



Project Proposal
Supporting Interventions to Eliminate Violence
against Women and Children in Viet Nam under
Covid-19 Emergency Context in 2020

15 April 2020

Country: Viet Nam

UNDAF Outcome Area:

Outcome 4.2: Human rights protection, rule of law and strengthened access to justice

By 2021, the protection of human rights is strengthened with improvements to the justice system, greater adherence to the rule of law, more equitable access to justice, increased gender equality and effective prevention of all forms of discrimination and violence.

UNFPA Country Programme Document (CPD/CP9) Outcome 3: Gender equality and women's empowerment

Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

UNFPA CP9 Output 3.1:

Enhanced policy environment to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services through strengthened partnership with civil society organisations.

Project Goal:

All women and children in Viet Nam, including those most vulnerable, live a life free of violence and prioritized as part of the COVID-19 response.

Project Outcomes:

In the context of the accelerating Covid-19 pandemic, UNFPA, UNICEF and UN Women commit to strengthen the national response mechanisms to violence against women and children (VAWC) in the crisis.

- (1) Innovative communication to raise Government's and public awareness of increased risks of VAWC.
- (2) Availability of essential services for victims of violence against women and children.
- (3) Research and data collected to inform programming.

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Start Date: 1 June 2020

End Date: 31 May 2021

Estimated Total Budget

Total budget: USD 1,891,515

Australian Government:

AUD 2,500,000

(Equivalent to about **USD 1,537,515**)

Allocated Resources by Year

2020/21: USD 1,891,515

UN Contribution: USD 354,000

UNFPA: USD 153,000

UNICEF: USD 136,000

UN Women: USD 65,000

SIGNATURES (submission via email 15/04/2020)

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Abbreviations

| | | | |
|--------|---|----------|--|
| AWP | Annual Working Plan | MOCST | Ministry of Culture, Sports and Tourism |
| BWP | Bi-annual Working Plan | MOH | Ministry of Health |
| CCIHP | Center for Creative Initiatives in Health and Population | MOLISA | Ministry of Labour, Invalids and Social Affairs |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women | NIM | National Implementing Mechanism |
| CIP | Co-Implementing Partner | NIP | National Implementing Partner |
| CPD | Country Programme Document | NORAD | Norwegian Agency for Development Cooperation |
| CSAGA | Center for Studies and Applied Science in Gender, Family, Women and Adolescents | NP | National Programme |
| DIM | Direct Implementing Mechanism | ODA | Official Development Assistance |
| DOLISA | Department of Labour, Invalids and Social Affairs | PMU | Project management unit |
| DV | Domestic Violence | QWP | Quarterly Work Plan |
| EU | European Union | SDGs | Sustainable Development Goals |
| GBV | Gender-based Violence | UN | United Nations |
| GBVNet | Viet Nam Network for Gender-based violence prevention and response | UNDP | United Nations Development Programme |
| GDP | Gross Domestic Products | UNFPA | United Nations Population Fund |
| GE | Gender Equality | UNICEF | United Nations Children’s Fund |
| HPPMG | Harmonised Programme and Project Management Guidelines | UNODC | United Nations Office on Drugs and Crime |
| KAP | Knowledge, attitudes and practices | UN Women | United Nations Entity for Gender Equality and the Empowerment of Women |
| KOICA | Korea International Cooperation Agency | VAWG | Violence against women and girls |
| LGBTI | Lesbian, gay, bisexual, transgender and intersex | VFU | Viet Nam Farmer’s Union |
| MDGs | Millennium Development Goals | VWU | Viet Nam Women’s Union |
| | | WHO | World Health Organization |

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Glossary

Baseline and end-line survey/evaluation are assessments conducted to gather baseline and end-line data for understanding the difference between before and after the project implementation.

COVID-19 Pandemic: The novel Coronavirus (2019-nCoV) is a new strain of coronavirus first reported to WHO on 30 December 2019. Coronavirus infections may lead to pneumonia, severe acute respiratory syndrome and kidney failure which require intensive care, and may lead to death. The human-to-human transmission has been confirmed. The World Health Organization (WHO) declared the outbreak of COVID-19 a public health emergency of international concern that need for a more coordinated international response to the outbreak.

Duty bearers: Duty bearers are “those actors who have a particular obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations.”¹ The term typically refers to State actors, but non-State actors including private companies, development partners, donors and international institutions can also be considered duty-bearers.²

Essential Service Package: Comprises of **essential services** to be provided by the health, social services, police and justice sectors as well as the coordination of Essential Services and the governance of coordination processes and mechanisms to ensure the delivery of high quality services, particularly for low and middle income countries for women and girls experiencing violence

Field monitoring visits: These are part of the regular monitoring of the project conducted by the national implementing partner, co-implementing partner, PMU and UNFPA, UNICEF and UN Women. At the end of each visit, there will be a discussion with the national implementing partner, co-implementing partner, PMU and UN agencies on the findings and follow-up actions.

Financial Spot Check (FSC): A FSC is a periodic on-site review undertaken by UNFPA, in collaboration with UNICEF and UN Women to assess the performance of the project’s internal controls and the accuracy of the financial records maintained by the PMU. This is an important measure to propose solutions to address shortcomings (if any) and to ensure the quality management of cash transfers and equipment supplies.

Inter-sectoral Team: Composed of representatives from health, psychological, legal, social and protection services to provide case management as necessary, facilitate referrals and provide general oversight to One Stop Service Centers for survivors of GBV.

Project monitoring: Project monitoring is a routine function of the Project Management Unit (PMU) to keep project activities on the right track; when required, the PMU will take corrective actions.

Periodic review: As a part of the regular monitoring of the project, UN officers, together with the national implementing partner will review progress in relation to set objectives, outputs and activities as described in the annual work plan. Review meetings will be organized quarterly to address any issues relating to timings, budget, activities, outputs, objectives, difficulties, challenges and solutions.

“Survivor-centred” approach to services: A survivor centred approach creates a supportive environment in which survivors’ rights and wishes are respected, their safety is ensured and they are treated with dignity and respect. A survivor centred approach is based on the following key guiding principles: (a) safety, (b) confidentiality, (c) respect, (d) non- discrimination.

Rights based approach: A rights based approach seeks to analyse and address the root causes of discrimination and inequality to ensure that everyone has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.

“Do no harm” approach: A ‘do no harm’ approach involves taking all measure necessary to avoid exposing people to further harm as a result of the actions of humanitarian actors.

¹ UNICEF. 2007. Gender Equality and UN Coherence: Glossary.
<http://www.unicef.org/gender/training/content/resources/Glossary.pdf>
² UNICEF. 2007. Gender Equality and UN Coherence: Glossary.
<http://www.unicef.org/gender/training/content/resources/Glossary.pdf>

Rationale and Summary of Interventions under COVID 19

Rationale

On 30 December 2019, a new strain of coronavirus (2019-nCoV, or COVID-19) was reported to the World Health Organization (WHO). Since then, the COVID-19 virus has rapidly spread worldwide and turned into more than a global health crisis, but socio-economic as well. Viet Nam, like virtually all countries, has been deeply affected by the COVID-19 pandemic. As of 15th April, there were 267 confirmed cases of COVID-19 reported in Viet Nam, with a sharp increase in the latter half of March. Over 77,000 people, including girls, boys and women, are quarantined at home and in facilities as of 13th April (Ministry of Health). Starting from April, the Government of Viet Nam has imposed stricter social distancing measures than those previously in place since the outbreak of COVID-19 pandemic in neighbouring China. These included the closure of schools, suspension of public transports, shut down of non-essential service facilities, ban of public gatherings and nationwide social distancing.

The COVID-19 pandemic, together with these control measures, have had major multidimensional impacts on the lives of all people in Viet Nam, especially children, women and other vulnerable groups. History has demonstrated that in any country, disease outbreaks impact men and women, adults and children differently. For women and children, disease outbreaks like COVID-19 can place them at greater risk of violence, including gender based violence (GBV), particularly in contexts where gender inequality is already pronounced. For women, outbreaks can include increased exposure to intimate partner violence due to tensions in the home in the face of dwindling family resources and under confinement conditions, while the economic impact can place women at higher risk of sexual violence and exploitation.³ Also, global research has shown that during a period of crisis, the risk of domestic violence escalates as perpetrators seek to maintain a sense of power and control in their lives. In previous global health crises, like Ebola, studies have afterwards shown a surge in domestic violence during quarantine at home.⁴ Similarly, women's rights organizations, researchers, and service providers across the globe are already reporting increases in VAWC incidents reported to them since the COVID-19 outbreak in countries directly affected.⁵ For example, hotlines for victims of domestic violence in Malaysia have reported a 57 percent increase in calls while orders aimed at controlling movement are in effect.⁶ In Hubei province in China where the outbreak of the virus started and quarantine measures have recently been lifted, domestic violence more than tripled.⁷ Some women in Viet Nam have reported that they would prefer to put themselves at risk for COVID-19 in public, rather than stay at home isolated with a violent and abusive partner.⁸ The Peace House, a shelter for women and girl victims of domestic violence and abuse under the Viet Nam Women's Union, has received double the usual number of clients since COVID-related measures were introduced.

Due to the outbreak of COVID-19, parents and children in Viet Nam are facing major life disruptions. The swift action to close all education facilities including all schools and kindergartens has directly affected more than 21 million children in 44,000 schools and kindergartens. School closures indeed

³ https://asiapacific.unfpa.org/sites/default/files/pub-pdf/COVID-19_A_Gender_Lens_Guidance_Note_3.pdf

⁴ <https://reliefweb.int/sites/reliefweb.int/files/resources/genderandgbvfindingsduringevdresponseindrc-final8march2019.pdf>. (In addition to domestic violence, a rise in sexual violence and exploitation resulted from the Ebola crisis).

⁵ <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/vawg-helpdesk-284-covid-19-and-vawg.pdf>

⁶ Virus lockdown causing rise in domestic abuse, The ASEAN Post, 30 March 2020; MCO causes spurt in number of calls to helpline for kids abused, 26 March 2020.

⁷ Impact of COVID-19 Pandemic on Violence against Women and Girls, DFID VAWG Help Desk Research Report, 16 March 2020.

⁸ Report by women's organization in Viet Nam providing assistance to survivors of violence against women, in UN Women Asia and the Pacific, The First 100 Days of COVID-19: A Gender Lens, 10 April 2020.

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heightens the exposure of children to pre-existing child protection concerns and risks that may be exacerbated by the additional pressure that families are experiencing as a result of the restrictive measures that have been implemented to prevent the virus spread such as increased stress, income loss, increased drug and alcohol abuse, worsening of pre-existing mental health conditions. These include domestic violence, sexual abuse, improper practices in parental care that children experience at home, neglect - especially in those cases where parents still have to go to work, isolation and psychological distress. The medium to longer-term consequences of the ongoing crisis include a potential rise in school drop-out cases in the post-emergency phase, child labour, and sexual exploitation with wider exposure to violence and abuse threatening children's safety and translating into consequent missed opportunities for their future.

The effects of the COVID-19 crisis and the response measures thereto, have exacerbated pre-existing deficiencies related to existing services to address violence against women and children, that in light of the current situation need immediate support and strengthening, and while at the same time contribute to a more structural reinforcing on the medium and longer term. Viet Nam is at a critical phase to contain COVID-19 and minimize its direct and indirect impacts on its population and society, including children.

Intervention

Together with other UN partner agencies, UNFPA, UNICEF and UN Women are supporting the government's ongoing efforts in the COVID-19 emergency, with the objective to build strong and more resilient national systems that can better respond to the social impacts of COVID-19 pandemic, especially to address VAWC in a holistic and systemic ways.

The purpose of this joint initiative proposal, developed by UNFPA, UNICEF, and UN Women is to strengthen the national response mechanisms to VAWC in context of the COVID-19 crisis. In times of unprecedented crisis, ensuring that all women and children in Viet Nam, especially those most vulnerable ones, can live a life free of violence as per SDG5 to achieve Gender Equality and Goal 16 to end all forms of violence against children take more relevance than ever, and requires the unequivocal commitment of all partners to work jointly under one common goal.

The joint initiative will put forward emergency crisis support in a relatively short period from 1 June 2020 to 31 May 2021. In the current situation of Viet Nam, it is very likely that most cases of VAWC will remain unreported due to the pre-existing lack of available, safe, ethical and quality response services – a problem which will be compounded by the flooding of health services responding to the COVID-19 outbreak, restricted movement, as well as fears of stigmatization, reprisal, and lack of access to appropriate information on seeking help. It is therefore essential to have **a well-functioning national hotline** to report VAWC that is not just available in traditional ways via phone and online, but also corresponds to the specific circumstances of the situation. Without access to private spaces, many women will struggle to make a call or to seek help online.⁹ The uses of supermarket and pharmacies for awareness raising campaigns or as accessible and safe places to report cases can also be considered, as have been reported in different countries.¹⁰ Since both homes and quarantine centers pose particular risks for the safety and protection of women and children in terms of violence and sexual abuse, contracting hotels to temporarily host victims and survivors including their children can be an option.¹¹ It is therefore imperative that the hotlines and alternative services as well as shelters and health services for survivors of VAGW are considered essential services.¹²

⁹ Policy Brief: The Impact of COVID-19 on Women, by S-G Guterres, 9 April 2020, p. 13

¹⁰ Spain, for example, created a code word “mascarilla19” for women to seek for help in pharmacies.

¹¹ UNICEF and UN Women have been working with MOLISA to provide guidelines on standards for center managers, code of conduct for personnel, and information on rights and services for women and children.

¹² 5 Points that Governments Can Do Now, by Anita Bhatia, March 2020, 10 Point Checklist by Asa Regner, March 2020,

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It should be noted that at the start of the initiative, there will be a rapid assessment of the COVID-19 outbreak situation and its economic, social and health impacts on the population (with disaggregation), particularly on VAWC, and support needs to inform programming of interventions.

Essentially, the proposed project aims to tackle VAWC in Viet Nam with the goal that *all women and children in Viet Nam, including those most vulnerable, live a life free of violence and prioritized as part of the COVID-19 response*. The initiative will ensure **timely and effective prevention and response services to violence against women and children**, which should be available in COVID-19 outbreak. The proposed project envisages making substantial contributions to the achievement of three distinct but inter-connected outcomes, or three pillars, namely: **firstly, promoting violence prevention** through innovative communication campaign and activities to raise Government's and public awareness of increased risks of VAWC; **secondly, developing appropriate responses** through establishing integrated essential services in a number of target provinces; and **thirdly, supporting research and data collection including M&E** to inform programming to national responses.

In order to achieve the project's outcomes, it is recognized that there is a need to bring on board key partners in order to ensure that the project will mobilize the best knowledge, experience and expertise in the country in order to increase the reach of the interventions, promote coordination and reduce fragmentation and duplication. Within the UN, the proposed project will bring the experience and comparative advantages of UNFPA, UN Women and UNICEF which have within their mandates to prevent and respond to VAWC, including emergency support.

National ownership lies at the heart of this project, with implementation of project activities closely aligned with Viet Nam's own goal of not only coping with COVID-19 epidemic but also mitigating its economic, social and health impact on society, and with space for partnership with civil society service providers who are doing the frontline VAWC service provision.

The project is funded through DFAT as the sole donor, which will be channeled through UNFPA, and financial/in-kind contribution from the Viet Nam Country Offices of UNFPA, UNICEF and UN Women. Funding from the Australian Government is through support of the bilateral programme in Viet Nam and the Gender Equality Fund from Canberra.

Consultation with Government

The Government partners have fully participated throughout the development process of this project proposal. Under the framework of UNFPA supported project to MOLISA (2017-2021), UNFPA, MOLISA, MOCST and VFU met in mid-March 2020 to discuss on the situation of GBV during pandemic and jointly expressed a concern on the possibility of increased violence against women. Possible actions which have to be implemented quickly were brainstormed, and UNFPA shared the possibility of having more funding from DFAT for this topic under the framework of the new project which was scheduled to be finalized in April. It was agreed that a Joint Action Plan on prevention and response to GBV and COVID-19 would be developed by three Government Agencies, which can be immediately financed by UNFPA regular resources, and that UNFPA would find the ways to mobilize additional resources.

Policy Brief: The Impact of COVID-19 on Women, by S-G Guterres, 9 April 2020, Asia Pacific brief: The COVID-19 Outbreak and Gender, February 2020, <https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/03/ap-giha-wg-advocacy.pdf?la=en&vs=2145>.

1. Background

1.1. Economic, social and demographic context

Viet Nam is a lower middle-income country with a population of 96.2 million (as of 2019)¹³ and a market-based economy with a socialist orientation. Over the past 30 years, Viet Nam has achieved impressive social and economic development, advancing its regional and global integration process through various trade agreements.¹⁴ The country also achieved a number of the Millennium Development Goals (MDGs).¹⁵

Despite this socio-economic progress, significant disparities across regions and population groups remain. Poverty rates have declined to 5.8% of the population being below the national poverty line in 2016. Although there have been considerable gains, poverty rates remain higher among ethnic minorities and female-headed households.¹⁶ The work hours of men and women are almost equal regarding paid work, but the burden of care and housework is much greater on women than men. In small and medium enterprises, women often lead, but in larger enterprises majority of women has hardly any decision-making powers. According to data of ILO Labour Force Survey (2014), 68% of women workers were in vulnerable employment compared with less than 57% of men workers. It is noteworthy that gender gap in vulnerable employment appears to increase substantially with age: 2% point difference between women and men in the 15-24 age bracket to 20% points in the 55-59 age bracket. The survey also showed that, the main sectors of employment for women after agriculture are: manufacturing (16% of total female employment), trade (15%); hotel and restaurants (6%). Paid domestic services is by far the most female-intensive sector in the whole economy (93%). All of these sectors can be foreseen to be strongly in the case of economic crisis, especially in times of virus outbreak that have led to the travel restriction and social distancing. Due to covid-19 impact on job lost, women have to do many home-based jobs to make a living. Regarding political leadership, Viet Nam ranks 99th in the world, due to the fact that most political leadership positions are filled by men, including all Minister posts.

New vulnerabilities have emerged from the processes of urbanization and industrialization. The near-poor, barely above the poverty line, are susceptible to internal and external shocks. Internal migrants working in industrial zones and in the informal sector lack access to basic social services. Viet Nam's population is also rapidly ageing, with 11.3% over the age of 60.¹⁷ The social protection system falls short in providing a minimum "floor" of support for vulnerable groups.¹⁸ Climate change affects population dynamics, as sea-level rise will trigger substantial outmigration from coastal and river delta areas. Linkages among climate change, gender, inequality, poverty and population dynamics call for inter-sectoral policymaking.

Viet Nam is still in a demographic bonus period: in 2015, more than half of the population are younger people aged 15-49.¹⁹ While the importance of investing in youth is widely recognised, there is need to strengthen comprehensive youth development and participation in the development and approval processes of national development plans and programmes. There are barriers for young people,

¹³ General Statistics Office of Viet Nam. 2019. The Viet Nam Population and Housing Census 00:00 hours on 1st April 2019: Selected Key Indicators.

¹⁴ ASEM Connect: Long-term strategy. <http://asemconnectvietnam.gov.vn/default.aspx?ZID1=14&ID1=2>

¹⁵ Socialist Republic of Viet Nam. 2015. Country Report: 15 years of achieving the Viet Nam Millennium Development Goals. <https://www.vn.undp.org/content/vietnam/en/home/library/mdg/country-report-mdg-2015.html>

¹⁶ World Bank. 2018. Climbing the Ladder: Poverty Reduction and Shared Prosperity in Vietnam.

¹⁷ General Statistics Office estimate for 2017 as cited in the Mid-term Review of CP9-UNFPA Viet Nam Final Report.

¹⁸ Institute for Labour Science and Social Affairs (MOLISA). 2017. Social Protection in Vietnam: Achievements, challenges and development orientation. <http://ilssa.org.vn/en/news/social-protection-in-vietnam-achievements-challenges-and-development-orientation-171>

¹⁹ United Nations Population Division. World Population Prospects Database (Percentage of total population by broad age group, both sexes (per 100 total population) accessed 26 January 2020. <https://population.un.org/wpp/DataQuery/>

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particularly for internal migrants, to accessing sexual and reproductive health services and information. Available sexual reproductive health services do not fully meet the wide needs of unmarried young people, leading to a significant number of unwanted pregnancies. The adolescent birth rate among ethnic minorities is high, at 115 births per 1,000 girl teenagers compared to 30 for the Kinh/Hoa population.²⁰ The comprehensive sexuality education (CSE) curriculum is not effectively implemented in schools, and adolescents are often not informed of issues related to sexuality, reproductive health and rights, and gender equality.

Gender equality in Viet Nam has improved over time but a number of issues remain. The country has been successful in meeting MDG 3 on gender equality and has achieved the target on eliminating gender disparity in primary and secondary education. The representation of women in the National Assembly in the 2016-2021 term stands at 26.7%, above the average rate of 20% for Asian countries and the global average of 25%.²¹ However, there are no female Ministers and women are underrepresented in leadership positions in politics. Nevertheless, the overall proportion of women represented in decision-making positions in Viet Nam is still very low. Violence against women and girls (VAWG) remains prevalent due to unequal power relations between men and women within the private and public spheres. The preference for sons²² combined with Viet Nam's population policy and availability of sex selection technology is suspected to have been contributing to a highly imbalanced sex ratio at birth (111.5 boys for every 100 girls, GSO 2019).²³

Barriers also exist in women's access to resources, services, productive assets, technical and vocational education, and training opportunities. These obstacles create unfavourable patterns in women's occupations and in the quality of working conditions and earnings; the wage gap between men and women has been increasing, contrary to the trend in other countries. Women remain predominantly employed in informal occupations, where they earn on average 50% less than men and face higher job insecurity.²⁴ The earlier retirement age for women (55 years old for women and 60 years old for men²⁵) limits their job, promotion and training opportunities and results in lower monthly pensions compared to men.²⁶ In addition, gender stereotypes strongly affect not only women and girls, but also sexual minorities (lesbian, gay, bisexual, transgender and intersex [LGBTI] individuals) and those who do not conform to gender norms.

1.2. Legal and policy framework related to VAWC

Viet Nam has been making good progress in improving its legal framework for gender equality and domestic violence prevention. The introduction of the Law on Gender Equality (2006) and the Law on Domestic Violence Prevention and Control (2007) were landmark victories in the battle for gender equality in Viet Nam. The laws are operationalised through the National Programme on GBV and the National Action Plan on DV both due for updating to cover the period 2021-2025. In addition, the

²⁰ General Statistics Office and UNICEF, 2015. Viet Nam Multiple Indicator Cluster Survey 2014, Final Report. Ha Noi, Viet Nam.

²¹ International Parliamentary Union. 2019. Women in National Parliaments Database accessed 26 January 2020. <http://archive.ipu.org/wmn-e/world.htm>

²² UNFPA. 2011. Son preference in Viet Nam: Ancient desires, advancing technologies. Qualitative research report to better understand the rapidly rising sex ratio at birth in Viet Nam. <https://vietnam.unfpa.org/en/publications/son-preference-viet-nam-ancient-desires-advancing-technologies>

²³ General Statistics Office of Viet Nam. 2019. The Viet Nam Population and Housing Census 00:00 hours on 1st April 2019: Selected Key Indicators.

²⁴ MOLISA and ILO. 2011. The informal economy in Viet Nam. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_171370.pdf

²⁵ A new law will be implemented from 2021, with a long process of increasing retirement age for 3 months for every year (from 2021), raising the retirement age to 60 years for women and 62 years for men, narrowing the existing gender gap by three years.

²⁶ Nhan Dan Online: Viet Nam plans to raise retirement age to 62 for men and 60 for women. <https://en.nhandan.com.vn/society/item/7421002-vietnam-plans-to-raise-retirement-age-to-62-for-men-and-60-for-women.html>

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National Strategy on Gender Equality (NSGE) 2011-2020, as well as the next NSGE for 2021-2030, both of which are developed and coordinated by MOLISA with the technical and financial assistance of DFAT and UN Women as well as other stakeholders, set targets towards the ultimate goal of eliminating violence against women and shows Viet Nam's serious commitment to this end.

Eliminating GBV is closely aligned with the global post-2015 development agenda articulated in the Sustainable Development Goals (SDGs), adopted by the UN General Assembly in September 2015. SDG 5 seeks to achieve gender equality and empower all women and girls, which includes the realization of their full human rights, the elimination of all forms of discrimination and violence and the engagement of men and boys.

Actions to prevent and respond to GBV and address the needs of survivors have increasingly become a priority concern for the international community, the United Nations (UN), governments, CSOs and other stakeholders. From the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1979; the Vienna Declaration and Programme of Action adopted in 1993 at the World Conference in Human Rights; the Beijing Platform of Action adopted in the Fourth World Conference on Women in 1995; to the Convention on the Status of Women (CSW) in 2013, and the SDGs adopted in 2015, GBV has been placed high on the agenda of influential international actors and agencies.

Regarding violence against children, Viet Nam has made considerable progress in recent years in addressing violence, sexual abuse, child labour and trafficking of girls and boys. The National Programme on Child Protection (2016-2020) and Law on Children (2016) provide legal and policy foundation for the child protection system. The Penal Code and Penal Procedure Code (2015) have enhanced provisions on children, although still leave some important protection gaps. In 2019, Viet Nam approved the National Plan of Action on Prevention of Violence and Abuse of Children (2020-2025), which introduces a multi-disciplinary approach to child protection service delivery.

The proposed interventions are timely as the UN including UNFPA celebrates, in 2020, 75-year anniversary, and the year 2020 has been marked as the Decade of Action to effectively use the upcoming 10 year period to achieve the Sustainable Development Goals. They come also following the 25-year anniversary of the International Conference on Population and Development, culminated at the Nairobi Summit in November 2019, and the 25-year anniversary of the Beijing Platform of Action in 2020. Additionally in 2020, Viet Nam will celebrate the 30th anniversary of its ratification of the Convention on the Rights of the Child, as the first in Asia and second in the world. In addition, the year 2020 marks the year of the Generation Equality initiative and subsequent launch of multi-stakeholder Action Coalitions by UN Women globally. Viet Nam is expected to be an active participant in both. Gender-based violence is one of the core themes of UN Women's work worldwide and also one of the six themes of the Action Coalitions. UN Women is committed to a multi-stakeholder approach for sustainable progress focusing on data collection, advocacy and awareness and cooperation domestically as well as internationally.

1.3. Situation Assessment of VAWC

Gender equality and women's empowerment are prerequisites for achieving the SDGs and are fundamental to Viet Nam's continued social and economic development. The key gender issues in Viet Nam include effectively combating GBV, which has been identified by the Government as one of the country's top priorities. The common forms of GBV are physical violence, sexual violence, emotional abuse, economic abuse and human trafficking. About 58% of ever-married women aged 18-60 reported that they had experienced some forms of violence at least once in their lifetime by their husbands or intimate partners, while 87% of them never sought help from formal service providers or the

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authorities.²⁷

The risk and protective factor analysis was conducted for 4,838 Vietnamese women's experiences of physical and/or sexual intimate partner violence. It used the General Statistics Office's national study on DV (replicating the methodology of the representative GSO-WHO multi-country study). It was found that women were more likely to experience violence if their husbands practice controlling, harmful or violent forms of masculinity or if they or their husbands have experienced violence during their childhood. The analysis found that women whose husbands drink every day were seven times more likely to suffer violence compared to women whose husbands never drink. If a husband drinks alcohol about once a month, the risk of violence for his wife is three times higher. In addition, women whose husbands fight with other men have a more than five times higher risk of violence and if their husbands have extra-marital relationships, their risk of violence is about 3.4 times higher than for women whose husbands do not. Violence is more common in rural areas where over 60% of women experience it. GBV is also a particular problem in some ethnic communities.²⁸ Preliminary results from the second national survey conducted in 2018 suggest there has been only minor improvements in the situation.²⁹

Other types of GBV outside of family settings have been overlooked. Adolescent girls and young women are especially at risk of various forms of GBV including sexual violence, sexual abuse, rape, incest, harmful practices such as child marriage, and cyber violence. They are at risk at home, at work, in school, or on the street.

The fundamental cause of violence against women is gender inequality which translates into unequal power and control over resources between men and women. Traditional culture and gender stereotypes are major barriers to gender equality and ending GBV. Subordination of women, which fosters negative attitudes towards women and stereotypes, is deeply entrenched. Men play a very important role in changing these cultural norms and gender stereotypes. However, communication about GBV targeting men and boys, and inclusion of them in policy and programs, including campaigns to promote for gender equality and elimination of GBV, are still limited.

Women's access to legal aid and protection remains limited. Lack of information on availability of health care, social services, police and justice service, as well as cultural stigma that places the blame on women when violence occurs, create a great barrier hindering survivors' ability to access these services. A study from 2010 found that only 43% of disclosed domestic violence cases in Viet Nam came to the attention of the police; only 12% of reported cases resulted in criminal charges; only 1% of reported cases led to conviction; and 77% of cases were not brought to the attention of legal aid providers.³⁰ Another barrier is that GBV survivors do not have access to available quality essential response services.

Domestic violence against women affects not only individual victims and their families but also Vietnam's economic development. The overall productivity loss caused by violence against women (VAW) was estimated at 1.78% of GDP in 2010.

There are existing initiatives underway by various actors that are working towards eliminating GBV and DV. However, crucial elements, such as multi-sectoral coordination, and standardized guidelines are still needed. To support the Government of Viet Nam in addressing the identified gaps, UNFPA Viet

²⁷ General Statistics Office, Results from the National Study on Domestic Violence against Women in Viet Nam: Keeping silent is dying, 2010.

²⁸ UNFPA, Fact Sheet 1 on the National Study on Domestic Violence against Women, 2012.

²⁹ This survey showed that rates of intimate partner violence remain high; attitudes towards harmful gender norms have not changed since the first National study (2010); and few women are accessing support services despite investment in their improvement.

³⁰ UNODC, Research on Law Enforcement Practices and Legal Support to Female Survivors of Domestic Violence in Viet Nam, 2011

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Nam, under the CPD for 2017-2021, committed to support the Government to enhance the policy environment to prevent GBV and harmful practices and enable the delivery of multi-sectoral response services through strengthened partnership with CSOs. With significant reductions in official development assistance, innovative approaches and partnerships are required to address the remaining challenges in Viet Nam. The role of UNFPA to uphold normative principles and standards, provide evidence-based policy advice, and promote a rights-based approach to development is critical. The Sustainable Development Goals (SDGs) provide a multi-stakeholder platform for UNFPA to partner with other UN agencies to offer integrated policy support towards a sustainable, inclusive and equitable society.

Violence against children (VAC) is widespread in Viet Nam. While the Government of Viet Nam reports over 2,000 cases of child abuse every year, of which 75 per cent are of sexual abuse, this is only the tip of the iceberg, representing a much more complex and wide-spread phenomenon. Viet Nam lacks comprehensive data on the nature and extent of child sexual abuse. 68 % of children (aged 1-14 years) in Viet Nam reported experiencing some form of violent discipline and 58 % have experienced psychological aggression³¹. School violence is prevalent. The most common types of school violence are bullying and corporal punishment by teachers. Only less than 1 in 5 boys and girls reported feeling safe at school. Girls are often at greater risk of forms of humiliating treatment and sexual violence. Among women participating to the National Violence Against Women Prevalence Survey who had children under 15 years old, nearly 24% reported that their husbands perpetrated some form of emotional or physical violence against their children³².

2. Ongoing Programmes and Lessons Learned

2.1. Ongoing activities addressing VAWC

UNFPA is currently implementing the following projects/programmes related to VAWC:

1. **UNFPA-Government of Australia** partnership to support the Vietnamese Government on the **2nd National Study on Violence against Women and Girls**, with research components on risks and protective factors, and costs of violence. Viet Nam is the first country in Asia and Pacific that undertook the second study.
2. UNFPA-Government Joint Project on Building a Model to respond to Violence Against Women and Girls in Viet Nam funded by KOICA from September 2017 to December 2020: Three national communication campaigns were conducted between 2017-2019 with more than 50 activities organized. It mobilised the direct participation of nearly 14,500 people, and that millions of people have responded and accessed the Campaign's messages through various communication channels and social media. In addition, a supporting centre for GBV survivors is being established and will be in full function in March 2020 to provide essential services for GBV survivors in Quang Ninh province and nearby locations
3. To **support the Ministry of Health** to increase universal access, improve the quality of **sexual and reproductive health and family planning services** and respond to emerging issues through developing and monitoring the implementation of evidence- and human right-based laws, policies and programmes with output 5 on developing and monitoring the implementation of policies and programmes on health sector responses to gender-based violence and sex ratio at birth imbalance (VNM9P01), period 2017-2021
4. Support the development and implementation of evidence and human rights-based policies and

³¹ 2014 Multiple Indicator Cluster Surveys (MICS), GSO and UNICEF.

³² Opportunities for and Challenges of Integrative VAC-VAW Approaches in Viet Nam, UNFPA, UN Women and UNICEF, 2019

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programmes on prevention and response to gender-based violence/domestic violence and addressing sex work-related issues (VNM9P02), period 2017-2021

5. Global Programme to Prevent Son Preference and Gender-biased Sex Selection: Improving the sex ratio at birth in select countries in Asia and the Caucasus, period 2017 -2019, funded by EU
6. Addressing Gender Biased Sex Selection and related harmful practices in Viet Nam. Support for regional, national and south-south interventions, period 2020-2022, funded by NORAD
7. **Global UN Joint Programme “Essential Services for Women and Girls subject to Violence”** from November 2017 to December 2019 together with UN Women, WHO and UNODC – likely next phase from 2020, and Viet Nam is one of the five pilot countries in Asia Pacific region under this programme.

The end-line findings show that the joint efforts of UN organizations to implement ESP principles with the Government of Viet Nam and different Ministries have resulted in creating an enabling environment and improved awareness and improved capacity towards addressing GBV related issues. Overall, an increase in awareness of ESP was noted, and initial consensus was reached among government and UN agencies on the importance of the ESP in terms of improving the quality and effectiveness of essential services to address VAWG. Significant improvements in the availability and access of health, justice, policing and social services have been noted. Regulations and essential standards of social services have been integrated as per ESP principles. Awareness on the available services and its use in the community has increased. The ESP programme has started showing its impact on improving awareness and use of quality services.

Globally, an assessment of the implementation of ESP (2017-2018) in 10 piloting countries was conducted. Initial findings demonstrated that ESP is contributing to improving the standard and delivery of overall essential services across the health, police and justice, social services sectors, as well as in coordination in pilot and selected ‘self-starter’ countries. The ESP has improved the access to coordinated, quality essential services for women and girls. The ESP guidelines have been instrumental in assisting a number of countries to make policy changes needed at a national level. While there are a number of differences among each pilot and selected self-starter country that are implementing the ESP under the Joint Programme, the Package has clearly contributed to improving the standard and delivery of overall essential services to increase the safety of women and girls across the globe. However, there have been a number of challenges that the pilot and self-starter countries have faced in their work and need more efforts to tackle in the coming time.

Under UNFPA’s CPD 9 (2017-2021), several activities to promote gender equality and to address GBV have been completed, including piloting of the **Responsible Fatherhood Programme by Viet Nam Farmers' Union** in three rural provinces (Quang Binh, Bac Kan, Hau Giang), and by CSAGA and CCIHP in two cities (Quang Ninh and Ha Noi), conduct annual communication campaign on prevention of VAWG in response to the National Action Month on GE and prevention of GBV (Nov – Dec), as well as **UN Secretary General Campaign on 16 days activism on ending VAWG (coordinated by UN Women)**. UNFPA has supported several quantitative and qualitative research studies on GBV and GBSS to provide evidence for revision/formulation of laws, policies and programmes. Guidance, toolkits, and training manuals on providing essential services for GBV survivors have been developed. Activities have been conducted to build capacity for managers and service providers in essential services for GBV survivors. In addition, a draft M&E framework on GBSS, with a set of indicators for monitoring and evaluating GBSS interventions and SRB trends, and Advocacy and Communication Toolkit on GBSS was completed.

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UNICEF is currently implementing the following projects:

1. **UNICEF cooperates with MOLISA** and other 13 co-implementing partners to strengthen capacity of key State actors to develop the legal, policy, budgetary and programme framework for establishing an **operational child protection and child justice system** and the development of the social work profession.
2. As an immediate response to the **COVID-19 outbreak**, **UNICEF in collaboration with UN Women have partnered with MOLISA** to develop guidelines and materials to **safeguard women and children from violence and abuse in quarantine centres** managed by the **Ministry of Defence**.
3. The “Justice and Legal Empowerment Programme” funded by the EU (EU JULE) to increase access to justice for vulnerable groups and in particular for women, children, ethnic minorities, and poor people from November 2017 to November 2020 (with a potential extension for one year).
4. The **Integrated Early Childhood Development (IECD)** Project with Provincial People’s Committees of Dien Bien, Gia Lai and Kon Tum, which models inclusive and quality IECD services, including **child protection and case management and a holistic parenting programme**. The Child-Centred Disaster Risk Reduction for Resilience project with the Provincial People’s Committee of Ninh Thuan, which aims to contribute to the realization of children’s right to protection from violence, abuse and exploitation in times of natural disaster.
5. The Child Friendly City Initiative Project with Provincial People’s Committee of Ho Chi Minh City, which aims at supporting national and city government to implement the CRC recommendations related to protection of children from violence and abuse.
6. The Strengthened Access to Justice and Protection of Minors in Contact with the Law Project with the Ministry of Justice, which aims at strengthening protection of children under-18 who are in contact with the justice system.
7. The sensitization of **Comprehensive Sexuality Education (CSE)**, which is jointly carried out by **UNICEF, UNFPA and UNESCO**. This aims to support school children, young people not only learn how to **recognise and stay away from all forms of gender-based violence**, but they also learn how to prevent it, to not perpetrate it, and know where to get help. Students of all ages learn essential life skills such as empathy, negotiation, decision-making and critical thinking, encouraging them to question social and cultural norms that support unequal gender and power structures, and which often lead to violence.

UN Women is currently implementing the following projects/programmes related to VAWC:

1. The 5-year project (2016-2020) with **Da Nang Women’s Union** on **Engaging men and boys and mobilizing community-based approach to end violence against women and girls** and advocate for policies and programmes on GBV prevention at the national and subnational levels **toward the achievement of National Scheme on GBV Prevention and Response (2016-2020)**.
2. The project “Change Makers for gender equality” (2016-2020) with Youth’s Union to promote the participation of youth on social norm changes and youth’s innovative ideas for gender equality and the empowerment of women.
3. The project ‘**Safe cities for women and girls**’ with **Ho Chi Minh Department of Labour-Invalids and Social Affairs** (2017-2021) to strengthen the policies and projects of Ho Chi Minh city to address sexual harassment and sexual violence in the public space in Ho Chi Minh city.

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4. Support national initiatives and efforts on data collection and dissemination to monitor and measure progresses on gender equality and the empowerment of women, including GBV issues (2016-2017) with General Statistic Office.
5. The project “Capacity development for the review of the National Strategy on Gender Equality (NSGE 2011-2020) and the development of the new NSGE (2021-2030) with **Department of Gender Equality - Ministry of Labour-Invalids and Social Affairs, funded by the Government of Australia.**
6. **Coordinated UNFPA, WHO and UNODC** for the implementation of the **Joint Global Programme on Essential Services for Women and Girls Subject to Violence** (2017-2021) in Viet Nam. .
7. The project ‘Strengthening the capacity of the justice sector to the **access to justice for women as survivors of VAW in Viet Nam**’ (period 2016-2020) with **Ministry of Justice.**
8. Coordinated the implementation of **Spotlight Initiative to eliminate violence against women and girls in Viet Nam**: “Safe and Fair: Realizing women migrant workers’ rights and opportunities in the Association of Southeast Asian Nations (ASEAN). This is a global, multi-year initiative between the European Union (EU) and the United Nations (UN) with the overriding objective of ensuring that labour migration is safe and fair for all women in the ASEAN region (2017-2021).
9. UN Women works to support women and girls in humanitarian crisis, focusing the needs of the most vulnerable groups and protection of women’s rights and dignity. Since 2018, UN Women has been the **co-chair of the gender and protection working group under the Disaster Management Groups** – a coordination mechanism to share information, conduct assessment and **promote gender integration in humanitarian response and to ensure the protection of women** and the most vulnerable groups in humanitarian crisis in Viet Nam.

In this project, UN Women’s would contribute its work on prevention through community-based approaches, engagement of youth and men, and the promotion of safe cities and public spaces for women and girls, the coordination of essential services and join efforts to improve the response of the justice sector to cases of GVB and in particular sexual violence.

2.2. Key lessons learned

The cooperation programme between UNFPA, UNICEF, UN Women and Government of Viet Nam showed that these three UN agencies have provided valuable evidence-based technical and strategic supports for the implementation of the priorities identified by the Government on gender equality, GBV, and VAC, including school-related gender-based violence. These supports are considered very practical and effective, contributing to improving the capacity of related government staff in the implementation of programmes on GE promotion and GBV prevention and response.

Key lessons can be drawn from the process of cooperation as follows:

- GBV prevention and response programming is not comprehensive enough to meet the needs. Projects are still in the pilot stage or only focus on responses to DV victims. It is important to standardize these services, to create favourable conditions for social organizations to get involved in the provision of services in the community, to increase the availability and accessibility of services, and to connect community-based services to public services.
- Continue to enhance communication and education activities to raise awareness on gender equality and change behaviours in relation to VAWC prevention and response. Men and boys should be considered as important actors in ending violence against women and girls.
- Behaviour change efforts, social norms changes and grassroots responses must go beyond only

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awareness-raising campaigns. They should also include community-based as well as national dialogues focused on the root causes of VAWC, including the concepts of masculinity, allowance for separate dialogues and actions aimed at various target groups, and for the realities of different ethnicities. In addition, target audiences should include young women and men at rural and urban levels, the elderly, teachers, adolescents and community leaders of all types. Moreover, champions including men, boys, girls, youth, local and national leaders and authorities, union representatives, and cultural icons should be mobilised to end VAWC and community leaders of all types. Moreover, champions should be mobilised to end VAWC, including men, boys, youth, local and national leaders and authorities, union representatives, and cultural icons. A focus should be placed on integrating into education programmes a deeper understanding of gender equality and ending VAWC, and of developing healthy masculinities.

- Holistic parenting programmes, especially with a focus on non-violent discipline parenting, should be prioritised to equip parents and caregivers with sufficient knowledge and skills in proper nurturing, caring and protecting children from violence and abuse. These parenting programmes should start with parents of children from birth or even with young couples before the conception to equip them for their parenting role.
- There should be a comprehensive legislative system on gender equality, VAWC prevention and response using a human rights-based approach in compliance with the international requirements and in accordance with the socio-economic development conditions in Viet Nam. This will be a legal framework to help the state management agencies to effectively implement their assigned functions and tasks.
- It is necessary to develop a database on VAWC prevention and response through developing data collection instruments across the country and collecting evidence through surveys including data on the KAP of people on VAWC that provides the evidence on the impact of prevention interventions.

2.3. Key challenges

Uniqueness in relation to Covid-19 vis-à-vis VAWC

In order to contain the novel coronavirus, COVID-19, many countries in the world including Viet Nam have put in place various social distancing programmes. While this was a necessary measure to control the virus, global evidence suggests that it has unfortunately increased women and children's risks to violence at home and reduced their access to services and support, with family members being confined in the limited space at home. The unique COVID-19 environment also increased the level of insecurity and pressure of life, compounded by restrictions of economic activities and limited prospects for job security and incomes, as well as the perception of threat imposed by the virus.

Gaps in the law and a lack of coordinated implementation

GBV, particularly sexual violence, is not clearly addressed in existing laws and policies. Implementation and monitoring of the laws related to GBV are the responsibility of two different government ministries. The Law on Gender Equality is under MOLISA and the Law on Domestic Violence Prevention and Control is the responsibility of MOCST. This presents challenges and the potential for duplication in the areas where the mandates of domestic violence and gender-based violence inevitably overlap. In addition, children from 16 to 17 years of age are not adequately protected under the current laws, as the Law on Children defines children as people under 16 years of age. Similarly, the Penal Code and Penal Procedure Code do not penalize the full range of sexual violence against children, especially girls and boys aged 16-17 years.

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Insufficient services and lack of coordination mechanism for the provision of multi-sectoral for survivors of GBV and VAC

The protection of GBV survivors falls under the responsibility of the government. However, a lack of training, insufficient capacity, absence of adapted infrastructure, limited coordination among different public service providers, and weak public awareness makes it nearly impossible to provide suitable and appropriate protection and integrated support for survivors. Although there are examples of successful models developed as supported by international organizations and local NGOs on effective provision of protection and services for survivors, however there is a lack of implementation mechanisms at the local and national levels and risks to sustainability. Fragmentation of efforts by development partners and international organizations, including the UN has limited the reach, impact, and sustainability of interventions. In addition, the need for coordinated services, an essential component in the fight against GBV, as well as synergies among UN and other partners supporting these efforts, emerges as a high priority, simply because it does not exist across the country.

A key bottleneck to the effective prevention of VAC and protection of child victims is the lack of a skilled and qualified child protection workforce in communities and under-developed systems in school for identifying and reporting VAC. Although the Prime Minister gave instruction in 2018 for the designation of child protection workers in all communes, these are part-time positions and rely primarily on existing Women's Union and Youth Union personnel. Most MOLISA/DOLISA staff at the provincial and district level also lack proper training and qualifications for dealing with sensitive child protection issues. The recruitment of qualified social workers into key positions in the social welfare, health, education and justice sector is undermined by the lack of legal recognition of social work as a profession.

Limited public information and knowledge

Most people are not familiar with the concepts of gender based and domestic violence, particularly in the context of criminal acts and human rights violations. There is a lack of knowledge about existing laws against VAWC and social & cultural norms promote complacency around violence against women, particularly in domestic contexts. Violence against children is traditionally regarded as a private family matter. Social ignorance, stigmatization and discrimination have led to the silence of victims and families that results in issues being hidden.

Lack of multidisciplinary response

UNFPA, UN Women and partners' experience has seen an overall lack of capacity to provide a multi-disciplinary response to GBV, particularly at the national level. There is significant improvements needed in order to provide comprehensive, multidisciplinary response to GBV that require high level coordination and commitment to GBV response and prevention among key Ministries and decision makers. While there are examples of good practices at the micro level in pilot projects, there is a need for consistency across provinces to provide comprehensive multi-disciplinary response to ensure effective case management for all GBV survivors who present for services.

Inter-agency coordination is also critical to the effective functioning the child protection system to respond to VAC. However, operationalizing inter-agency coordination and ensuring a timely and effective response to violence against children remains a challenge due to the traditional vertical and siloed way that each sector works. There is also a lack of effective mechanisms to coordinate public and non-government child protection service providers to ensure a coherent and linked continuum of preventive, early intervention and response services.

Lack of budget allocation

The effective functioning of the support system to address VAWC is further undermined by a lack of dedicated budget for child protection, and limited resources at national and sub-national levels. For example, despite the clear mandate for child protection outlined in the Law on Children 2016,

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government investment to date has not been sufficient to maintain essential statutory child protection services. The same situation happens the Gender Equality Law and Domestic Violence Prevention Law.

3. Project Description

3.1. Project Goal, Outcomes, Outputs and Activities

The project will be implemented from 1 June 2020 to 31 May 2021 (or longer, depending on the pandemic situation). It should be noted that at the start of the Emergency Phase, there will be a rapid assessment of the COVID-19 outbreak situation and its economic, social and health impacts on the population (with disaggregation), with a focus on VAWC, and support needs to inform rapid responses and interventions. In addition to national communication, support interventions will be carried out in 4 cities, namely, **Ha Noi, Quang Ninh, Da Nang, and Ho Chi Minh**, the locations affected hardest by the COVID 19. The country offices of all three UN agencies are located in Hanoi, and they have strong partnership with the central government. UNFPA, UNICEF and UN Women have projects on VAWC in Quang Ninh (UNFPA), Da Nang (UN Women, UNFPA), and Ho Chi Minh City (UNICEF, UN Women), **thus this joint initiative can be immediately implemented** (whenever fund is available) **by taking the advantages of those current project infrastructure** (offices, human resource, partners/collaborators, etc.). Finally, the capacity of the local authorities in these cities is proven as among the country's strongest, thus contributing to assure the timeliness and effectiveness of the interventions. In addition to the mentioned four cities, build upon the existing partnership with Provincial Authorities in Dien Bien, Gia Lai and Kon Tum, where ethnic minorities account for majority of total population, UNICEF will implement some key project interventions such as parenting programme and capacity building for child protection system on responding to VAC in these locations to ensure that ethnic minority children have equal access to protection services.

The **overall goal** of the proposed project for is that *all women and children in Viet Nam, including those most vulnerable, live a life free of violence and prioritized as part of the COVID-19 response.*

Within the project time frame, three Project Results, or Outcomes, will be achieved through well-coordinated focused activities.

Expected Results 1: Innovative communication to raise Government's and public awareness of increased risks of VAWC under COVID-19.

Key Activities

- 1.1 Develop communication materials on prevention of and response to VAWC including available services and use pharmacies and supermarkets as the 1st contact points for delivery to VAWC victims.
- 1.2 Undertake innovative communication on VAWC via various channels like TikTok (to reach and engage young people), mobile phones, hotline/helpline, social media, television/radio, CSO networks (especially organizations of vulnerable groups like people with disabilities, migrants, etc.), including capacity building for communication partners.
- 1.3 Communication campaigns on VAWC under COVID-19 crisis and promote non-violent behaviors including positive parenting at home or in other settings such as schools and workplace targeted to different populations.

Expected Result 2: Availability of essential services for VAWC victims under COVID-19.

Key Activities

- 2.1 Strengthen and adjust hotline/helplines aimed at supporting VAWC victims, specific to COVID-19 environment.

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2.2 Provide temporary shelters for VAWC victims at registered hotels with accompanied counselling service provided by social workers.

2.3 Deliver Dignity Kits in temporary shelters and other delivery posts, such as super markets or pharmacies, quarantine camps and in isolation locations.

2.4 Provide online training include online for: service providers on adapting VAWC case management to COVID-19 context; for social workers/local child protection officers/helpline staff on mental health and Psychological Support (MHPSS); for school teachers/managers on VAC prevention in schools, including psycho-social supports for children.³³

2.5 Support CSOs to provide specialized protection services for vulnerable populations such as the poor, people with disabilities, people living with HIV and AIDs, children at risks, sex workers, etc.³⁴

2.6 Support and strengthen capacity of shelters to manage the surge in demand while ensuring safety of women and children during the COVID-19 crisis.

Expected Result 3: Research and data collected to inform programming under COVID-19.

Key Activities

3.1 Conduct rapid assessment on COVID-19 crisis impact on VAWC and support needs for designing communication and responses.

3.2 Develop M&E framework with detailed disaggregation; M&E framework actively utilized and learning periodically shared; data collected relating to VAWC under the crisis; lessons learnt and good practices documented.

3.3 Rapid reviews/consultations of current approaches, prevention and response models to address VAWC.

In addition to UN direct execution and partnership with NGOs, **government ownership of, and strong engagement in, crisis supports** should be highlighted, particularly in:

- Communication activities of the national mass media (VTV, VoV).
- Communication campaigns.
- State hotline/helpline (e.g. 111 for children).
- Crisis supports provided by social protection centers, military camps (being used for quarantine), hospitals and health care centres, schools, local People's Committees.

3.2. Target Groups and Beneficiaries

Direct beneficiaries:

Approximately 1.2 million women and girls in the project area, who are potential survivors and/or survivors of violence will benefit due to increasing the availability and accessibility of justice, social and health services for VAWC survivors. While primary targets are women and girls, men and boys

³³ UNICEF partners with The Peace House and Thao Dan in HCMC who provide shelters and support for victims of VAC/GBV

³⁴ Since 2018, under the Project "Strengthening prevention and response to gender-based violence and harmful practices from civil society perspective". UNFPA have supported CSOs, particularly CCIHP and CSAGA, to strengthen their role in evidence collection and initiative development on intervention models for preventing and responding GBV and harmful practices. The interventions include: (i) Annual communication campaigns on sexual violence against women focusing on youth, involving direct participation of thousands of people especially on men and boys to raise their awareness toward change behavior; (ii) Fatherhood models gathering almost 30 young fathers have been carried out in Hanoi and Quang Ninh to mobilise men's participation in prevention of VAWG; The immediate support for about 10 emergency women experienced violence cases have been carried out by CSAGA. The support includes counseling via hotline and providing immediate safety services including reference for victims. By doing so, the standards of procedure to provide emergency services for GBV's survivors was developed. (iii) Conduct the review on 10 year - implementation of GEL from CSOs' perspective and the study on gaps on providing supporting services by CSOs to GBV's survivor; (iv) Strengthen GBVnet.

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will also have to be involved and receive support through the project to achieve the overall objective of eliminating violence against women and children. The participation of men and boys is one of the key strategies of the proposed project.

Women, men, girls and boys in the project areas will benefit from BCC messages and comprehensive sexual education related initiatives.

Policy makers, researchers, managers, service providers, social workers, involved in project activities.

Indirect beneficiaries:

Central and local government staff of other ministries and in the project areas.

Civil society organizations (CSOs) and relevant sectors implementing communication activities and providing services for VAWC survivors will benefit through connection and linkage to essential services, established and operated in project areas.

Large community and organizations working on gender-based violence

4. Project Implementation Strategy

4.1. Intervention Approach and Methodology

4.1.1. Human Rights Based Approach

A human rights-based approach and culturally appropriate programming are principal objectives of this proposed project since they address GBV as manifestations of gender inequality. The project focuses on creating an enabling environment for women and girls to be able to claim and exercise their rights to be free from violence, and on providing knowledge and information on gender equality and GBV-related issues through national and community-based interventions.

The project complies fully with, and comprehensively applies, culturally appropriate programming. More specifically, the development of annual national campaigns and communication activities at the community level will be conducted based on a rigorous consultation process with local stakeholders, relevant ministries, and social organizations and development partners to ensure cultural appropriateness and relevance. Local media will also be engaged to deliver culturally appropriate messages on VAWC, including sexual violence and gender equality.

4.1.2. SDGs: Leaving no one behind

Leaving no one behind will be the core principle of the project, to be mainstreamed in all project components (prevention, responses, strengthening national commitment, and research/data). The project will ensure explicit inclusion of vulnerable populations (women of ethnic minorities, women and girls with disabilities, youth LGBTI, etc.). For example, special attention will be paid to facilitate and fund the participation of CSOs representing vulnerable groups.

4.1.3. Gender Mainstreaming

Gender equality lies at the heart of the proposed project and will contribute to UNFPA and partner efforts to promote gender mainstreaming in Viet Nam and specifically, in the Viet Nam government. Gender equality is important to the project, given that a proliferation of GBV is known to reflect imbalances between men and women in a society. While the project focuses more specifically on prevention and response to GBV, all project activities will serve to promote gender equality through a reframing of GBV as unacceptable among the public, and policy and decision-makers. Bringing GBV to the fore will also likely serve to reveal deep-seated gender inequalities as root causes of this violence in Vietnamese society. The project will not only raise awareness about the importance of

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gender equality, but also the realization of improvements to gender equality through a reduction in GBV.

4.1.4. Evidence-based and results-oriented

Applying systematic thinking, the proposed project relies on a precise feedback system of data to ensure evidence-based planning, implementation, M&E and adjustment. Data and analyses of the rapid assessment on COVI-19 crisis impact on VAWC, disaggregated M&E data, rapid reviews/consultations of current approaches, prevention and response models to address VAWC as well as administrative and nationwide data of the 2019 prevalence study on violence against women will inform the content and direction of VAWC prevention campaigns and help determine need for specific services and geographic targeting where need is greatest. Regularly collected data, including both administrative statistics and survey data and analyses, will be continuously refreshed to feed into policy design and its practical implementation to address corrective measures for addressing and reducing GBV.

It is also important to consolidate lessons from UNFPA, UN WOMEN, UNICEF and other UN agencies' efforts and other efforts to date before expanding. This includes the Joint Programme on Essential Services for Women and Girls Subject to Violence (ESP) which was only implemented as a pilot in one province of Viet Nam and where UNFPA had already been working with service providers. Baseline and an endline studies were undertaken and lessons from the pilot experience will be applied to the project interventions.

Safety Considerations

Safety and security of the survivors is a paramount consideration for UNFPA, implementing partners and the service providers (eg, CSAGA, CCIHP and child focused agencies) and this applies to both social communications and service outreach. Therefore, all frontline workers and VAWC service providers will be provided with updated information about available VAWC response services, how to support a VAWC survivor when there is no specialist nearby and practice a survivor-centered approach which includes:

- *Respect*: all actions taken are guided by respect for the choices, wishes, rights and dignity of the survivor.
- *Safety*: the safety and security of the survivor is the number one priority for all actors.
- *Confidentiality*: people have the right to choose to whom they will or will not, tell their story. Maintaining confidentiality means not sharing any information at any time to anyone without permission from the survivor.
- *Non-discrimination*: providing equal and fair treatment to anyone in need of help.

With regards to this project proposal, safety consideration is also partly the rationale for UNFPA in using pharmacies and supermarkets, since they are women only spaces predominantly and a safer point of contact. In addition, no harm principles and risk mitigation strategy will be applied while providing temporary shelters for VAWC victims at the hotels as well as delivering the dignity kits for women and girls. UNFPA will train all service providers on survivor centred approach and do no harm principles: privacy, safety, confidentiality, non-discrimination so there are no inadvertent consequences, and ensure that no assessment and data collection is done without the WHO ethical and safety considerations.

UNICEF's child protection policy and processes will also be applied in this program. This includes initial briefings of relevant staff from the three implementing agencies, and advice on the steps required to ensure child protection screening and supervision in the recruitment of programme

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personnel and of activities undertaken by sub-contracted partners, including government and civil society organisations. In addition, UNICEF implements the UN-wide policies, mechanisms and responses to Prevention of Sexual Exploitation and Abuse (PSEA).

UNFPA has liaised with DFAT on its policies relating to Child Protection and to Preventing Sexual Exploitation, Abuse and Harassment. Pertinent risks have been included in the program-level Risk Matrix, and this tool will be the basis for a standing agenda on risk in management meetings, and in reporting requirements to DFAT.

The work of UNFPA is based on the premise that all human beings are entitled to equal rights and protections, as governed by the UN Charter and the UN Code of Conduct for International Civil Servants.

Of paramount consideration in the recruitment and selection of UNFPA staff members shall be the necessity of securing the highest standards of efficiency, competence and integrity. In its Human Resources Policies and Procedures in UNFPA due regard shall be paid to the importance of staff diversity, gender parity, geographic representation, non-discrimination against applicants based on race, gender, nationalities, age, physical disabilities, or HIV or AIDS, and all recruitment has to under the recruitment principles of competition, objectivity, transparency, diversity and accountability.

At UNFPA, staff well-being and security are organizational responsibilities that aim at ensuring staff and personnel have appropriate levels of support to function effectively, feel valued and respected, and are not placed in situations of unacceptable risk. Performance Management at UNFPA is well-served by a 360° performance management system, linked to UNFPA strategic priorities. UNFPA is committed to supporting staff for a better work life balance through supportive policies and programmes that address maintaining well-being, preparedness, gender parity, and crisis response, and elements of well-being that can be influenced by managers and staff.

UNFPA adheres to the UN Secretary-General's Bulletin on sexual exploitation and abuse which is applicable to all UN personnel. UNFPA has zero tolerance for all forms of sexual exploitation and abuse, whether perpetrated against a recipient of assistance or a co-worker. Additionally, UNFPA has a dedicated policy on the Prohibition of Harassment, Sexual Harassment, Abuse of Authority and Discrimination. UNFPA managers and supervisors are held accountable for promoting a harmonious working environment and creating an atmosphere in which personnel feel free to express concerns about inappropriate behaviors and to use, without fear of reprisal, all recourse mechanisms and services available to them. The UNFPA Oversight Policy embodies the principle of zero tolerance for wrongdoing, including sexual exploitation and abuse and sexual harassment. Prohibition of sexual exploitation and abuse and sexual harassment also forms part of UNFPA's cooperative arrangements with individual contractors, service contract holders, implementing partners and their employees, agents or any other persons engaged by the UNFPA Implementing Partner to perform any services under its agreement with UNFPA. UNFPA has its own Ethics Advisor, Oversight and Internal Audit and Investigation Unit and PSEA Coordinator at HQ level.

In its Code of Conduct to Prevent Harassment including Sexual Harassment at UNFPA (supported) events, UNFPA is committed to enabling events at which everyone can participate in an inclusive, respectful and safe environment. UNFPA is working closely with United Nations partners to put an end to such abuses through a range of actions. The interests and dignity of those affected guide UNFPA's approach to prevention, response and assistance.

4.2. Alignment

The proposed project activities are well aligned with interventions on prevention and response to GBV in Viet Nam as follows:

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Viet Nam

Viet Nam is a signatory to most international human rights agreements, including the Convention on the Elimination of Discrimination Against Women (CEDAW). Viet Nam's development policy and key policy documents such as the Viet Nam Sustainable Development Strategy for 2011-2020 based on the SDGs, the National Action Plan on Domestic Violence Prevention and Control up to 2020, and the National Programme on Prevention and Response to Gender Based Violence for 2016-2020 explicitly put the issue of domestic violence on the agenda.

Australian Government

The Australian Government is committed to ending violence against women and girls (EVAWG), in Australia and overseas. In Viet Nam, over the past decade, Australia has been a sustained funder of evidence generation and responses for addressing violence against women and girls in Vietnam. Currently, Australia is the sole donor providing financial and technical support to the 2nd *National Study on Women's Health and Life Experiences* on the prevalence of violence against women and girls. In 2012, Australia funded the UN Women report, *Estimating the cost of domestic violence against women in Viet Nam* – one of the first of its kind globally. Australia has co-funded a range of regional UN initiatives with components in Vietnam, including the UNFPA-DFAT “kNOwVAWdata” initiative: *Strengthening Regional and National Capacities to Measure Violence against Women in Asia and the Pacific*; *Joint Programme on Essential Services Guidance for Women and Girls Subject to Violence*; *Stepping Up Solutions to Eliminate Violence against Women and Girls in Asia and the Pacific* (UN Women, UNFPA, WHO, UNODC in Vietnam); and *Partners4Prevention* (UNDP, UNFPA, UN Women and UNV). It has also provided funding to GBVNet through a partnership with CARE International, as well as supporting Hagar International and other INGOs supporting GBV survivors. In partnership with Flinders University in Adelaide, Australia also provided capacity development in social work and counselling skills for staff at the Centre for Women and Development who manage ‘Peace House’ – the only state-funded GBV shelter in Vietnam. Most recently, Australia has also supported the BRAVE Consortium (CARE International, iSEE and CSAGA) to counter victim-blaming in media.

In 2011, Australia appointed a global Ambassador for Women and Girls to advocate for gender equality—including ending violence—internationally. In 2014, the Australian Government's development policy established gender equality as one of six key investment priorities for Australia's aid program, with a commitment to invest in EVAWG. The performance framework for this policy set a target that 80 per cent of all Australia's aid, regardless of objectives, perform effectively in promoting gender equality³⁵

In 2016, DFAT's *Gender Equality and Women's Empowerment Strategy* established EVAWG as one of three core priorities to guide work on gender equality across the Department of Foreign Affairs and Trade (DFAT). The 2017 *Foreign Policy White Paper* continues Australia's clear policy commitment to the empowerment of women and EVAWG. DFAT's Child Protection Policy and the recently launched Preventing Sexual Exploitation, Abuse and Harassment Policy further reflect this commitment and hold the department to account with a zero-tolerance approach.³⁶

UNFPA

Globally UNFPA plays a leadership role in promoting universal access to sexual and reproductive health care and family planning, prevention and response to GBV as well as response to the newly emerged population issues. UNFPA takes the primary responsibility in developing and promoting the Action Plan

³⁵ Australian Government. 2019. Ending violence against women and girls: Evaluating a decade of Australia's development assistance.

³⁶ Australian Government. 2019. Ending violence against women and girls: Evaluating a decade of Australia's development assistance.

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of International Conference on Population and Development. In Viet Nam, the comparative advantages of UNFPA in population programs, family planning, sexual and reproductive health care, and response to GBV have been proven during 40 years working with agencies from central to local levels, including the development and implementation of laws and regulations related to population and development on the basis of respecting the culture and sovereignty of nations.

UNFPA is the first UN Agency in Viet Nam placing priority for partnership with social organizations in the field of GBV prevention. UNFPA have the capacity in mobilizing funds, and have substantive technical capacity and demonstrated experience in working with social organizations through technical support activities, setting normative and international standards, sharing international best practice, and applying regulations of result-based M&E frameworks.

UNICEF

Guided by the Convention on the Rights of the Child, UNICEF has a universal mandate to promote and protect the rights of all children, everywhere – especially the most vulnerable and at risk. As a trusted and strategic development partner, UNICEF has been active in Viet Nam since 1975 improving the lives of children and their families. In response to new and emerging challenges, following a sustained and dynamic period of economic and development growth, UNICEF continues to work with the Government and partners in Viet Nam to reduce disparities and build an inclusive, non-discriminatory and caring society that protects children, including the most marginalized and vulnerable to violence, exploitation and abuse.

UNICEF works holistically to ensure that all boys and girls grow up safe. Working with the government, UN agencies, non-government organizations and other partners, UNICEF helps develop and strengthen the child protection system to address all forms of violence, exploitation and abuse in the home, in schools and within communities. UNICEF focuses on all aspects of child protection, including prevention, protection, prosecution and policy. UNICEF provides technical advice to the government to strengthen laws and policies, increase institutional capacity, and develop protection services.

Over the past years, UNICEF has been working with UNFPA and UN Women in addressing the issues of GBV. Specifically, UNICEF collaborated with UNFPA, UN Women at the country and regional level in conducting the ‘Violence Complex: Intersections between Violence against Women (VAW) and Violence against Children (VAC)’ study. This study was made possible with thanks to the generous contribution of the Australian Government and of the Asia Pacific Regional Hubs of UNICEF, UNFPA, and UN WOMEN.

Interventions under the current proposal will complement UNICEF work in the context of the ongoing COVID-19 response in providing women and girls with access to protection services. Until now UNICEF in collaboration with UN Women has provided technical assistance to MOLISA to develop Guidelines on Protection of Children and Women in Quarantine Centres and a Leaflet on Psychosocial Support for Children and Adolescents in Quarantine Centres and collaborated with partners in the development of communication and awareness-raising material to support children and parents at home during COVID19 emergency.

UNICEF will work with MOLISA, provincial Department of Labour, Invalids and Social Affairs, MOET, MOH, Women’s Union and selected CSOs such as Thao Dan in HCMC to implement planned activities. UNICEF will support the government to develop and strengthen the child protection system to address all forms of violence, exploitation and abuse. UNICEF will provide advocacy and technical assistance to the government to strengthen laws and policies, improve capacity of personnel from welfare, health, education, law enforcement, judicial sectors and civil society organizations to address VAC, and to develop child protection service models which can inform the development of national and sub-national child protection policies and can be scaled up nation-wide.

UN Women

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UN Women is the United Nations entity dedicated to gender equality and the empowerment of women. UN Women works with countries at the global level to advance the international normative framework through support provided to inter-governmental processes. At the country level, UN Women supports Governments in adopting and enacting legal reforms aligned with international standards such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), especially through General Recommendations 12 and 19 on women's right to live free from violence, and the 1993 UN Declaration on the Elimination of Violence against Women.

UN Women partners with Governments, UN agencies, civil society organizations and other institutions to advocate for ending violence, increase awareness of the causes and consequences of violence and build capacity of partners to prevent and respond to violence. We also promote the need for changing norms and behaviour of men and boys, and advocate for gender equality and women's rights. UN Women supports expanding access to quality multi-sectoral responses for survivors covering safety, shelter, health, justice and other essential services. Policy guidance helps to step up investments in prevention—the most cost-effective, long-term means to stop violence; and by ensuring that both private but also public spaces and cities are safe for women and girls.

UN Women works with Governments to develop dedicated national action plans to prevent and address violence against women, strengthening coordination among diverse actors required for sustained and meaningful action. UN Women also advocates for the integration of violence in key international, regional and national frameworks, such as the post-2015 development agenda.

Under this project, UN Women will work with MOLISA, MIC, VCCI, VWU and selected CSOs such as Light Community Health Development Institute and Research Centre for Gender, Family and Community Development for the implementation of activities.

4.3. Partners

Viet Nam Country Offices of UNFPA, UN Women and UNICEF have selected the following strategic Government and other partners for its VAWC programme, who may also carry out some parts of the activities of the proposed project.

Government

- MOLISA, the leading state management agency for gender equality and women's empowerment and child protection.
- MOCST, the leading state management agency for addressing domestic violence
- Ministry of Education and Training (MOET)
- Ministry of Health (MOH)
- Ministry of Justice (MOJ)
- Ministry of Public Security (MPS)
- Ministry of Information and Communication (MIC)
- Viet Nam Farmers Union (VFU)
- Vietnamese Women Union (VWU), including Centre for Women Development (CWD)
- Local government authorities

CSOs

- CCIHP (Center for Creative Initiative on Health and Population)
- CSAGA (Center for Studies and Applied Science in Gender, Family, Women and Adolescents)
- GBV Net
- Light Community Health Development Institute
- Research Centre for Gender, Family and Community Development
- Thao Dan

4.4. Visibility and public relations

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The visibility and public relations will be emphasized throughout the project: All activities and results of the project will aim to ensure the visibility of the project and DFAT's contribution to social change and combat VAWC in Viet Nam. The leaders of DFAT in Viet Nam will be invited to all high-level meetings, conferences and policy dialogues and related activities, events of this project with high-level Government leaders. The logo of DFAT will be presented in all products of the project (IEC materials, publications...) as sole funder.

5. Organization, Management and Administration

5.1. Project Management

In line with the Programme of Cooperation between the Government of Viet Nam and UNFPA, both parties share primary responsibility for the overall management of the project. The day-to-day project management will be overseen by the UNFPA Country Office (CO) in Viet Nam with active engagement of UNICEF and UN Women as well as Government partners. Closed consultation with DFAT will be sustained throughout the project implementation. The project ensures equal acknowledgement of all 3 agencies (e.g. by logo) in all activities, irrespective of which agency lead. UNFPA will coordinate review and input from UN Women and UNICEF on all 'key' public events, contracted donor deliverables and media statements about the project.

5.1.1. Project Steering Committee

The project steering committee will be co-chaired by the Government of Viet Nam and UNFPA, with representatives from UN Women and UNICEF, national partners including CSOs, the Embassy of Australia/DFAT. The Project Steering Committee is the decision-making body, providing overall direction and guidance on project implementation, monitoring and evaluation. UNFPA will assume a role of the Secretariat of the Steering Committee.

5.1.2. Project Technical Committee

In addition to the Steering Committee, UNFPA, UNICEF, UN Women, national partners, the Embassy of Australia/DFAT will be invited to participate in Technical Committee meetings for consultations of project activities when they are relevant, e.g. planning and review workshops and periodical reports, in order to get updates and enhance collaboration. It provides technical feedback to: optimize project implementation, allow transparency and participation, ensure optimal coordination between stakeholders and institutions, provide feedback on ongoing activities, successes and challenges as observed, and provide input to the Steering Committee about future directions for the project. It will be chaired by UNFPA, and will be held at least twice a year. Other partners may be invited to a particular Technical Committee meetings on a demand basis.

5.1.3. Implementation

Implementation of this project will be done, using National Implementation (NIM) modalities, and involve multiple stakeholders, including the Gender Equality Department of MOLISA, Department of Maternal and Child Health of MOH, the People's Committee, and local government agencies, CSOs in the selected locations.

Harmonized Programme and Project Management Guidelines were jointly developed by the Government and UNDP, UNICEF and UNFPA for the management and implementation of UN supported programmes and projects in 2010. The HPPMG guide the preparation, management and implementation of UN-supported programmes and projects and are expected to be a useful tool for the management and implementation individual programmes and projects, increasing transparency, efficiency and effectiveness. The HPPMG provides the implementation, monitoring and evaluation framework for this project.

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Cash transfers to the Implementing Partners from UNFPA will be done using HACT modalities, and project monitoring will be conducted per UNFPA's programme policies and procedures. The HACT spot-checks will be carried out by UNFPA CO staff or by firms as commissioned by UNFPA CO, so as to ensure the project implementation per established financial and programme policies and procedures. The HACT audit will be commissioned on an annual basis, using independent auditors as contracted by UNFPA HQ or CO. Special audits can be commissioned as necessary during the project implementation.

5.1.4. Roles and Responsibilities

There are six main institutions that will be heavily involved in the running of the project namely; UNFPA Viet Nam, UNICEF, UN Women, MOLISA, MOCST, MOH, MOJ, MPS, MOET, VWU. The roles of these institutions are as follows:

UNFPA Viet Nam Office will be responsible for:

- Coordinate with UNICEF and UN Women to ensure effective implementation of the project.
- Facilitating the development of Annual work plans (AWPs), using existing ones with partners
- Ensuring quality control in programme implementation including meeting technical and financial reporting requirements of all implementing partners in the programme;
- Providing overall technical advice and international expertise;
- Supporting mobilizing more resources for the programme;
- Organizing programme spot-checks and audits as required;
- Ensuring the submission of project reports to donors; and
- Monitoring progress in implementation of Annual Work Plans.

UN Women and UNICEF Viet Nam Office will collaborate with UNFPA and support relevant partners for:

- Developing annual work plans (AWPs), using the existing ones with partners;
- Ensuring quality control in programme implementation including meeting technical and financial reporting requirements of all implementing partners in the programme;
- Providing overall technical advice and international expertise;
- Supporting mobilizing more resources for the programme;
- Preparing progress/project reports to donors; and
- Monitoring progress in implementation of Annual Work Plans.

MOLISA, MOCST, MOH, MOJ, MOET and MPS, will be responsible for:

- Developing relevant work plans together with key partners and selected local governments as necessary;
- Ensuring overall coordination of the programme following the agreed annual work plan including joint supervision with UNFPA of activities implemented through CSOs;
- Supervision of the activities coordinated by local government and CSO partners;
- Accurate accounting and timely reporting of the use of project funds; and
- Monitoring the achievement of results and providing timely progress reports as indicated in the programme document.

5.2. Administrative Arrangements

This project is the joint project between UNFPA, UNICEF and UN Women and UNFPA is the agency responsible for the project administration and management on behalf of the three agencies. As the UN-financed project, the governmental and CSO partners will comply with the UN's operating guidelines

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and financial management procedures, particularly the HPPMG and the Harmonized Approach to Cash Transfers (HACT). These documents are the main reference documents for financial and administrative management rules and regulations for implementing the Hanoi Core Statement on Aid Effectiveness, simplifying the project management system, reducing intermediary funds management and transfer steps, while matching the typical characteristics of the project (many units participating in the project and most of them have their own bank accounts). At the same time, the project also complies with Vietnamese Government's current regulations on financial management for non-refundable ODA.

UNFPA as the managing agent of the project will transfer the funds to UNICEF and UNW per signed UN-to-UN agreement as well as the approved RRF and AWP. The three agencies will utilize existing arrangements with their respective government and CSO partners without establishing a new project, so as to ensure the speed and effectiveness of the project delivery.

A Project Management Unit (PMU) will be the gender team of UNFPA CO. The PMU will be responsible for receiving funds, managing finance, keeping records/vouchers, and settling financial transactions with donors in accordance with the current regulations of UNFPA and at the request of donors.

The invoices/vouchers of the project activities will be recorded to the PMU and the project will fulfil financial obligations in accordance with UNFPA regulations as well as commitments towards the donors.

The fund recipients will report on the receipt or use of funds to the PMU periodically or upon request.

6. Resources

6.1. Budget and time frame

See Annex 2: Results and Resources Framework

See 7.3: Monitoring and Evaluation Framework

6.2. Human resources

The project will be managed by the UNFPA Viet Nam Country Office which will be accountable for the project's management and implementation. Project management will require the involvement of the following UNFPA staff:

- 5% time of CO senior management, including Assistant Representative and Operations Manager (UNFPA contribution);
- 20% time of a Programme Specialist in Human Rights and Gender (UNFPA contribution)
- 100% time of a National Programme Officer with extensive expertise in GBV prevention and response (project contribution);
- 100% time of Project Assistant (project contribution); and
- 20% time of a Monitoring and Evaluation Officer (UNFPA contribution).
- 10% time of Communication Officer (UNFPA contribution)
- 10% of Finance Office (UNFPA contribution)

Relevant implementing partners will be brought on board to work on project areas where they have comparative advantages.

The project interventions under the accountability of UNICEF Viet Nam will be implemented and managed under of the responsibility of the following UNICEF staff:

- 5% of CO Senior Management, including Deputy Representatives (UNICEF contribution);
- 10% of a M&E Programme Specialist (UNICEF contribution)
- 10% of a Communication Officer (UNICEF contribution)

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- 20% x 2 Child Protection Specialists (project contribution);
- 20% of a Communication Specialist (project contribution)
- 30% time of Programme Associate (project contribution);

As UN Women will be part of the project implementation, the project implementation and management will involve the following UN Women staff

- 15% of the Programme Specialist (UN Women contribution).
- 20% Programme Analyst on GBV (UN Women contribution).
- 50% time of the Project Assistant (UN Women contribution).
- 50% time of the Project Assistant (project contribution).
- 10% time of the Women's Economic Empowerment Programme Manager

7. Monitoring, Reporting and Review

7.1. Purpose:

The project MRE will be in line with the related UNFPA policies and guidelines for monitoring, reporting and evaluation. Especially, the monitoring is a continuous management function that provides UNFPA CO, project implementing partners and key stakeholders with regular feedback on the consistency or discrepancy between planned and actual project performance results.

The Project Monitoring and Evaluation Framework (MEF) is a tool for the project management team and UNFPA country office (CO) to monitor and evaluate the progress for the achievement of the outcomes and outputs in 2020. This MEF is also for providing background information for project plans, for project reports, and the final project evaluation, if conducted.

7.2. Monitoring, Reporting and Evaluation (MRE) mechanism

The National Project Manager is ultimately responsible for the monitoring activities, to ensure that the project targets are met and resources are used efficiently. Progress towards the achievement of the supported project activities, outputs and outcomes will be monitored regularly and measured against a pre-defined set of indicators and targets in the 'framework' below. During the implementation of the project, there will be regular interaction between UNFPA staff and the Project Manager/Project staff for updating and/or revising this MEF, if needed. In terms of M&E, the interaction will also be for ensuring the quality of implemented activities and, where necessary, that corrective actions are taken. For regular quality assurance interventions, the following four main types of monitoring activities will be applied:

- **Monitoring and reporting by the project:** the project monitoring is a routine function to keep track of the project and, when required, the Project will take corrective actions, to ensure the target of indicator will be achieved and discussion to adapt to changes in the external environment, if any. It is also noted that monitoring and reporting are mandatory for all project activities regardless of whether implemented by a partner, or by UNFPA/CO directly.
- **Periodic reviews:** as a part of the regular monitoring of the project, UNFPA Officers/M&E officer, together with the Project staff will review progress in relation to set outputs, indicators and activities as described in the Project document and signed AWP. Review meetings will be organized quarterly according to quarterly planned activities in the AWP. The meetings will address any issues relating to timings, budget, activities, outputs, and challenges in meeting the annual targets. These discussions will identify solutions or corrective actions for problems, case by case during the implementation.
- **Field monitoring visits:** this is an important part of the regular monitoring of the project conducted by the project and CO. At the end of each monitoring visit, there will be a discussion with the project manager and project staff on the findings of the visits and follow-up actions. Monitoring observations must inform and influence decision making by the national partners and

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CO, if revisions needed. It is noted that due to the covid-19 pandemic, the CO and National partners may face this situations when information from regular monitoring is not sufficient or access to project sites is limited or not available. In such instances, remote monitoring is considered an appropriate, effective and feasible option to apply.

In addition, there will be mid-term joint agency + DFAT field monitoring visit to build collective ownership, and strengthen collective and individual advocacy to the Government.

- **Financial Spot Checks (FSC):** FSC is a periodical on-site review undertaken by UNFPA/CO to assess the performance of the implementing partner's internal controls and the accuracy of the financial records maintained by the project team. This is important to ensure the quality management of cash transfers and supplies. The FSC will be followed the UNFPA's guideline.

7.3. M&E Framework

7.3.1. Monitoring

| Indicator | Baseline (June 2020) | Target (May 2021) | MOV, Source & Frequency | Risk/ Assumption |
|--|-------------------------|--|---|---|
| Outcome: Timely and effective response to COVID-19 emergency | | | | Technical advice will be provided by the UN system to reach out to (potential) victims in a timely manner. |
| 1.1 Number of women, men, girls, boys (children) reached by innovative communication aiming VAWC prevention. | 0 | About 30% of population in 4 target cities | Period reports by CO and other partners | |
| 1.2 Percentage of VAWC victims who access at least one essential service (health care, police and justice/social), including the counselling service on related issues of Covid-19 | 0 | Partnerships established with at least one essential service provider per district, to response to GBV despite COVID-19 pressures. | Period reports by CO and other partners including reports from service locations. Annual project reports | |
| Expected Result 1: Innovative communication to raise Government's and public awareness of increased risks of VAWC under COVID-19. | | | | |
| 1.1.1 Number of hotline/helpline calls for counselling on VAWC related to Covid-19, as resulted by innovative communication through mass media (VTV, VOV) and social media (Facebook). | 0 | At least 300, with an increase in number of calls | Records of hotline/helpline services | Given short project implementation in period in responding to the covid-19 pandemic, planned project activities will be implemented in a flexible manner for the most effective way. The project monthly review meetings will be |
| 1.1.2. Level of use of communication channels disseminated with VAWC messages (responsive and empathic related to Covid-19 issues), including commercial outlets and | 0 | VAWC communication messages pre-tested, tailored to COVID context, delivered through mass and social media channels. | Period reports by CO and other partners | |

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| Indicator | Baseline (June 2020) | Target (May 2021) | MOV, Source & Frequency | Risk/ Assumption |
|---|-------------------------|--|--|--|
| schools. | | Monitoring of online access levels. | | conducted to update the next project activities/actions for all stakeholders and donor, as well. |
| Expected Result 2: Availability of emergency supporting services for VAWC victims during COVID-19 response. | | | | |
| 2.1.1. Number of trained staff and service providers who provide emergency support services on VAWC, MHPSS (including online training courses) to respond to any cases in crisis situations (i.e. quarantine camps and in isolation locations) | 0 | At least 10 per project site | Period reports by CO and other partners | Training is conducted as planned in a timely manner, which may be a challenge due to social distancing programmes. |
| 2.1.2. Number of VAWC service delivery points (SDPs) including temporary shelters which received support from the project (Training, IEC, essential equipment) | 0 | At least 03 SDPs | Period reports by CO and other partners | |
| Expected Result 3: Research and data collected to inform programming during COVID-19 period. | | | | |
| 3.1.1 The level of using the rapid assessment findings and recommendations for phase 1 interventions. | 0 | At least 90% of recommendations implemented. | Rapid assessment reports and periodic project reports. | The rapid assessment is conducted as planned, in the social distance campaign. |
| 3.1.2. Number of remote monitoring conducted to facilitate the programme and project managers for quick follow-up actions as needed. | 0 | At least 10 | Period reports by CO and other partners | As much as possible online data collection is looked for so as to avoid any challenges which may surface due to restrictions in physical movement. |

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7.4. Project Review and the Next Phase

The final project review will be conducted at beginning of 2021. It is to take stock of lessons learned, esp what worked and what did not work, so that it can be integrated into the next intervention phase. Per ongoing discussion with DFAT and other partners, and following the release of the VAW survey data in 2020, it is necessary to have a comprehensive intervention programme on VAWC for Viet Nam, so as to make change in socio-cultural norms and reduce the prevalence of violence in the country.

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Annex 1: Results and Resources Framework

Results and Resources Framework (1 June 2020 – 31 May 2021) - Proposal on eliminating VAWG in VN - Phase 1

Note:

- AUD 2,500,000 equivalent to USD 1,537,515 (UN exchange rate as of 01 April 2020, @ 1.626 AUD/USD)

- The joint activities are highlighted in yellow with the name of leading agency on the top

| Expected Results | Group of activities (GA) | Timeframe | | | | | Estimated budget (\$US) | Source of funding | Implementing Agency | Co-Implementing Agency |
|--|--|-----------|----|----|------|----|-------------------------|-------------------|-----------------------------|--|
| | | 2020 | | | 2021 | | | | | |
| | | Q2 | Q3 | Q4 | Q1 | Q2 | | | | |
| Total Expected Result 1 | | | | | | | 598,623 | | | |
| Expected Result 1: Innovative communication to raise Government's and public awareness of increased risks of VAW/VAC. | GA 1.1: Develop leaflets and use pharmacies and supermarkets as the 1st contact points to deliver to the women and girls | x | x | x | x | x | 37,000 | DFAT | UNFPA UNICEF UN Women | CSAGA; MOLISA |
| | | | | | | | 38,000 | UNFPA | | |
| | GA 1.2: Conduct competition on Tik Tok for young people on innovative solutions to support GBV victims during pandemic/isolation situation | x | x | x | | | 12,000 | DFAT | UNFPA UNICEF UN Women | CSAGA |
| | GA 1.3: Promote hotline/hepline numbers (run by DOLISA system and CSAGA) and available supporting services through mobile phones, VTV, VOV, facebook, mass media, social media... | x | x | x | x | x | 98,827 | DFAT | UNFPA UNICEF UN Women | MOLISA; CSAGA; relevant stakeholders |
| | GA 1.4: Talkshows, interviews, forum, on VTV, VOV, and social discussion on facebook on the situation of GBV during the pandemic and supporting services for GBV victims | x | x | x | x | x | 31,000 | DFAT | UNFPA UN Women | MOLISA; CSAGA; relevant |
| | | | | | | | 50,000 | UNFPA | UNFPA | MOLISA; MOCST; VFU; CSAGA; CCIHP |
| | GA 1.5: Jointly conduct a communication campaign to raise the awareness of families, community and the public on risks and prevention measures of VAC including using multi-media platforms and working | x | x | x | x | x | 40,000 | DFAT | UNICEF UNFPA UN Women | MOLISA, DOLISAs, VTV |

| Expected Results | Group of activities (GA) | Timeframe | | | | | Estimated budget (\$US) | Source of funding | Implementing Agency | Co-Implementing Agency |
|------------------|--|-----------|----|----|------|----|-------------------------|-------------------|-----------------------------|-------------------------------------|
| | | 2020 | | | 2021 | | | | | |
| | | Q2 | Q3 | Q4 | Q1 | Q2 | | | | |
| | with young people and other influencers to advocate for ending VAC, especially sexual violence and providing skills education for children and young | x | x | x | x | x | 30,000 | UNICEF | | |
| | <u>GA 1.6:</u> Develop tailored parenting resources on the prevention of VAC/GBV and disseminate them via online and offline channels, including at the community level, including working with IT companies to disseminate information to parents/caregivers. | x | x | x | x | x | 73,296 | DFAT | UNICEF UNFPA UN Women | MOLISA, DOLISAs, IT companies |
| | <u>GA 1.7:</u> Support the development and roll-out of the “Opening Up Better Schools” initiative. The campaign will have a major component focusing on prevention of VAC in school when children return to their classrooms later this year. | x | x | x | x | x | 25,500 | DFAT | UNICEF | MOET, DOETs |
| | <u>GA 1.8:</u> Develop information about the facts of GBV during COVID-19 outbreak as well as available GBV services (this includes the dissemination of an updated mapping of services available already under development). | x | x | | | | 43,000 | DFAT | UN Women UNFPA UNICEF | MOLISA and VWU |

| Expected Results | Group of activities (GA) | Timeframe | | | | | Estimated budget (\$US) | Source of funding | Implementing Agency | Co-Implementing Agency |
|---|--|-----------|----|----|------|----|-------------------------|-------------------|-----------------------------|--------------------------------------|
| | | 2020 | | | 2021 | | | | | |
| | | Q2 | Q3 | Q4 | Q1 | Q2 | | | | |
| | <u>GA 1.9:</u> Engage with media outlets to continue to raise the visibility of increased violence against women and girls, demonstrating how the risk factors that drive violence are exacerbated in the context of emergency (such as COVID-19). | x | x | x | x | x | 30,000 | DFAT | UN Women UNFPA UNICEF | MOLISA; MIC; VTV |
| | <u>GA 1.10:</u> Conduct communication campaign to proactively challenge gender stereotypes and harmful masculinities, accentuated under COVID-19 crisis such as the increased household care work of women, and | x | x | x | x | x | 30,000 | DFAT | UN Women UNFPA UNICEF | GBV Net; MNET |
| | <u>GA 1.11:</u> Develop and deliver training courses on media monitoring and reporting on GBV in the COVID-19 context and the integration of GBV services into local disaster preparedness communication plans and strategies. | x | x | x | x | x | 30,000 | DFAT | UN Women | MIC; VWU |
| | <u>GA 1.12:</u> Engage with committed private sector to support GBV/DV prevention efforts among their male and female employees, especially those working from home during COVID-19. | x | x | x | x | x | 30,000 | DFAT | UN Women | VCCI; EuroCham; AmCham; WEP |
| Total Expected Result 2 | | | | | | | 597,944 | | | |
| Expected Result 2: Availability of emergency supporting services for GBV/VAC victims | <u>GA 2.1:</u> Deliver Dignity Kits for women and children in temporary shelters and other delivery posts, such as super markets or pharmacies, quarantine camps and in isolation locations. | x | x | x | x | x | 156,000 | DFAT | UNFPA | MOLISA; CSAGA |
| | <u>GA 2.2:</u> Provide temporary shelters for GBV/VAC victims at registered hotels with accompanied counselling service provided by social workers. | x | x | x | x | x | 20,000 | DFAT | UNFPA UNICEF | MOLISA; CSAGA |

| Expected Results | Group of activities (GA) | Timeframe | | | | | Estimated budget (\$US) | Source of funding | Implementing Agency | Co-Implementing Agency |
|------------------|--|-----------|----|----|------|----|-------------------------|-------------------|-----------------------------|--|
| | | 2020 | | | 2021 | | | | | |
| | | Q2 | Q3 | Q4 | Q1 | Q2 | | | | |
| | <u>GA 2.3:</u> Provide online training programmes for service providers on adapting GBV case management to the context of covid 19 pandemic and implement the guideline. | x | x | x | x | x | 56,000 | DFAT | UNFPA UNICEF UN Women | MOLISA; CSAGA |
| | <u>GA 2.4:</u> Support strengthening capacity of the National | x | x | x | x | x | 50,000 | DFAT | UNICEF UNFPA UN Women | MOLISA, DOLISAs |
| | | | | | | | 30,000 | UNICEF | | |
| | <u>GA 2.5:</u> Develop and deliver a rapid training programme for social workers and local child protection officers on Mental Health and Psychosocial Support (MHPSS) for child- and women survivors of VAC/GBV and referral. | x | x | x | x | x | 60,000 | DFAT | UNICEF UNFPA UN Women | MOLISA, DOLISAs |
| | | | | | | | 30,000 | UNICEF | | |
| | <u>GA 2.6:</u> Support partner civil society organizations to raise awareness and provide specialised protection services for vulnerable children and women victims of VAC/GBV and those at risk in Ha Noi, Da Nang and Ho Chi Minh City | x | x | x | x | x | 40,000 | DFAT | UNICEF UNFPA UN Women | Viet Nam Women's Union, Da Nang DOLISA, |
| | <u>GA 2.7:</u> Support the development and delivery of training programmes for teachers, school managers and other school staff on prevention of violence against children in school and psycho-social support and mental health needs of children | x | x | x | x | x | 30,000 | DFAT | UNICEF | MOET, DOETs |

| Expected Results | Group of activities (GA) | Timeframe | | | | | Estimated budget (\$US) | Source of funding | Implementing Agency | Co-Implementing Agency |
|--|--|-----------|----|----|------|----|-------------------------|-------------------|-----------------------------|---------------------------------|
| | | 2020 | | | 2021 | | | | | |
| | | Q2 | Q3 | Q4 | Q1 | Q2 | | | | |
| | GA 2.8: Build capacity for a national-level GBV hotline provided by VWU/CWD in two areas: a) Use technology that ensure online low-cost, safe and confidential counselling. (Technological capacity building should include but not be limited to phonelines and also be directed at online hotlines that do not require speaking out loud, such as texting or writing through email or social media channels.) b) Build capacity of human resources by developing a standard capacity framework for counsellors, social workers; it should include capacity building for response in crisis situations. In addition, trainings modules corresponding to the capacity framework will | x | x | x | x | x | 85,944 | DFAT | UN Women | VWU (CWD) |
| | GA 2.9: Support and strengthen the capacity of the 3 Peace House Shelters to manage the surge in demand while ensuring safety of women during the COVID crisis. | x | x | x | x | x | 40,000 | DFAT | UN Women UNICEF | Peace House Shelters (CWD, VWU) |
| Total Expected Result 3 | | | | | | | 40,000 | | | |
| Expected Result 3: Research and data collected to inform programming. | GA 3.1: Conduct Rapid Assessment | x | x | | | | 20,000 | DFAT | UNICEF UNFPA UN Women | |
| | | | | | | | 20,000 | DFAT | UN Women | |
| | GA 3.2: Develop M&E framework for the project with detailed disaggregation; M&E framework actively utilized and periodically learning shared. | x | x | x | x | x | - | DFAT | UNFPA UNICEF UN Women | |
| Management | | | | | | | 100,960 | | | |

| Expected Results | Group of activities (GA) | Timeframe | | | | | Estimated budget (\$US) | Source of funding | Implementing Agency | Co-Implementing Agency |
|------------------------------|--|-----------|----|----|------|----|-------------------------|------------------------------------|-----------------------------|------------------------|
| | | 2020 | | | 2021 | | | | | |
| | | Q2 | Q3 | Q4 | Q1 | Q2 | | | | |
| Management activities | Project launch (soft launch) and closure event (including documentation of lessons learnt and recommendations for policy and programme) | x | | | | x | 20,000 | DFAT | UNFPA UN Women UNICEF | |
| | Conduct project monitoring activities, including joint monitoring missions | x | x | x | x | x | 20,000 | DFAT | UNFPA | |
| | | x | x | x | x | x | 9,334 | DFAT | UN Women | |
| | Conduct training for staff of all project partners on Protection from Sexual Exploitation and Abuse (PSEA) and GBV for identifying, screening and referring cases of ESA, VAC and GBV. | x | x | x | x | x | 30,000 | DFAT | UNFPA UNICEF UN Women | |
| | Support for project coordination (allowance for IP staff, related workshops/meetings for project planning, review, completion) | x | x | x | x | x | 21,626 | DFAT | UNFPA | MOLISA; CSAGA |
| Total Programme Costs | | | | | | | 1,337,527 | DFAT UNFPA UNICEF | | |
| Staff Costs | | | | | | | 362,000 | DFAT UNFPA UNICEF UNWomen | | |
| | Project staff cost - Full time: 1 project manager, 1 project associate | x | x | x | x | x | 60,000 | DFAT | UNFPA | |
| | Staff costs (contribution from UNFPA): 20% Communication Officer; 20% Gender Specialist; 10% M%E Specialist; 10% Finance Officer; 5% | x | x | x | x | x | 65,000 | UNFPA | UNFPA | |
| | Equipments for project staff | x | | | | | 4,000 | DFAT | UNFPA | |
| | Project staff cost: 20% x 2 Child Protection Specialists, 20% of a Communication Specialist & 30% of a programme associate | x | x | x | x | x | 60,000 | DFAT | UNICEF | |
| | Staff costs (contribution from UNICEF): 5% of CO Senior Management; 10% of Communication Officer and 10% of PM&E Specialist | x | x | x | x | x | 46,000 | UNICEF | UNICEF | |

| Expected Results | Group of activities (GA) | Timeframe | | | | | Estimated budget (\$US) | Source of funding | Implementing Agency | Co-Implementing Agency |
|---|--------------------------|-----------|----|----|------|----|-------------------------|-------------------|---------------------|------------------------|
| | | 2020 | | | 2021 | | | | | |
| | | Q2 | Q3 | Q4 | Q1 | Q2 | | | | |
| Staff cost paid from DFAT (60% of NOB +100% of PA-GS5 +30% Communications Officers +seating costs) | | x | x | x | x | x | 60,000 | DFAT | UN Women | |
| Staff cost contributed by UN Women (15% of the Programme Specialist, 20% Programme Analyst on GBV , 50% of the PA-GS5=15K, 10% WEE Programme Manager, 5% time of Financial Associate, 5% of the | | x | x | x | x | x | 65,000 | UN Women | UN Women | |
| Equipments for project staff | | x | | | | | 2,000 | DFAT | UN Women | |
| Provision for indirect costs for UN Women - 8% (UN_UN agreement) | | x | x | x | x | x | 30,422 | DFAT | UN Women | |
| 1% Levy | | x | x | x | x | x | 15,773 | DFAT | UNFPA | |
| Provision for indirect costs for UNFPA - 8% | | | | | | | 113,890 | DFAT | UNFPA | |
| Provision for indirect costs for UNICEF - 8% | | x | x | x | x | x | 31,904 | DFAT | UNICEF | |
| Grand TOTAL | | | | | | | <u>1,891,516</u> | | | |
| Co-financing from UN Agencies | | x | x | x | x | x | 354,000 | | | |
| Donor Contribution from DFAT | | x | x | x | x | x | 1,537,516 | | | |

| DFAT funding | |
|---|---------------------|
| Rapid Assessment | 20,000 |
| Management for all agencies | 91,626 |
| Staff costs, Levy and Overheads | 193,663 |
| Total | 305,289 |
| Remained costs for 3 agencies after deducting Rapid Assessment, Management Activities, Staff Costs, Levy and Overhead Costs | 1,232,226.48 |
| Costs for each agency | 410,742.16 |

| Expected Results | Group of activities (GA) | Timeframe | | | | | Estimated budget (\$US) | Source of funding | Implementing Agency | Co-Implementing Agency |
|------------------|--------------------------|-----------|----|----|------|----|------------------------------|----------------------------|---------------------|------------------------|
| | | 2020 | | | 2021 | | | | | |
| | | Q2 | Q3 | Q4 | Q1 | Q2 | | | | |
| | Agency | | | | | | DFAT funding for Programming | Co-funding for Programming | Co-funding in kind | |
| | UNFPA | | | | | | 410,827 | 88,000 | 65,000 | |
| | UN Women | | | | | | 410,700 | - | 65,000 | |
| | UNICEF | | | | | | 410,700 | 90,000 | 46,000 | |
| | Total | | | | | | 1,232,227 | 178,000 | 176,000 | |

| | | |
|------------|---------|-----|
| Government | 791,193 | 51% |
| CSO | 249,000 | 16% |