



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	Project ¹ No: UNA061												
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: 20 November 2018 [revised 8 Jan 2019]	Participating UN Organization(s): IOM, UNFPA												
Focal Point of the Participating UN Organization(s): Giorgi Gigauri (IOM) ggigauri@iom.int Asa Torkelsson (UNFPA) torkelsson@unfpa.org	Project Title: Strengthening Conflict Related Sexual Violence (CRSV) Support Services and Mitigation in Cox's Bazar Project Location(s): Cox's Bazar, Bangladesh												
UN Action pillar of activity: <input type="checkbox"/> Advocacy <input type="checkbox"/> Knowledge building <input checked="" type="checkbox"/> Support to UN system at country level	Projected Project Duration: 1 year (end date: 31 December 2019)												
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 \$575,000 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>IOM</td> <td>303,738</td> <td>21,262</td> <td>325,000</td> </tr> <tr> <td>UNFPA</td> <td>233,645</td> <td>16,355</td> <td>250,000</td> </tr> </tbody> </table>	PUNO	Programme Cost	Indirect Costs (7%)	Total	IOM	303,738	21,262	325,000	UNFPA	233,645	16,355	250,000
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Dears,

Can

we write

a common

framework?

with IOM?

grammes and joint programmes.



Narrative Summary

I. Overview

- a. Provide a brief overview of the project, including overall goals and objectives, key strategies, expected results, and intended beneficiaries.

Summary of the current situation:

Global awareness of conflict-related sexual violence perpetrated against the Rohingya population was brought to the forefront of the world's attention in 2017 with the mass exodus of over 700,000 Rohingya civilians from Rakhine state in Myanmar, to Cox's Bazar, Bangladesh. The assaults were allegedly perpetrated by members of the Myanmar Armed Forces (Tatmadaw), at times acting in concert with members of local militias, in the course of the military "clearance" operations in October 2016 and August 2017 characterized by the United Nations High Commissioner for Human Rights as "ethnic cleansing".

Established in March 2017, the United Nations Human Rights Council Fact-Finding Mission dispatched in Myanmar to establish the facts and circumstances of the alleged recent human rights violations by military and security forces, found that crimes against humanity have been committed, including rape, sexual slavery and other forms of sexual violence. The scale, brutality and systematic nature of these violations indicate that rape and sexual violence are part of a deliberate strategy to intimidate, terrorise or punish a civilian population, and are used as a tactic of war.²

CRSV has been perpetrated on a massive scale. Sometimes up to 40 women and girls were raped or gang raped together. Rapes were often in public spaces and in front of families and the community, maximising humiliation and trauma. Mothers were gang raped in front of young children, who were severely injured and in some instances killed. Women and girls 13 to 25 years of age were targeted, including pregnant women. Survivors display signs of deep trauma and face immense stigma in their community. There are credible reports of men and boys also being subjected to rape, genital mutilation and sexualised torture³. Both the Human Rights Council and the General Assembly have expressed concern and distress at allegations of widespread conflict-related sexual violence against Rohingya in Myanmar⁴.

SRSF Visit and link to Framework of Cooperation

In November 2017, the Special Representative of the Secretary-General on Sexual Violence in Conflict (SRSG – SVC), visited camps and settlements in Cox's Bazar, where she heard accounts from almost every Rohingya woman and girl she spoke to, of patterns of rape, gang rape, forced nudity and abduction for the purpose of sexual slavery during military campaigns of slaughter, looting and the razing of homes and villages. The SRSG-SVC also received first-hand testimonies of women having been subjected to invasive body searches, including vaginal searches, performed by male security officers, ostensibly to look for valuables and documentation, and of sexual harassment during house-to-house searches⁵. Following a second visit to Bangladesh in 2018,

² Human Rights Council (2018), Report of the Independent International Fact-Finding Mission on Myanmar, p.15

³ Human Rights Council (2018), Report of the Independent International Fact-Finding Mission on Myanmar, p.8-9

⁴ In its resolution the Human Rights Council (A/HRC/RES/S-27/1) of 5 December 2017, expressed grave concern at consistent allegations of widespread sexual violence, including rape and gang rape. In January 2018, the General Assembly (A/RES/72/248) expressed its deep distress about the excessive and unlawful use of force in Myanmar, including sexual violence

⁵ Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict (2018), Report of the Secretary-General on Conflict-Related Sexual Violence, p.25



the SRSB-SVC has subsequently signed in November 2018, on behalf of the United Nations, a Framework of Cooperation (FoC) with the Government of Bangladesh to collectively address CRSV that has affected members of the Rohingya population displaced from Myanmar to Bangladesh.

This project will contribute to the *Framework of Cooperation on addressing Conflict-Related Sexual Violence against the displaced Rohingya population from Myanmar hosted in Bangladesh* in particular to the following pillars:

- Improving access of Rohingya survivors of conflict-related sexual violence to comprehensive services including medical and mental health services as well as psychosocial support;
- Engaging with religious and community leaders to combat stigma against Rohingya survivors of sexual violence and their children who may be born of rape;
- Engaging with civil society organisations, including woman and youth-led community organisations, to raise awareness about the availability of services for survivors and their rights.

In anticipation of discussions that will begin in early 2019 towards developing an Action Plan to support the implementation of the FoC, this project seeks to already advance progress towards the realization of the abovementioned pillars and demonstrate coordinated efforts to address CRSV amongst the displaced Rohingya population.

Problem Statement

Given the high percentage of the Rohingya population in Bangladesh having directly experienced or witnessed CRSV, the project aims to address the ongoing impacts of CRSV and secondary and tertiary risks of exposure to GBV that are extremely prevalent in Cox's Bazar District within the camps located around Ukhiya and Teknaf and peripheral areas of mixed communities. It is important to note that there is a collective experience of trauma associated with CRSV that must be dealt with holistically and through specialized and comprehensive Mental Health and Psychosocial Support (MHPSS) programmes. Addressing not only the impact of CRSV but also mitigating and preventing further exposure to sexual violence, abuse and exploitation, and other forms of GBV must therefore be targeted at the overall crisis affected population. Special attention must be put into ensuring the safety and security of CRSV survivors within their communities, where they experience high rates of social stigma and risks of isolation.

GBV risks are certainly linked to being encamped in congested settlements, but the negative shifts in social, and cultural dynamics as a result of the CRSV experience in Myanmar should not be underestimated. In addition to the levels of marginalization, trauma, disaffection of the male population that views GBV as a means to cope with shifting power dynamics, displacement and lack of longer-term restitution of rights and access to livelihoods exacerbate the situation. For example, intimate partner violence has causal attributes related to trauma and shifts in social norms, as well as the function of shame in society.

Overview of challenges and continued gaps in addressing CRSV among Rohingya population in Bangladesh:

IOM and UNFPA have made institutional commitments to address GBV, including conflict related sexual violence, from the start of an emergency and both organizations promote UN Action against Sexual Violence in Conflict's principles and objectives. As two of the largest service providers in Cox's Bazar and through engagement with local, national and international partners, IOM and UNFPA have observed the following challenges and critical gaps in addressing CRSV among survivors and populations at risk in Cox's Bazar:



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- **High prevalence of CRSV and other forms of GBV among women and girls and exposure to new risks** including forced marriage, sexual exploitation and trafficking. Analysis reveals that since the influx of August 2017, there have been widespread reports of multiple-perpetrator rape and sexual assault⁶. Within host communities, a Violence Against Women (VAW) report conducted by UNFPA in 2015, indicated that 42.5% of women surveyed in the Chittagong division (includes Cox's Bazar) had experienced physical violence at some point in their lives⁷. Within the population, children and adolescent girls are among the most vulnerable and are regularly exposed to high levels of violence, sexual harassment and exploitation, harmful social and cultural practices⁸. Protection activities of IOM in Cox's Bazar also include Counter-Trafficking. Of the 196 cases identified as Victim of Trafficking (VoT) in the Rohingya Response by IOM⁹ up to November 2018, over 70% are women and adolescent girls exposed to significant risk of sexual coercion and violence lured into situations of commercial and bonded labour and early marriage and "sale" of female children.
- Furthermore, there is a **low level of understanding of men and boys as survivors** and need for dedicated services for male survivors. Although the magnitude remains unclear, the findings of a recent study conducted by the Women's Refugee Commission⁹ suggest that this male-directed violence may be common and intersects with the violence against Rohingya women and girls.
- **Need to access self-sustaining and self-resilience activities** for Rohingya refugees and continue to build on and **expand successful instances of livelihood interventions**, as approved by the Refugee Relief and Repatriation Commissioner (RRRC) representing the Ministry of Disaster Management and Relief (MoDMR). It is critical to work on resilience building and assist survivors in developing household and community protection strategies to mitigate and prevent major causes of abuse, exploitation, and violence and enable women and adolescent girls to take greater ownership over decision making during major shocks and develop positive coping mechanisms.
- **Insufficient number of appropriately trained mental health workforce** to deliver mental health and psychosocial support services in emergency settings. High needs, and limited resources contribute to the huge gap in service delivery. Over-reliance on specialized mental health services is commonly seen as a drawback of this lack of resources, which ends up in over-medicalization of normal people's reactions to the abnormal displacement experience, drain of human resources from the national systems of care, and **overlooking of the existing supportive community resources** and healing mechanisms.
- **Exacerbation of existing gender inequalities** and the need to actively engage men, boys, women and girls in understanding CRSV and GBV prevention measures, in order to tackle root causes of GBV.
- **Lack of sustained GBV expertise on the ground, and at the scale that is required**, proven to have a continued detrimental impact on meeting the needs of women and girls, and upholding the commitments to addressing CRSV/GBV. A recent report indicates challenges faced by GBV service providers in Cox's Bazar. Limited expertise also showed up in poorly designed indicators for GBV

⁶ GBV Policy and Advocacy Task Team Inter-agency, Briefing Paper:

<https://reliefweb.int/sites/reliefweb.int/files/resources/Policy%20and%20Advocacy%20TT%20Rohingya%20Bangladesh%20Briefing.pdf>

⁷ GOB and UNFPA (2015) Report on Violence against Women (VAW) Survey: <http://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/vaw%20survey/bangladesh%20vaw%20survey%202015.pdf>

⁸ Plan International (2018) Adolescent Girls in Crisis: Voices of the Rohingya

⁹ Women's Refugee Commission (2018), It's happening to Our Men as Well: Sexual Violence Against Rohingya Men and Boys <https://www.womensrefugeecommission.org/gbv/resources/1664-its-happening-to-our-men-as-well>



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programs; in arguments over fundamental red lines in GBV programming, such as mediation between perpetrators and survivors; and in the delayed integration of GBV and SRH programming. Finally, several GBV practitioners reported that work was effectively being reinvented at every stage, including on pre-existing “tried and tested referral forms”.

Aim of the Project

The project aims to address the gaps and challenges outlined above and act as a catalyst for mitigation and prevention of CRSV/GBV related risks by scaling up and **strengthening access to quality services, increasing the resilience of survivors, strengthening community based CRSV/GBV prevention, and working towards systemic changes to address the root causes of CRSV/GBV and ensure a survivor-centred approach.** Funding proposed under this project is aimed at progressing interventions to date and moving towards an integrated approach that ensures the full spectrum of causes, drivers, and impacts of CRSV/GBV are addressed beyond the limitations of humanitarian financing to date. Each intervention set out below is inter-linked to ensure that CRSV related risks and GBV more broadly are addressed through multi-sector interventions. This will allow for holistic integration of GBV risk mitigation and prevention, thereby embedding an immediate and longer-term view to ensure protection-sensitive sector responses. Funding from UN Action is a critical stepping stone to ensure this longer-term approach and breaking out of an existing silo to GBV mitigation by focusing on resilience of persons at risk, identification of capacities and resources to self-protect, and ensuring the longer term social, economic and cultural shifts required to reduce and eventually move towards prevention of CRSV risks. The joint intervention by UNFPA and IOM, two of the largest GBV service providers in the area, also enables conjoined advocacy and engagement with duty bearers to allow these shifts. The funding also directly contributes to expansion of services and dedicated specialists on CRSV, GBV and MHPSS, through which women empowerment and community engagement can be bolstered in the response.

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

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

On-going efforts to address the issue

Through dedicated women-friendly facilities, IOM and UNFPA provide survivors of CRSV and women and girls at risk of GBV, with survivor-centred case management services, psychosocial support and recreational services, life skills-development and building activities, information and referrals to available specialized services from which they can benefit. UNFPA supports the implementation of 19 Women Friendly Spaces (WFS), where Sexual and Reproductive Health Services (SRH) are integrated through the deployment of Midwives who provide clinical management of rape (CMR), family planning services, and sexually transmitted infections (STI) prevention and response directly in WFS. In addition, Woman and Girls Support Officers (WGSO) are deployed in each of the 20 UNFPA-supported Primary Health Facilities, as GBV focal points, to ensure women, girls and survivors of CRSV and GBV, are informed about available services for them and medical services are survivor-friendly. IOM runs 10 Women and Girls Safe Spaces (WGSS) and operates a 24/7 emergency shelter for GBV survivors and victims of trafficking and include basic literacy and numeracy curriculum for survivors and their children.

Proposed Activities

IOM and UNFPA will work with CRSV survivors (both females and males), and those at risk at an individual level to identify possible risk mitigation strategies using relevant tools such as safety planning in line with the



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2017 Interagency GBV Case Management Guidelines, allowing the survivor to always have potentially lifesaving plans and positive coping mechanisms of their own in place. In parallel, this project will also focus on community level GBV risk mitigation building upon a risk assessment and resilience toolkit developed by IOM and Mercy Corps¹⁰. This toolkit that has been piloted in IOM's WGSS's empowers women and girls to map risks and coping strategies in an interactive manner. IOM and UNFPA will integrate application of the toolkit to flag high, medium and low intervention needs to key sectors identified for GBV risk mitigation and prevention as lessons learned for best practice¹¹ and recommended in this setting including the WASH, Site Management and Site Development and Shelter sectors¹². A joint report will be generated by IOM and UNFPA combining the findings from this rapid assessment exercise as well as other secondary data sources as relevant.

Under this project, IOM is planning to have an integrated safe shelter available to support the growing numbers of vulnerable individuals including separate facilities for children, CRSV/GBV survivors, Victims of Trafficking (VoTs) and Extremely Vulnerable Individuals (EVIs)¹³. The safe shelter will serve as an interim solution for life-threatening cases of CRSV/GBV survivors and VoTs who need immediate protection, safety from harm and accommodation in appropriate interim care and physical protection (shelter care) until they are safely relocated to their residence or a new site. The shelter layout will be planned to provide maximum privacy and protection for CRSV/GBV survivors in separate spaces, while avoiding further stigmatization that would arise by designating those facilities as such. The shelter's physical location is not disclosed, and integrated shelter facilitates included separated spaces and group activity spaces for recovery and rehabilitation support for reintegration dedicated to the needs of adults, adolescents and children. The project will focus on dedicated counselling spaces for men but not dedicated shelters yet. Female survivors (above the age of 14) can be admitted with their children of eligible age (under 18 years old for girls and under 10 years old for boys). Admission is made on a case-by-case basis in line with IOM's Safe Shelter Standard Operating Procedures (SOPs).

UNFPA will work closely with the IOM GBV team, by directly referring CRSV/GBV survivors and EVIs in need of protection and safe housing, while continuing to provide case management services. Activities will be linked to IOM's on-going counter trafficking programme that aims to provide direct case management support for VoT, and direct assistance to VoTs and their families, strengthening awareness raising amongst the communities, training and support for law enforcement agencies to ensure safe identification and referral and prevention of trafficking in persons. IOM routinely works with government actors on counter trafficking awareness, sensitization and other training. IOM is also working on strengthening legal pathways to include CRSV, GBV and VoT issues and this will be a coordinated carefully with this project. In particular, the integrated emergency safe shelter will also meet the needs of survivors and VoTs recognizing that the drivers of the risks of GBV and trafficking are inter-linked and this includes extending the full spectrum of services offered to survivors to VoTs for recovery, rehabilitation and reintegration support.

IOM and UNFPA are increasingly aware of the critical gaps to men and boys and will be working on strengthening access to services. IOM GBV Caseworkers are trained on how to work with male survivors, which will be bolstered through joint capacity-development efforts with UNFPA related to sexual violence in order

¹⁰ Mercy Corps and IOM (2018) Planting Seeds of Resilience: Rapid Strategic Resilience Assessment of the Rohingya Refugee Humanitarian Response, Bangladesh. Oct. 2018.

¹¹ IOM (2018) Gender-Based Violence in Crisis (GBViC) Framework and Operational Model. *IOM Emergency Manual*. Available at: <https://emergencymanual.iom.int/entry/94445/genderbased-violence-in-crises>

¹² Oxfam/Action Against Hunger/Save the Children. (Aug. 2018) Rohingya Refugee Response Gender Analysis: Recognizing and responding to gender inequalities. *Oxfam/Action Against Hunger/Save the Children*.

¹³ IOM will partner with the local NGO PULSE.

to appropriately address and integrate male survivors. IOM's GBV team currently provides individual GBV case management to male survivors through its Site Management Site Development (SMSD) offices as well as centers and plans to scale up this intervention through the identification of dedicated counselling spaces to help establish an appropriate referral pathway for male survivors.

IOM will aim to scale up male engagement through community structures and ensure specialized PSS curriculum, dedicated services for male survivors, and access to relevant support groups working in close coordination with MHPSS unit. UNFPA will support IOM in the establishment of referral pathways for male survivors.

Activities will include:

- Operationalize IOM's integrated emergency safe shelter
- Increase community awareness of available relevant services to better facilitate meaningful access to services for survivors or CRSV and other forms of GBV
- Ensure individual GBV case management support and PSS services for all women and girls survivors of GBV, especially CRSV
- Organise regular review meetings, case conferencing, case coordination, and dissemination of referral pathways to strengthen the functionality of the referral mechanism
- Use information generated by the GBVIMS to strengthen GBV programming, improve service provision and conduct camp level training in close coordination with the GBV Subsector, GBV Case Management Task Force and GBVIMS Task Force
- Facilitate dialogue with existing networks and relevant community groups to increase participation of the community in fostering a supportive environment for aiding the recovery of GBV survivors
- Conduct training (GBV Core Concepts and Guiding Principles) and systematize survivor-centred toolkits to strengthen relationships and communication between SRH and GBV service providers to ensure CRSV survivors have access to comprehensive survivor-centred services in health facilities
- Conduct regular safety and resilience mapping using the IOM-Mercy Corps community risk assessment toolkit. One joint report will be produced by IOM and UNFPA based on findings generated from the toolkit combined with other secondary sources as relevant and shared with relevant sector heads
- Systemize GBV minimum standards and best practice tools across sectors and advocate for a survivor-centred approach through relevant working groups and interagency forums
- Identify and include dedicated safe counselling spaces for male survivors to help establish a referral pathway
- Training and capacity building support to law enforcement, security and other key national stakeholders to ensure survivor centred approaches to GBV prevention and response, and prevention of trafficking (training reports will be included)

Output 1.2: Individuals including survivors CRSV have access to appropriate vocational, educational, and life skills training and self-sustaining activities

On-going efforts to address the issue

Experience on the ground has shown that the approach chosen to present the activities and the level of support of the Camp in Charge - Government officials appointed to work at the field level on Camp Management - contribute to the decision of the RRRC. Both IOM and UNFPA are working with the RRRC and other governmental stakeholders to implement small-scale self-resilience pilots that can serve as a model for this type of programming whilst also advocating for wider and more systematic self-resilience and social

cohesion programming for Rohingya refugees, whilst still focusing on improving the immediate livelihoods opportunities for GBV survivors within host and refugee communities. UNFPA is implementing 10 Women Led Community Centres (WLCC), where women and girls, including survivors of CRSV, engage in skills-based learning programmes and structured awareness raising sessions. Male counterparts of the beneficiaries are engaged in GBV risk mitigation and prevention programmes.

Proposed Response

IOM and UNFPA will continue to consult existing studies¹⁴ to understand women's self-reliance practices, opportunities and barriers. For Rohingya refugee women, the intervention will focus on short-term income generating self-reliance activities for CRSV/GBV survivors and ultimately consolidate these smaller-scale initiatives into a full-scale programme that can be owned and developed through existing women's support networks, committees, and other community groups. IOM and UNFPA aim to harmonise and build upon existing pilots to develop a model at the interagency level, which can help to advocate for a wider portfolio of life skills and self-reliance programming for refugee and host communities. In parallel, IOM and UNFPA will scale up and systematise referral pathways for life skills development and income generating activities, overall advocating for safe inclusion of women and adolescent girls at risk in cash-for-work and other Transition and Recovery Division, WASH and Site Management & Site Development interventions.

IOM and UNFPA will work together to involve CRSV survivors in appropriate income generating activities and explore markets for training that can easily be rolled out, potentially including soap making, bamboo mat making/bamboo craftsmanship for shelters, and entrance into existing work opportunities within the camps such hygiene promotion roles within the WASH sector, appropriate cash for work programmes, among other refugee volunteering opportunities. IOM and UNFPA also plan to scale up capacity building and asset support in tailoring and food processing (fast food preparation and sale) as income generating activities in addition to enhancing inclusion of GBV survivors in referrals for cash-for-work schemes and other endorsed and available livelihood opportunities in the response.

Through technical skill development and training in a wide-range of handicrafts, and the provision of assets, IOM aims to phase out of formal trainers and transition to a peer support group that can link into such income generating cooperatives. In particular, IOM is keen to build upon and complement UNFPA's existing work on life skill development programme through WLCCs in women's sewing/tailoring groups through its collaboration and background working through a multi-sectoral approach with the range of service providers at camp level. IOM will develop and expand appropriate community volunteer roles within and outside the WGSSs for survivors, which include a focus on inclusion in cash-for-work programmes among other permitted income generating activities.

IOM will work with survivors from the integrated shelter and its WGSS's whereas UNFPA will work with survivors attending WFS and/or WLCC activities. To complement the livelihoods component and enhance self-reliance, such activities will include: skill-building sessions (vocational, life skills, and educational); increasing access to information through peer-to-peer information and awareness sessions; facilitating safe and meaningful dialogue between women, adolescent girls and decision-makers in communities; and ensuring greater participation of women in design and delivery of multi-sectoral services.

Considering that people who have had significant exposure to possibly traumatising experiences, oppression, or severe shortages of resources necessary for basic living could be expected to experience significant executive functioning challenges. IOM GBV and MHPSS teams will also work in the development of a

¹⁴ For example: ICCO (2018), Rapid Market Opportunity Survey, Cox's Bazar, Bangladesh



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mentoring programme to ensure a holistic and community-based approach aiming to enhance development outcomes by improving the functionality of individuals, skill building and engage with others, through safe and well targeted livelihood asset building schemes tailored in the project. These include personal, social, political, financial/ economic assets.

IOM will continue to ensure the integration of its piloted and tested Women in Displacement toolkit.¹⁵ The toolkit has been adapted for both Rohingya and host communities by IOM's Women's Participation in Camp Coordination and Camp Management (CCCCM) team in coordination with IOM's GBV and SMSD teams to ensure survivors and at-risk women and adolescent girls are safely integrated into appropriate empowerment and self-reliance interventions.

This work in livelihoods will be also scaled up through the expansion and development of existing community support groups as well as woman and youth-led community organisations in particular working closely with the RRRC, SMSD, Livelihood/Social Cohesion and other local authorities.

Activities will include:

- Adapt and roll out age appropriate structured curriculum in all WGSSs for women and adolescent girls as well as in multipurpose community centers for men and adolescent boys
- Conduct in-camp market surveys to identify viable income generating and vocational and educational training opportunities and barriers to their entry for women and girls
- Based on the vocational training, connect older adolescent girls and women to identify the in-camp business development services and employment opportunities
- Empower CRSV/GBV survivors through financial education along with basic management practices and relevant soft skills development (i.e.: planning, organizing, record keeping) based on shared learning from MHPSS's mentoring programme
- Through a structured approach, promote inclusion of women and adolescent girls in community leadership roles and camp governance, including existing women's committees and youth forums
- Developing for more diversified and expanded income generating intervention strategies based on outcomes of assessments conducted by SMSD and Livelihoods/Social Cohesion in conjunction with the RRRC and protection actors
- Implement IGAs in line with aforementioned strategy objective

Output 1.3: Survivors of CRSV have improved access to MHPSS Assistance to survivors through multi-level support

On-going efforts to address the issue and gaps in this response

According to the IASC pyramid for MHPSS in emergency settings, the majority of the mental health and psychosocial support services available in Cox's Bazar are at the level of family and community support, and focused non-specialized interventions. There is a significant gap at the top of the pyramid, in the provision of specialized services as well as the bottom of the pyramid, in mainstreaming psychosocial support considerations in the provision of basic services. It remains a challenge to identify a sufficient number of appropriately trained mental health work force to deliver mental health and psychosocial support services in emergency settings. IOM and UNFPA among other UN agencies in Bangladesh have taken various initiatives to strengthen mental health and psychosocial support services for refugees including strengthening clinical and psychosocial support capacities of health workers to identify and manage mental health problems through

¹⁵ <https://womenindisplacement.org/toolkit>



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different trainings to develop psychosocial support skills, as well as training community volunteers in basic supportive techniques such as awareness raising, group therapy and Psychological First Aid.

Proposed response

The support proposed under this intervention is specific to enhancing MHPSS assistance to survivors of CRSV and will target both individuals and communities (or segments thereof). Community-focused psychosocial support interventions will seek to enhance survivor wellbeing by improving the overall recovery environment. Survivor-centred interventions will concentrate on the individual and their immediate family and social networks. They include psychological first aid and linking survivors with other services, psychological interventions (such as talking therapies), and, where indicated, other forms of specialized mental health-care. Community-focused psychosocial activities will seek to respond to their identified needs, as well as to potentially play a role in protecting dignity, promoting psychosocial well-being and mitigating mental health problems associated with CRSV.

UNFPA in 2019 will continue to develop the capacity of the core PSS Supervision team through engagement of an MHPSS specialist to further formalize case supervision practices; to develop a mentoring plan to sustain and expand case worker capacity to recognize, manage or refer survivors in need of focused and specialized MHPSS; and to expand the reach of PSS activities to encompass a range of women and girls including self-care strategies for the entire case management team.

UNFPA's programming does not openly target CRSV survivors as such, to avoid discrimination and further stigmatization, but has been designed to strengthen connections at entry points where CRSV survivors may be utilizing other services. At this point in the response, with CRSV incidents often past the need for emergency care, survivors instead may present at health clinics with chronic SRH-related issues due to the physical damage sustained during the event, or with somatic complaints due to unaddressed psychological distress. In UNFPA SRH clinics, a Women and Girls Support Officer (WGSO) is onsite to support health staff when such cases present, and with the informed consent of the survivor, the WGSO will manage the process of connecting the survivor to MHPSS or other services. UNFPA's MHPSS services may also be accessed directly by CRSV survivors through individual case management or through participation in group PSS activities at the WFSs and educational/life skills sessions at WLCCs. No CRSV or GBV survivor needs to identify herself to benefit from supportive PSS group work that fosters dignity and inclusion of all participants. CRSV survivors who do opt for individual services will have MHPSS interventions reviewed by the core supervision team to ensure that appropriate psycho-education, coping strategies, and other evidence-based activities including adapted cognitive-behaviour approaches for depression are correctly implemented.

IOM will be focusing the support on a multi-layered intervention that will consider the causes of harmful outcomes of sexual violence programming, such as: poor coordination, discrimination and excessive targeting, undermining of existing services, services that heighten vulnerability or re-victimize, stigmatizing labelling, poor quality assessments and an emphasis on pathology and deficits, medicalization of complex problems, aggressive questioning, fragmentation of systems and poor-quality counselling, with little training and supervision. IOM's MHPSS team aims to improve quality of service provision and rigorous capacity building through close collaboration and coordination with IOM's GBV team. IOM's MHPSS team will support and train the PSS Officers in the WGSS's and the emergency safe shelter on facilitation of appropriate group PSS activities. IOM's Caseworkers will refer cases that require more focused or specialised support to the MHPSS team and also participate in joint capacity building initiatives (peer-to-peer learning and training to improve counselling skills). Likewise, MHPSS teams will also ensure GBV guiding principles and survivor-centred approaches are embedded in their work.

Activities will include:



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- Train counsellors on psychosocial focused interventions
- Strengthen the capacity of the core group of MHPSS supervisors
- Provide psychosocial support to GBV survivors
- Provide on-going supervision and support to the case workers/counsellors
- Promote self-care education and practices for WFS staff and GBV team members
- Provide support on a multi-layered intervention that will consider the causes of harmful outcomes of sexual violence programming.

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

Output 2.1: Targeted individuals have an increased awareness and understanding of CRSV, mitigation and prevention measures

On-going efforts to address the issue

Various forms of GBV, especially CRSV, is highly prevalent among the Rohingya population and are interlinked with conservative religious and cultural practices. GBV and CRSV affect women and girls disproportionately, and some forms of GBV are accepted social practices. UNFPA and IOM work with community-based women's groups providing training on PFA, GBV core concepts and safe referrals. UNFPA works through Community Watch Groups to conduct safety audits and identify needs and gaps in terms of GBV risks and mitigation strategies. IOM conducts safety audits and awareness raising sessions through its Community Mobilizers and Community Engagement Team, on GBV, gender, counter trafficking, hygiene and available services.

Proposed Response

Under this project, IOM will develop a structured and contextualised PSS curriculum for male engagement¹⁶ working closely with UNFPA staff to pilot different aspects of the curriculum to ensure mutual learning and innovation in its roll out. The PSS curriculum will target young boys and adult men from a gender perspective with a focus on equality and equity among sexes - particularly around boys' health and development. It will also be the first curriculum in the response that focuses specifically on masculinities and gender identity, substance abuse, HIV prevention, gender attitudes, violence and relationships with others.

IOM and UNFPA will be supporting male advocates against GBV in their communities and promoting women's inclusion particularly in leadership roles. IOM and UNFPA will seek to work with this demographic and involve them in all mitigation and prevention activities to mitigate risks to women and girls and at the same time increase the understanding of CRSV risks that they have faced. This will be done through community engagement and developing linkages between the multipurpose community centres, UNFPA's Women Led Community Centres (WLCCs) and IOM's WGSS to ensure structured GBV prevention programmes in line with a gender synchronized approach.

This curriculum will be complemented by a wide-range of community engagement activities including radio listening groups on specific topics, community dialogues with different groups including leaders and affected communities themselves, interactive popular theatre, engagement with community structures such as women's committees, awareness sessions as well as workshops with communities, government stakeholders and other humanitarian service providers.

In addition, UNFPA will initiate SASA! programming in five WLCC locations to be determined, which will reach men, women, girls and boys and aim to create a "critical mass" within the community that will support behaviour change around positive and negative uses of power. SASA! is a social mobilization approach that

¹⁶ IOM will potentially partner with the NGO Promundo.



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builds on the stages of change for individuals to scale up for community-level behaviour change. The intention is to encourage inclusive decision-making and equitable power sharing, thus targeting a root cause of GBV. SASA! expands the discussion around gender to an analysis of power that creates the basis for discussion of intra-family, community, and societal dynamics. Using a toolkit of SASA! materials that can be adapted to context, UNFPA and partners will receive intensive training and support on SASA! community mobilization theory and techniques which will be broadly integrated across WLCC and WFS awareness activities in these five sites. As staff develop expertise, additional sites will be targeted for SASA! training and support. While SASA! is often implemented in a development context, there is sufficient experience of use in protracted refugee/displacement situations to indicate feasibility of implementation of all four cycles (start, awareness, support, action) in a humanitarian context. During this one-year project, UNFPA will engage an International Consultant experienced in the SASA! approach to initiate the start phase of the project and UNFPA will mobilize funding for continuation of implementation in years two and three.

UNFPA and IOM will collaborate on a harmonized approach to ensure that IOM-led PSS curricula and SASA! activities are complementary and ensure adequate coverage in its targeted populations.

Activities will include:

- Conduct an assessment focused on gender norms, roles, beliefs, and practices within the host and Rohingya communities to understand their needs in order to design a sound and safe intervention
- Adapt gender-transformative/synchronized methodologies¹⁷ programme design): materials, roles, objectives, implementation strategies, activities and group curriculum for sessions
- Conduct pilot testing and gender sensitivity training with relevant staff and IPs who will ensure orientation and guidance on implementation
- Monitor programme using appropriate tools working closely with M&E teams and develop relevant analyses of gender-related data and knowledge products that can inform the body of knowledge and coordination for engaging men in the response overall

Output 2.2: Implementing partners, service providers and duty bearers trained have a better understanding of CRSV/GBV and mitigation strategies

On-going efforts to address the issue

IOM and UNFPA have, from the beginning of the emergency, worked to localize and strengthen capacities of national organizations to take the lead in specialized and high-quality GBV service provision, in line with best practices and global standards and guidelines. UNFPA leads the GBV Sub Sector in Cox's Bazar, of which IOM is a standing member, where technical guidance, workshops and development of interagency tools and initiatives takes place (including GBV referral pathways).

Proposed Response

Under this project, IOM and UNFPA will continue to organize trainings for implementing partners, service providers and duty bearers (police, camp managers and other relevant law enforcement authorities) on GBV risk mitigation and response specifically, GBV core concepts and key guiding principles, roles and

¹⁷ IOM plans to contextualise Promundo's approach to programming with Program H and M (for young men and women) and Program P (for caregivers) to address intimate partner violence, parenting and promote intergenerational approaches to gender equality. UNFPA and IOM will work through SASA!'s benefits-based approach focusing on scaling up the stages of change through community mobilization of men, women, boys and girls. IOM and UNFPA will work together to pilot both approaches and strengthen prevention programming in this intervention.



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responsibilities (for duty bearers), and core GBV programming standards among other specialized training themes as needed to build local capacity.

UNFPA will engage a GBV case management focal point to ensure the quality of service provision and its alignment with GBVIMS Global Standards.

Activities will include:

- Conduct a stakeholder analysis to identify relevant stakeholders that will be engaged in the project and ensure camp level training, orientation and support
- Facilitate regular safety risk mappings in the WGSS's and WFS and within community groups and include in weekly monitoring reports
- Provide quarterly trainings for community mobilisers, community advocates, and community leaders using community-based tools (e.g.: community posters, community conversations, safety audit monitoring, basic risk assessment and community safety mapping, and record keeping).
- Advocate for actions working alongside key sectors that reduce risks to women and girls, boys and men in their immediate environment including public lighting shelter/latrines, locks, and firewood/water collection working with WASH, Shelter and SMSD
- Carry out regular in-person feedback and support supervision sessions to members of existing community support and safety groups and local authorities to become better agents of ethical and safe referrals to GBV services
- Work with existing community safety groups and in the WGSS's and WFSs to develop messages on identifying GBV risks and develop community strategies in line with a survivor centred approach
- Facilitate training of trainers sessions, orientation sessions and facilitation skills training as needed on promoting GBV guiding principles and GBV basic concepts for the Community Watch Groups and other relevant community based structures to conduct safety audits
- Undertake mentorship and peer-peer support activities to develop the capacity of Women Support Groups to conduct GBV risks assessments and to be capacitated in providing emergency referral information at the community level
- Based on capacity gaps identified through a technical capacity assessment, provide capacity development and skills building training to IP's and relevant organizations who are listed under GBV referral pathways, to ensure the quality GBV services as needed

b. Specify the geographic location(s) of the proposal and/or countries addressed.

Cox's Bazar, Bangladesh: The action will be implemented in camps around Ukhiya and Teknaf Upazilas

	<u>UNFPA Service Coverage</u>	<u>IOM's Service Coverage</u>
Service Delivery for targeted beneficiaries	Kutupalong RC Camp 1E Camp 1W Camp 2W Camp 7 Camp 8E Camp 9 Camp 10 Camp 11	Camp 7 (Kutupalong MS) Camp 8W Camp 9 (Balukali MS) Camp 17 Camp 18 Camp 19 Camp 20 (Extension) Camp 23 Camp 24

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	Camp 12 Camp 13 Camp 14 (one new WFS currently under construction) Camp 15 Camp 20 Camp 22 Camp 23 Camp 24 Ukhia - Ratna Palong Teknaf – Sabrang	
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II. Proposal's compliance with UN Action's Strategic Framework

Based on the UN Action's Strategic Framework, the proposed activities fall under the support to UN systems at the country level response, with a specific focus on strengthening survivor-centred response activities for CRSV survivors, including MHPSS and livelihoods.

III. What pillar does the proposal fall under?

This joint project will contribute to the first pillar of UN's Action's Strategic Framework. IOM and UNFPA will work together to provide support to the Government of Bangladesh to mitigate risks and harmful consequences of CRSV/GBV with a focus on providing services to survivors and at-risk groups.

IOM and UNFPA will provide comprehensive and quality case management services, including referrals to emergency lifesaving medical services including CMR, access to safety for life-threatening cases, as well as to other CRSV/GBV related services, including primary and secondary health services, Mental Health and Psychosocial Support Services (MHPSS) including specialized or focused support, basic needs, and legal assistance. IOM is currently running 10 WGSS where case management services, tailored group PSS activities, including recreational as well as life skills activities, are provided. UNFPA is currently running 19 Women Friendly Spaces where in addition to the previously mentioned services, Sexual and Reproductive Health and Education (including CMR) is being provided. Twenty Primary Health Care Facilities currently run by UNFPA are also being equipped with GBV focal points to ensure comprehensive service provision for survivors. One WFS is under construction. Finally, CRSV survivors and individuals at risk of CRSV will have access to tailored market appropriate vocational, educational and life skills training and self-sustaining activities.

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

In Cox's Bazar, IOM and UNFPA will continue to expand their collaboration through the implementation of this project. IOM and UNFPA are members of the Protection Working Group (PWG) under the Inter-Sector Coordination Group (ISCG) and coordinate their protection related activities with the Protection Sector led by UNHCR and the GBV sub-Sector led by UNFPA. IOM and UNFPA participate in the sector's weekly meeting and provide inputs on activities implemented through the Protection bi-weekly Situation Report.

In terms of daily programme implementation, IOM and UNFPA will continue to coordinate with relevant members of the Protection Sector for referrals. Both agencies will also contribute to the standardization of tools and materials used to support the sector members' protection related services, such as the development of identification and referral forms for Extremely Vulnerable Individuals (EVIs).

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

Sustainability of actions will be built into the design of interventions, for example ensuring that those are fully supported by the government as well as investing in building the capacity of service providers, authorities and partners to build and enhance local structures and systems that will improve the sustainability of gains made during the project period.

UNFPA and IOM work closely with the Ministry of Women and Children's Affairs both nationally and locally to ensure services are provided as per minimum standards and best practice SOPs. UNFPA and IOM will continue to scale up their work with other GBV partners in the response – NGOs, INGOs and UN agencies actively participating in the GBV Sub Sector and relevant interagency forums.

UNFPA's direct implementing partners for the SRH/GBV Integration Programme include: International Rescue Committee (IRC) and local organisations Mukti, and Gana Unnayan Kendra (GUK). IOM operates its GBV programme both directly and through joint implementation with the local NGO, PULSE Bangladesh.

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

IOM and UNFPA have been closely collaborating with the local civil authorities and law enforcement entities such as militaries and police officers.

Through this project, IOM and UNFPA will reinforce the partnership with national authorities around CRSV and will conduct capacity building activities, including several trainings for the Government officials on district, sub-district and union level on protection principles, how to identify and address protection risks, gender and GBV related issues, as well as human trafficking.

This project will contribute to the *Framework on addressing Conflict-Related Sexual Violence against the displaced Rohingya population from Myanmar hosted in Bangladesh* recently signed between the Government of Bangladesh and the United Nations and in particular to the following pillars:

- Improving access of Rohingya survivors of sexual violence to comprehensive services including medical and mental health services as well as psychosocial support;
- Engaging with religious and community leaders;
- Engaging with civil society organisations, including woman and youth-led community organisations.

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 is leading the Global GBV Area of Responsibility. In Cox's Bazar, UNFPA is the leading agency in addressing and responding to GBV and SRH in response to the Rohingya refugee crisis. UNFPA is leading the GBV Sub Sector and SRH Working Group, where overall response coordination, and technical support and guidance is being facilitated to agencies who are implementing GBV and SRH services targeting refugees and host communities through the development and implementation of programmes in the greater Chittagong division including Cox's Bazar. Furthermore, UNFPA is ensuring integrated SRH and GBV services in all its interventions.



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For the self-reliance programme, UNFPA is partnering with WFP through Women Led Community Centres to provide skills to selected women and girls from host and refugee communities. A fundamental pillar of the programme focuses on engaging men and boys to support the success of this programme through GBV prevention and mitigation at community and family-level and facilitating discussions around GBV with males who may be potential survivors of sexual violence.

IOM was one of the first agencies to provide specialized support to GBV survivors in Cox's Bazar. IOM has increasingly focused its attention to looking at ways to integrate survivor-centred approaches overall in the response and a comprehensive and exceptional quality service package for all survivors.

IOM's GBV programme ensures survivor-centred medical, legal and PSS services as well as safety and security. With over 35 staff, IOM's specialized GBV intervention in Cox's Bazar focuses on GBV risk mitigation, prevention and response in line with IOM's Gender Based Violence in Crisis (GBViC) Framework. IOM manages 10 Women and Girls' Friendly Spaces (WGSS's) and operates the only 24/7 emergency shelter for GBV survivors and victims of trafficking in the response.

IOM's GBV team also provides individual GBV case management to male survivors through its SMSD office and centres and plans to scale up this intervention through dedicated counselling spaces in integrated community centres as well as specialized PSS curriculum development on masculinities, GBV and gender roles in line with a gender synchronized approach.

IOM is one of the largest health actors in the response (managing over 20 clinics), acts as co-lead of the MHPSS WG alongside UNHCR and participates extensively in the Sexual and Reproductive Health WG. IOM's GBV team works closely with IOM health in ensuring CMR and survivor centred communication in its clinics and health posts. Clinics with CMR are equipped with GBV focal points as well as a team of counsellors (MHPSS) to ensure streamlined and rapid support to the survivor and support the GBV caseworker in cases that require more focused and specialized support.

b. Describe the overall management structure of this project.

IOM and UNFPA will implement part of the activities through direct implementation and through their respective implementing partners.

IOM and UNFPA management staff will hold regular planning and coordination meetings to ensure standardised quality services and adequate coverage to address service gaps in the response and build upon its existing close coordination through interagency forums including its collaboration in the GBV SS WG, GBV Case Management Task Force and the GBV Information Management System (GBVIMS) Task Force at the field level.

In addition, IOM and UNFPA's GBV field teams will work together to target high risk areas in both the refugee and host communities through ensuring comprehensive care through individual case management, survivor centred health services, community outreach, and PSS services for women, men and boys and girls.

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

A detailed Monitoring and Evaluation (M&E) framework with Baseline and Goals will be developed within 1 month upon approval of the project.

Throughout the project, the Protection Team will be supported by IOM's Monitoring and Evaluation team in Cox's Bazar towards the implementation of the project's M&E framework, design of tools, and streamlining of monitoring and reporting systems.



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Project activities will be monitored through field monitoring reports (monthly) and regular field visits by the project management and IOM staff to ensure quality of services and collect data on indicators. A results-based management approach will be employed to ensure that proposed activities and services contribute to the achievement of the stated outcomes and impact as described in the project's result matrix.

Now operational in Cox's Bazar, the GBVIMS will be used as one of the data sources to monitor service provision to survivors of CRSV. UNFPA will provide GBVIMS capacity building to case workers to ensure data collection and sharing are in line with the Ethical and Safety standards for documenting and monitoring sexual violence in emergencies.

UNFPA and IOM will seek technical support through the GBVIMS Task Force and both organizations will undertake Monitoring and Evaluation in Cox's Bazar Sub Office. Ensuring capacity building of the implementing partners, quality information and reports monthly and quarterly. UNFPA and IOM are both conscious of the need for quality services, and through engaging community they focus on client-satisfaction to ensure continued improvement of their comprehensive GBV, PSS and SRH services. Regular mentoring and coaching is ensured for the service providers as part of service quality improvement.

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

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Comments/Justification:

Chairperson of the Resource Management Committee

.....
Name (Printed)

.....
Signature

.....
Date

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

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Signature

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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)

Participating UN Organization(s): IOM UNFPA		Focal Point of Participating UN Organization receiving funds: IOM, UNFPA Giorgi Gigauri (IOM) ggigauri@iom.int Asa Torkelsson (UNFPA) torkelsson@unfpa.org	
Project Number: UNA061		Project Duration: 1 year (end date: 31 December 2019) Estimated Start Date:	
Project Title: Strengthening Conflict Related Sexual Violence (CRSV) Support Services and Mitigation in Cox's Bazar		Project Location(s): Cox's Bazar, Bangladesh	
Total Project Cost: \$575,000 USD			
Total Amount Approved: US \$575,000			
Focal Point of Participating UN Organization receiving funds:	Name/Title Giorgi Gigauri Chief of Mission (IOM Bangladesh) Asa Torkelsson Country Representative (UNFPA Bangladesh)	Date 24/02/19 5/3/19	Signature  
RMC Chairperson: _____			



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TOTAL PROGRAMME BUDGET (US\$)			
CATEGORY	IOM	UNFPA	Total
1. Staff and other personnel costs	70,710	88,800	159,510
2. Supplies, Commodities, Materials	1,200	0	1,200
3. Equipment, Vehicles and Furniture including Depreciation	8,280	0	8,280
4. Contractual Services	0	0	0
5. Travel	7,200	7,200	7,200
6. Transfers and Grants Counterparts	100,000	51,620	151,620
7. General Operating and Other Direct Costs	116,348	86,025	205,848
Total Programme costs	303,738	233,645	536,238
Indirect Support Costs (cannot exceed 7%)	21,262	16,355	38,762
TOTAL	325,000	250,000	575,000