**Standard Operating Procedures for the Myanmar PSEA Survivor Fund**

**Managed by UNFPA through the Myanmar Humanitarian Fund**

**Background**

In 2020, Myanmar’s Protection against Sexual Exploitation and Abuse (PSEA) Network mapped Gender Based Violence (GBV) services in non-humanitarian areas together with GBV sub-sector, and trained GBV case managers to better support survivors of sexual exploitation and abuse (SEA). While ideally all actors should have resources available to support survivors requiring assistance to reach services or to meet basic needs following reporting, it is possible that smaller organizations may not readily have funds available for this. If there is not a GBV or child protection case management partner with funds to support referral costs or if the survivor does not wish to utilize those case management services, there would be a gap in terms of meeting the survivor’s needs. With resources from the Myanmar Humanitarian Fund in 2021, a small “Survivor Fund” has been established to support case management of SEA survivors that fall outside UN or NGO remit (for example, those cases perpetrated by staff of local CSOs who are not affiliated with a UN or NGO project). This fund may be accessed for immediate survivor support, such as referral to safe spaces, health care, legal or psycho-social support services, or to cover costs related to food, clothing, shelter, and transport costs, among others, based on the needs of survivors.

With guidance from UNFPA’s Global Cash Advisor and in line with financial policies and procedures, a Standard Operating Procedure has been developed and shared with PSEA Network partners to transparently outline the process for survivors to receive cash assistance along with strong guidance on risk mitigating measures to reduce any unintended harm or associated risks. UNFPA will administer the fund given that the PSEA Coordinator is hosted by UNFPA and there are concerns about administering the funds through additional organizations or agencies to reduce information-sharing or confidentiality breaches that may jeopardize or stigmatize the survivor.

The mechanisms will be reviewed throughout the year to understand its functionality and any weaknesses that should be addressed. Furthermore, where possible, remote post-distribution/disbursement monitoring through a simple survey will be undertaken with organizations accessing the funds to understand the utility of these transfers and their desired impact on promoting access to services or meeting other urgent needs (for example: clothing, NFI, food, communications (SIM card, mobile credit)), as well as to inform administration of the fund moving forward. No direct monitoring with survivors/victims of SEA by UNFPA is anticipated, however guidance for organizations administering funds to receive voluntary feedback from survivors to promote accountability will be provided.

**Myanmar SEA Survivor Fund Objectives and Parameters**

The objective of the Fund is to enable access to and costs associated with specialized services which provide assistance and support required by survivors including medical, legal, psychosocial, and safety/security services at the time of reporting and during investigation and the immediate follow-up.

Who is eligible to receive funds: organizations supporting survivors who have reported allegations of SEA are eligible to access the fund. While each organization is expected to take responsibility for associated costs to support survivors who have reported to them.

The fund has been established to ensure survivor access to care in cases where:

(1) there is no GBV or Child Protection case management partners available to support the survivor;

OR

(2) the survivor prefers not to utilize services of the third party GBV or Child Protection case management partner

AND

(3) the organization that has received the report does not have funds available to support survivor access to services or other support.

As described below, transfers can be made directly to *individuals* (survivors and/or guardians of minors and/or persons requiring assistance (persons with disabilities or otherwise)) or to the *organizations* supporting the survivors. Due concern for risk mitigation will be ensured.

Duration/amount of funding: The funds can be made available at the time of reporting and throughout the duration of an investigation. While longer term support could be required, efforts will be made to transfer support to survivors to other GBV/CP mechanisms that may be equipped to manage longer-term needs.

Amount of funding available:A standard amount of 80,000 Myanmar Kyat will be provided, unless the organization requesting provides justification for a higher amount. Organizations will be responsible for providing a summary of use for accountability and also to help inform the amount of the transfers moving forward.

Requesting funds

An organization will make a request to access the fund upon submission of the initial SEA report to the PSEA Coordinator through <https://themimu.info/node/add/psea-reporting-tool> (annex report template/ see PSEA Reporting Framework) and by sending the with the request form attached to [mmrpsea@unfpa.org](mailto:mmrpsea@unfpa.org).

There are two options for fund transfers:

1. Transfer directly to the survivor
2. Transferred to the organization supporting the survivor/managing case

Payments will then be facilitated by UNFPA field offices, where they are present and accessible. Mobile transfers or other means will be pursued where transfer through UNFPA field office assistance is not feasible.

**Supporting referral to services**

The PSEA Coordinator can provide support to organizations who require information on referral pathways available to survivors in their areas.

**Reporting on funds**

It is the responsibility of the organization that receives the fund to provide a post-distribution monitoring report to give feedback on any feedback received pertaining to the relevance, amount of funds provided to the survivor. If possible, feedback on how the survivor used the funds and if he/she was able to access services would also be of interest; feedback on support and the process should be collected by the organization supporting the process. The attached template is guidance for the PDM. Feedback should be provided within 2 months following distribution of funds. The feedback will be used to inform the operation of the Survivor Fund moving forward and its impact on the survivors, including their (voluntary) access to services and support.

In addition to the Myanmar Survivor Fund, the following resources are available at the Global Level, however it should be noted that the OCHA fund is specific for investigation while the UN Trust Fund for Survivors is limited to cases perpetrated by UN personnel.

**Global survivor assistance available**

**OCHA SEA Fund for Investigations**

<https://www.unocha.org/sites/unocha/files/OCHA_SEA_Fund_flyer%20%281%29.pdf>

Request form: <https://www.unocha.org/sites/unocha/files/OCHA_SEA_Operational_Manual_Annex6_Fund_Request_Application.pdf>

**UN Trust Fund for Survivors** (limited to those abused by UN personnel)

<https://www.un.org/preventing-sexual-exploitation-and-abuse/content/trust-fund#:~:text=Vision%20and%20Objectives-,Trust%20Fund%20in%20Support%20of%20Victims%20of%20Sexual%20Exploitation%20and,and%20abuse%20by%20UN%20personnel>

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| **Annex A: Funding Request Form** Please **submit one funding request form per individual in need of support.** | | | | | |
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| **Requesting organization** | **Name of organization**  *(Please provide the name of your organization in full)* |  | **Location** **of organization** *(Please indicate the townships/ state/region where the office of the requesting organization is based).* |  | |
| **Organizational focal point**  *(Please provide name, title, email and telephone number of the focal point)* |  | | | |
| **Investigation process of Sexual Exploitation and Abuse (SEA) allegation** | **Status of SEA investigation process**  *(Please indicate the status of the investigation of the survivor's SEA allegation)*    ☐ Investigation process not started yet\*  ☐ Investigation underway  ☐ Investigation completed  ☐ Others:  \*If support to conduct an investigation is required, please refer to the “[Engaging Investigators SOP](https://www.themimu.info/sector/protection-sexual-exploitation-abuse-psea)” in the PSEA Toolkit Core documents. | | | | |
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| **Type of support**  *(Please indicate the type of support that is planned to be covered with the requested fund)* | **Specialized Services** | | **Other support** | | |
| Referrals to:  ☐ Safe space/shelter  ☐ Health services  ☐ GBV/CP case management  ☐ Legal services  ☐ Psychosocial support services  ☐ Others: | | ☐ Transportation costs  ☐ Food support  ☐ Non-food items (NFI) support  ☐ Communication support  ☐ Personal upkeep (clothing, soap, sanitary pads, etc)  ☐ Temporary housing or shelter needs  ☐ Medical costs including services, medication  ☐ Others: | | |
| **Funding Amount** *A standard amount of 80,000 MMK will be provided, unless the organization requesting provides justification of a higher amount.* | Please indicate if your organization requests the standard amount of 80,000 MMK or a higher amount. | ☐ Standard amount of 80,000 MMK  ☐ Higher amount | If your organization requests for a higher amount, please indicate the **requested amount** in either Myanmar Kyat (MMK) or US Dollars (USD). |  | |
| If your organization requests for a higher amount than the standard amount, please provide a **justification** for the requested amount. |  | | | |
| **Modality of fund transfer** *(Select the preferred transfer modality and fill out the relevant information below as per the preferred option)* | ☐ Direct transfer by UNFPA to individual in need of support  ☐ Transfer by UNFPA to organization supporting the individual/managing the case | | | | |
| **Direct transfer to individual** | If the preferred modality is direct transfer to the individual, please indicate to whom the transfer shall be made. | ☐ SEA survivor  ☐ Guardian (e.g. for cases where survivor is a minor or a person with disabilities)  ☐ Others: | Please select the individual's preferred disbursement option. | ☐ Bank transfer  ☐ Mobile banking  ☐ Cash disbursement | |
| **Transfer to organization supporting the individual/managing the case** | If fund is preferred to be transferred to your organization, please indicate if your organization will disburse the fund to the individual in need of support or the service provider. | ☐ Individual  ☐ Service provider  ☐ Others: | Please indicate the estimated timeline of when the fund is planned to be disbursed to the individual/service provider. | | |
| Start date: | | End date: |
| Please indicate the preferred modality of the transfer to your organization. | ☐ Bank transfer  ☐ Mobile money  ☐ Cash disbursement | Please provide your organization's banking details. | |  |
| **Request justification**  *(please provide a justification for your organization’s need for funding to assist the survivor)* |  | | | | |
| **Investigation process of SEA allegation** | If the SEA investigation has not started yet, please provide information on the reasons why the process has not started yet and what steps are planned to be taken to initiate the investigation process. | | | | |
| In case your organization needs support (e.g. technical, financial, etc.) in relation to the SEA investigation process, please indicate the type of support that is needed. | | | | |
| *The funds are committed with the expectation that the requesting organization provides UNFPA with* ***a post-monitoring report*** *as outlined in the Survivor Fund SOPs no later than two months following the distribution of funds. This feedback will help us to ensure that the fund is efficient and helpful. By signing this form, your organization commits to the conditions outlined in the SOPs.* | | | | | |
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|  | | **Location, date:** |  | | |
| **Name, signature:** |  | | |

*To be completed by GBV personnel. If not available, the PSEA Focal Point*

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| **Annex B: Post-Distribution Monitoring (PDM) Form** | | | | | | | | | | | | | | |
| Date of when funds were distributed to survivor: | | | | Date of completion of PDM report: | | | | | | | | | | |
| Name of distributing organization: | | | | Name and title of staff member who completed PDM report: | | | | | | | | | | |
|  | | | | Contact (email and phone number) of staff member who completed PDM report: | | | | | | | | | | |
| **Distributing Organization**  *The following section is to be completed by the organization which distributed the cash assistance to the survivor.* | | | | | | | | | | | | | | |
| **Amount of Funds** | | | | | | | | | | | | | | |
| Was the standard amount of funds (80,000 MMK) requested for the cash assistance? | | | | ☐ Yes  ☐ No | | | | | | Was the received amount sufficient to meet the survivor’s needs? | | | ☐ Yes  ☐ No | |
| If a customized amount was requested, please indicate the amount MMK) of funds that was requested from UNFPA: | | | | If the received amount was not sufficient to meet the survivor’s needs related to the incident, please explain the reasons: | | | | | | | | | | |
| If the received amount was not sufficient to meet the survivor’s needs, what additional support would be needed to fully meet the survivor’s needs related to the incident? | | | | | | | | | | | | | | |
| **Distribution of Funds** | | | | | | | | | | | | | | |
| Which modality of fund transfer was used to distribute the funds? | | | | ☐ 1. Direct transfer by UNFPA to survivor  ☐ 2. Transfer by UNFPA to organization supporting the survivor | | | | | | | | | | |
| If modality 2 was used (transfer by UNFPA to organization supporting the survivor), were the funds distributed directly to the survivor by the supporting organization? | | | | ☐ Yes  ☐ No | | | | If the funds were not distributed to the survivor directly, please indicate how the funds were distributed (e.g. through a third person such as the survivor’s family members, guardian, etc. or paid directly to a service provider): | | | | | | |
| If modality 2 was used (transfer by UNFPA to organization supporting the survivor), please indicate the channel that was used to distribute the funds: | | | | | | | | ☐ Bank transfer  ☐ Mobile money  ☐ Cash disbursement  ☐ Others (please specify): | | | | | | |
| Please indicate any challenges your organization might have faced in distributing the funds to the survivor: | | | | | | | | | | | | | | |
| **Timeliness of Funds** | | | | | | | | | | | | | | |
| Date of when your organization’s request for the funds was submitted to UNFPA: | | | | | | | | | Date of when the requested funds were received by your organization/Date of when your organization had access to the fund: | | | | | |
| Did your organization receive the funds in time to assist the survivor in covering her/his needs? | | | | | ☐ Yes  ☐ No | | | | If your organization did not receive the funds in time to support the survivor’s needs, please elaborate what challenges you faced: | | | | | |
| In case the funds served more as a reimbursement for the survivor, please explain the reasons for this (e.g. provision of funds from UNFPA to distributing organization was delayed; distribution of funds from distributing organization to survivor was delayed; challenges in making bank transfers; etc.): | | | | | | | | | | | | | | |
| **Use of Funds** | | | | | | | | | | | | | | |
| If known, please indicate the purpose for which the funds were used by the survivor: | | ☐ Specialized services  ☐ Other support | | | | | | | Please indicate what type of specialized services and/or other support the funds were used for, if known: | | | | | |
| **General Feedback** | Please provide any general feedback your organization might have on the process of requesting, receiving and distributing the funds: | | | | | | | | | | | | | |
| **Survivor**  *If possible, the following questions should be asked to the survivor who received the funds.* | | | | | | | | | | | | | | |
| **Adequacy of Funds** | | | | | | | | | | | | | | |
| Were the funds that you have received sufficient to meet your immediate needs related to the incident? | | | ☐ Yes  ☐ No | | | If you selected ‘no’, do you have any outstanding debts related to the incident? | | | | | | ☐ Yes, I have outstanding debts.  ☐ No, I don’t have outstanding debts.  If you selected ‘yes’, please indicate the average amount of debts you have related to the incident: | | |
| If the funds were not sufficient, please indicate what additional support would be needed to meet your immediate needs related to the incident: | | | | | | | | | | | | | | |
| **Use of Funds** | | | | | | | | | | | | | | |
| Please indicate the purpose for which the funds were spent: | | | | | | | | Were you able to use all of the cash assistance for yourself? | | | | | | ☐ Yes  ☐ No |
| Was some of the cash transfer that you have received spent by any of your household or family members? | | | | ☐ Yes  ☐ No | | | | If you were not able to use all of the money you received for your own needs, please explain the reasons you were not able to do so: | | | | | | |
| **Distribution of Funds** | | | | | | | | | | | | | | |
| Were you satisfied with the channel through which the money was distributed to you (e.g. through bank transfer, mobile money, cash disbursement, etc.)? | | | | | | | ☐ Yes  ☐ No | | | | If you were not satisfied with the channel through which the money was distributed, please explain the reasons you were not satisfied: | | | |
| Did you experience any risks to your safety as a result of receiving the money? | | | | | | | ☐ Yes  ☐ No | | | | If you selected ‘yes’, what safety risks did you experience? | | | |
| Did you have to or were you asked to do or give anything you did not want to in order to receive the money? | | | | | | | ☐ Yes  ☐ No | | | | If you selected ‘yes’, what were you asked or made to do or give in exchange to be targeted to receive the money and by whom? | | | |
| **General Feedback** | Please provide any additional feedback you may have on the cash assistance process: | | | | | | | | | | | | | |