Specialist and shared with the Project Board.

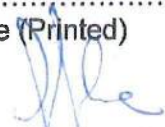
**RESULTS FRAMEWORK – Attached**





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UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

Please note that if the project is selected for funding, a more robust results framework will be developed by the team in Myanmar in coordination with the UN Action team.

Part C. Initial Review of Proposal (To be completed by the UN Action Secretariat)		
(a) Is the project explicitly linked to the UN Action Strategic Framework?	Yes <input checked="" type="checkbox"/>	No
(b) Is the project effective, coherent, and cost-efficient?	Yes <input checked="" type="checkbox"/>	No
(c) Does it avoid duplication and significant overlap with the activities of other UN system entities?	Yes <input checked="" type="checkbox"/>	No
(d) Does it build on existing capacities, strengths and experience?	Yes <input checked="" type="checkbox"/>	No
(e) Does it promote consultation, participation and partnerships and agree with the existing country coordination mechanism?	Yes <input checked="" type="checkbox"/>	No
(f) Is the Project Proposal Submission Form fully completed?	Yes <input checked="" type="checkbox"/>	No
(g) Is the Budget in compliance with the standard format?	Yes <input checked="" type="checkbox"/>	No
(h) Is the indirect support cost within the approved rate?	Yes <input checked="" type="checkbox"/>	No
Part D: Decision of the Resource Management Committee (to be completed by the RMC Chairperson)		
<b>5. Decision of the Resource Management Committee</b> <input checked="" type="checkbox"/> Approved for a total budget of US\$ 795,203 <input type="checkbox"/> Approved with modification/condition <input type="checkbox"/> Deferred/returned with comments for further consideration <input type="checkbox"/> Rejected		
Comments/Justification:		
Chairperson of the Resource Management Committee FABRIZIA FALCIONE (UNFPA)		
Name (Printed)		
		
Signature		
13 DEC 2018		
Date		



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**Part E: Administrative Agent Review**  
*(To be completed by the UNDP MPTF Office)*

**6. Action taken by the Executive Coordinator, Multi-Partner Trust Fund Office, UNDP**

Project consistent with provisions of the RMC Memorandum of Understanding and the Standard Administrative Arrangements with donors.

Jennifer Topping  
Executive Coordinator  
Multi-Partner Trust Fund Office, UNDP

.....  
Signature

.....  
Date





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ANNEX A. 3

**MULTI-PARTNER TRUST FUND FOR  
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT  
FUND SIGNATURE PAGE**

(Note: Please attach to the Project Proposal Submission Form)

<b>Participating UN Organization(s):</b> UNFPA IOM UNICEF	<b>Focal Point of Participating UN Organization receiving funds:</b> Miriam Ciscarblat, <a href="mailto:ciscarblat@unfpa.org">ciscarblat@unfpa.org</a> Kristin Parco, IOM Migration Health Programme Officer <a href="mailto:kparco@iom.int">kparco@iom.int</a> Noriko Izumi, UNICEF, Chief Child Protection Unit, <a href="mailto:nizumi@unicef.org">nizumi@unicef.org</a>									
<b>Project Number:</b> UNA059	<b>Project Duration:</b> 12 months <b>Estimated Start Date:</b> 1 <sup>st</sup> January 2018									
<b>Project Title:</b> Enhancing Capacity and Accountability to Prevent and Respond to CRSV in Myanmar	<b>Project Location(s):</b> Myanmar Kachin, Northern Shan and Rakhine States									
<b>Total Project Cost:</b> 795,203										
<b>Total Amount Approved:</b> US \$795,203										
<b>Focal Point of Participating UN Organization receiving funds:</b>  <b>RMC Chairperson:</b>	<table border="0"> <thead> <tr> <th style="text-align: center;">Name/Title</th> <th style="text-align: center;">Date</th> <th style="text-align: center;">Signature</th> </tr> </thead> <tbody> <tr> <td>Mollie Fair UNFPA officer in charge</td> <td>13/12/18</td> <td></td> </tr> <tr> <td>FABRIZIA FACCHONE (UNFPA)</td> <td>13 DEC 2018</td> <td></td> </tr> </tbody> </table>	Name/Title	Date	Signature	Mollie Fair UNFPA officer in charge	13/12/18		FABRIZIA FACCHONE (UNFPA)	13 DEC 2018	
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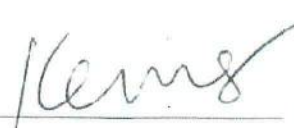
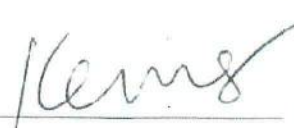
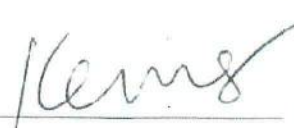


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<b>RMC Chairperson:</b>	<hr/>						



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CATEGORY	UNFPA	UNICEF	IOM	Total
1. Staff and other personnel costs	67,460	34,320	55,760	157,540
2. Supplies, Commodities, Materials	45,500	34,300	68,500	148,300
3. Equipment, Vehicles and Furniture including Depreciation	400	-	23,900	24,300
4. Contractual Services	133,000	170,000	25,000	328,000
5. Travel	18,000		2,400	20,400
6. Transfers and Grants Counterparts				
7. General Operating and Other Direct Costs	31,320	15,000	18,122	64,641
Total Programme costs	295,680	253,620	193,681	743,181
Indirect Support Costs (cannot exceed 7%)	20,698	17,753	13,558	52,023
<b>TOTAL</b>	<b>316,377</b>	<b>271,373</b>	<b>207,239</b>	<b>795,203</b>