



Engaging Men Evaluation

Concern Worldwide Sierra Leone

Endline Evaluation of Concern Worldwide's "Engaging Men to Contribute to Safer Communities in Tonkolili District Project" (November 2013 - March 2015)

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Executive Summary

Throughout her lifetime, a woman in Sierra Leone is highly vulnerable to various forms of Sexual and Gender-Based Violence. While girls may be more vulnerable to forms of sexual exploitation and abuse, women in formal or customary marriages may be at particular risk of specific forms of sexual, physical, psychological and economic violence inflicted by male partners. The dynamics of this violence vary depending upon factors including rural or urban setting, form and formality of marriage, and class.

It is generally believed that very little of the SGBV that takes place in the country is reported to the police. Nonetheless, statistics from the Family Support Unit of the Sierra Leone police from 2013¹ counted 6,636 reported cases of domestic and sexual violence nationwide, including 60 rape cases and 1,246 cases of “sexual penetration,” the category assigned for rape of children.² Of the total cases, 777 were charged³ and 125 were convicted. Ultimately, despite strong new legislation criminalizing sexual offences that came into effect in 2012, zero rape cases, and only 19 sexual penetration cases had been convicted.

Through its “Engaging Men to Contribute to Safer Communities in Tonkolili District” Project, Concern has directly targeted those rural women who are cohabiting with male partners, in both monogamous and polygamous marriages. It has also directly targeted the men who perpetrate this violence in a process that aims to shift their construction and reproduction of masculinities in everyday life. The goal of the “Engaging Men” Project was “to reduce sexual violence against women and girls in Tonkolili District, through increased awareness, changed attitudes and an improved referral system.”

Expected results for the project included:

- Increased knowledge and changing attitudes and behaviour of at least 2000 men and 2000 women and 1000 boys and girls in 8 Chiefdoms in Tonkolili District on sexual violence and its impact, relevant laws and the referral pathway
- Effective Monitoring and coordinated response to SGVB by relevant district actors (District Gender Based Violence Committee, the Social Welfare, Gender and Children’s Office, the Ministry of Health, the Police/FSU, PHUs, School Management Committees, CSOs, traditional authorities etc.
- Improved accountability and coordination of stakeholders addressing SGVB and providing support to victims in Tonkolili District

Concern’s two-pronged strategy for achieving this goal has been highly effective and transformative. The first part involves discussions and activities that address the inequitable norms and beliefs about male and female identities and social roles that sustain violence, and it takes these discussions into the home through the “Living Peace” approach. Plans to address inequitable gender socialization of children through life skills training were suspended along with school closures. A second strategy has been to strengthen the capacity of front-line service providers, including police officers and social workers of the Family Support Units, as well as health care Workers through training, as well as a programme for

¹ It was not possible to obtain national data for 2014

² Note, as discussed later in this report, that these cases do not distinguish cases of sex between consenting adolescents that may be reported when a girl becomes pregnant.

³ 25 rape cases, and 508 sexual penetration cases were charged, and 0 rape cases and 19 sexual penetration cases were convicted.

police based on the Living Peace approach to target organizational culture that perpetuates the poor treatment of survivors.

Funding for the project was provided by the UK Foreign and Commonwealth Office starting in November 2013 and concluded in March 2015.

Implementation of the “Engaging Men” Project began in Tonkolili District in April 2014. This coincided with the worst Ebola outbreak in history. As of 9 March 2015, Sierra Leone has a cumulative caseload of 11,644 cases and 3,465 deaths.⁴ Tonkolili District, where the Project is based, has had 570 cases and 185 deaths,⁵ and at the time of writing, had gone two weeks without a new case.

The end of project evaluation critically reviews the achievement of the project in terms of attaining its objectives using the evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability. It also reflect on the successes, challenges, best practices and key lessons learned during the project period, and makes recommendations for future projects and programmes.

Relevance

There is a high degree of relevance of the project overall, and of all major strategies. Because of project adjustments triggered by the closure of schools and the ban on public gatherings, community-based activities ultimately targeted women living with and experiencing conflict with, their male partners. CDOs were able to overcome instances of female and male resistance in the initial phase of mobilization, hooking them after the first session. Subsequently, both women and men involved in Living Peace Groups were self-motivated to consistently attend sessions throughout the duration of the programme. Household data revealed a statistically significant shift towards more equitable gender norms in the 22 communities where this strategy operated. The application of the Living Peace approach to training police officers also proved highly relevant to addressing the root causes of unprofessional and abusive treatment by police of SGBV survivors. Other activities were less relevant than ideal, including the training of health workers using the same curriculum as that used for the police, though without SOPs in place for health workers there may have been challenges in the application. In addition, Concern should ensure in any future programme that key messages are determined for different categories of beneficiaries, and are consistently communicated and measured in training and outreach.

Effectiveness

Activities were scaled back because of Ebola and the State of Emergency that imposed restrictions on gatherings. The number of chiefdoms was dropped from eight to six. In training workshops, the number of participants targeted was reduced and spread out over a series of workshops of under 22 participants each. Together with delays while the Emergency situation was being assessed and activities redesigned, the impact on staffing and staff workload was significant. The Evaluation found that this more focused and intensified approach gave rise to numerous examples of innovation and positive unintended consequences, which are explored under the section on Impacts.

The specific objective of the project was to reduce the sexual violence against women and girls through change in attitude and practice of at least 2,000 men and 2,000 women and 1,000 boys and girls towards gender relations and an improved referral system. The actual number of direct beneficiaries is 1016 or 26% of the targeted number for adults, and 21% of the overall target of 5000 individuals. Of these, 500 are women and 526 are men. The

⁴ GOSL, Ministry of Health and Sanitation, Ebola Virus Disease Situation Report (10 March 2015)

⁵ Ibid.

shortfall reflects the downsizing of activities and area of project coverage following the declaration of the State of Emergency.

Result 1: Increased level of knowledge of at least 2,000 men and 2,000 women and 1,000 boys and girls in 8 chiefdoms in Tonkolili District on gender relation and sexual violence and its impact, relevant laws and the referral pathway

A reduced number of facilitators drawn from fewer communities were trained for Community Conversations method and plans to roll out training into communities was postponed until after the Project.

Numbers of participants targeted for training were reduced, and at the same time, were spread out over a large number of training workshops. Civil society organizations centred in Magburaka and Mile 91 received training in the Living Peace and Community Conversation approach. Outreach was reinforced by posters of positive images of men in a domestic setting with their families, as well as radio broadcasting, through daily radio jingles and weekly panel discussions that were doubled to twice a week to meet the high level of audience interest.

The major strategy for behaviour change in communities was the Living Peace model, with a curriculum that was adapted to fit the context of rural Tonkolili. It targeted the partners of monogamous and polygamous partnerships with an 11-session programme aimed at deconstructing traditional norms of masculinity and its consequences, shifting inequitable norms, and learning conflict management skills. Living Peace Groups were formed in 22 communities, through processes directly facilitated by well-trained and compelling CDOs.

Plans to train male role models from each CC village were among the activities not implemented.

Result 2: Effective monitoring and coordinated response to SGBV by relevant district actors (GBV Committee, Social Welfare, Gender and Children's Office of the MoH, Police, FSUs, PHUs, SMCs, CSO, traditional authorities, CWCs

Different civil society organizations received training on the Gender Laws and the SGBV Referral Protocol. A total of 316 people were trained, initially in two large training workshops held in June 2014, and 3 training workshops with groups of under 22 participants.

Training based on the police's *Standard Operating Procedures for Sexual and Domestic Violence Cases* were delivered in three sessions, targeting police as well as health staff from PHUs in the District. Training was not adequately adapted to health care staff, partly because of the lack of a system or protocol for SGBV clinical case management.

The Living Peace curriculum was also adapted for the police, and the 11-week programme was delivered for FSU and General Duty police officers in Mile 91 and Magburaka.

Result 3: Improved accountability and coordination of stakeholders in addressing SGBV and providing support to victims in Tonkolili District

The GBV Committee was revived with Concern's support for quarterly meetings, which were held beginning in April 2014. Key actors involved in SGBV-related activities were mapped out at the first meeting, resulting in a "referral tree" poster that was distributed.

Though not a planned activity, the donation of a BRACE 2 vehicle to MSWGCA facilitated a non-formal coordinated mobile response to SGBV case reports.

Major activities not completed include the roll out of the Community Conversations method, though 88 community facilitators were trained in the CC method and are ready to implement the roll out under a future project. Training of male role models from the CC communities, as well as a related campaign, were not implemented.

Baseline score	Endline score
Overall Objective: To improve the wellbeing of women and girls in Tonkolili District through ensuring a safer environment at community and family level.	
1. 82% (174) of women who said they feel safe at home and in their community from sexual violence.	1. 70% (153) of women said they feel safe at home and in their community from sexual violence
Specific Objective: To reduce the sexual violence against women and girls through change in attitude and practice of at least 2,000 men and 2,000 women and 1,000 boys and girls towards gender relations and an improved referral system.	
2. Adult Gender Equality Indicator 49.6 3. Child Gender Equality Indicator 30.99 4. 12% (26) women said in the past year they have been forced or threatened to have sexual or oral intercourse when they didn't want to 5. 78% (329) respondents said they would report a known incident of sexual or domestic violence in the community to the FSU (77%W, 79%M) 6. 59% (126) women said they would report an experienced incident of sexual assault to the FSU	2. Adult Gender Equality Indicator 54.5 3. Child Gender Equality Indicator NA 4. 6% (13) of women said in the past year they had been forced or threatened to have sexual or oral intercourse when they didn't want to 5. 91% (201) respondents said they would report a known incident of sexual or domestic violence in the community to the FSU (75%W, 91%M) 6. 63% (139) women said they would report an experienced incident of sexual assault to the FSU
Result 1: Increased level knowledge of at least 2,000 men and 2,000 women and 1,000 boys and girls in 8 chiefdoms in Tonkolili District on gender relation and sexual violence and its impact, relevant laws and the referral pathway.	
7. 29% respondents who can correctly answer 6/6 knowledge questions on SGBV offences and the Referral Protocol (26%W, 32%M) 8. 0 male role model network established 9. 0 people from the civil society and institutions trained on Engaging Men and Community Conversation.	7. 15% of respondents could answer all 6 knowledge questions on SGBV offences and the Referral Protocol (13%W, 16%M) 8. 0 male role model network established 9. 91 people from the civil society and institutions trained on Engaging Men and Community Conversation (41W, 50M)
Result 2: Effective monitoring and coordinated response to SGBV by relevant district actors (Gender Based Violence Committee, the Social Welfare, Gender and Children's Office, the Ministry of Health, Police, FSUs, PHUs, School Management Committees, CSOs, traditional authorities, CWC, etc.)	
10. 1/12 frontline staff able to correctly answer 6/6 questions correctly on SGBV offences and the referral protocol ⁶ 11. 0/2 simulations where the health care provider demonstrates basic standards of victim-centred response (A ranking). 12. 0/2 simulations where FSU staff demonstrate basic standards of victim-centred response. (A ranking) 13. 0 FSU personnel have received training on basic SGBV case management by Concern 14. 50 PHU personnel received training on basic SGBV case management (previous training on SGBV Clinical Case Management by Pikin to Pikin/IRC/Concern)	10. 1/17 frontline staff answered all 6/6 questions correctly on SGBV offences and the referral protocol 11. 0/2 PHU SGBV case simulation did not meet basic standards of victim-centred response (C ranking) 12. 1/2 FSU SGBV case simulations did not meet basic standards of victim-centred response (C and D ranking) 13. 36 FSU personnel (10W, 27M) received training on basic SGBV case management by Concern 14. 24 PHU personnel (23W, 21M) received training on basic SGBV case management
Result 3: Improved accountability and coordination of stakeholders in addressing SGVB and providing support to victims in Tonkolili District	
15. 0/2 GBV committee meetings conducted and with a clearly written and agreed action points with accountabilities and deadlines. 16. 1 action point from district GBV committee meetings tracked and implemented	15. 0/5 district GBV committee meetings conducted and with a clearly written and agreed action points with accountabilities and deadlines. 16. Number of action points from district GBV committee meetings tracked and implemented (Not possible to assess)

⁶ Frontline response staff includes any personnel who may be involved in receiving or responding to an SGBV Case (including police, health workers, social workers, or legal personnel). Note that results are not generalizable.

Impact

The testimony of women and men suggests that the intervention had a transformative impact on behaviours and relationships. From a gender perspective, these changes have addressed issues of equity, by improving the conditions of women, in terms of their freedom from violence, reduced workloads, improved health, food security and reports more communicative and supportive emotional relationships with partners and across all family members. This strategy also shows evidence of addressing women's strategic interests, by starting to address the structures that oppress women. This is seen in reports of women's involvement in decision making about and control of household rice stores, as well as their involvement in household and Living Peace Group agricultural planning. There are risks of gains to women's protection and empowerment being lost unless Groups are monitored through a longer period of time, particularly on issues of community conflict management and planning of group farms.

Training of police officers in the *SOPs on Sexual and Domestic Violence Case Management* as well as the provision of the adapted Living Peace programme has, in combination with other factors (e.g. new private office space at one FSU), led to improved response to SGBV cases. The result, while also more difficult to assess, is less impactful for PHUs who do not have the systems in place to apply new protocols within the workplace. Endline questionnaires administered to 17 frontline staff members however indicate persistent misunderstanding of key information about SGBV and the continued adherence of some staff members to some inequitable norms that promote a culture victim blaming.

The case of a gang rape of a woman who had to wait three days from when she reported the case to the police to receive medical treatment exposes gaps in the referral system on the part of police, social welfare and the hospital.

Support for improved coordination and accountability of the District GBV Committee resulted in improved attendance, but structures for effective meetings and minute-taking are not yet in place. Though not part of the Project design, a vehicle donated to MSWGCA was used in responding to an estimated five SGBV case reports, with anecdotal evidence of improved rates of cases charged to court.

Sustainability

The Living Peace Groups demonstrated the potential for sustainability beyond the life of the Project. Group members in the four communities where qualitative research was done indicated intentions, and in some cases have already taken action towards, the creation of farms, with the primary intention of keeping groups alive. There have been requests for support in the form of seed rice and groundnuts for these farms, but it should also be noted that in several cases, group members have already started by pooling their own resources.

Groups have also embraced a role as mediators of household conflict within the community and in some, have taken on some outreach in churches and mosques. There are reports of behaviours being adopted by individuals outside these groups.

Improved police performance on SGBV case response is more likely to be sustained because of an observed shift in the norms of organizational culture, which has become more supportive for FSU officers. Change at the PHU level was not demonstrated, and is unlikely take root without policy change and the implementation of a protocol and support systems for health care workers.

Support for the GBV Committee will end with the project. It is unlikely that high attendance to quarterly meetings will continue without support. MSWGCA has reportedly used the

donated vehicle to support mobile SGBV case response, and is likely to continue to do so, barring any major mechanical problem.

Efficiency

Through its use of innovative programme strategies and emphasis on staff capacity development, the project achieved considerable impacts. It did so under significant time and human resource constraints, and with a smaller than anticipated budget, ultimately delivering above average value for money in the estimation of this Evaluation. The project started with a significant underspend in the first quarter, and later budget revisions were made to adapt to the evolving Ebola situation and National State of Emergency. Adjustments to the Project because of Ebola meant that many project activities could not be implemented, but those that were had a measurable and significant impact within a short time. As of 20 March 2014, the project is on course for 97% expenditure against the final revised budget, with an anticipated underspend of only £7,000. Staff capacity was enhanced in a number of ways throughout the project, with skills gained in facilitation, monitoring and evaluation, and general planning and project management. In particular, Concern's insistence upon the thorough training of Community Development Officers paid dividends, in terms the enthusiastic response of Living Peace Groups to the project. Staff members willingly doubled their workloads to make up for lost time, seconded colleagues and triple the number of training workshops, to ensure the full implementation of a project they believed in. At the same time, there is scope for improved project management and more equitable distribution of workload.

Lessons learned

Lessons learned that are elaborated in the report come from a combination of research analysis and observations of the project beneficiaries themselves:

- Successful uptake of the model is linked to its focus on community cohesion
- Change starts with personal revelations and realizations, and continues with people realizing that gender identities are flexible
- Community development starts inside households
- The key to transformation is different for each household
- Quality of facilitation motivated sustained and enthusiastic participation
- Objective outsiders are better placed to facilitate gender transformation
- The lack of items for distribution is regarded as a strength
- The Living Peace strategy works for polygamous families
- Targeting of beneficiaries could be improved, but still had a ripple effect
- Including chiefs as members of Living Peace Groups has benefits
- Living Peace Groups navigate formal and non-formal justice systems
- Women members may have been comparatively less involved in group decisions
- Monitoring and evaluation does not capture all of the project benefits
- The Living Peace model can be successfully adapted to address institutional violence
- Training front-line responders without systems in place is less effective (e.g. Health)
- Simulations to test SGBV response can strengthen learning application in the workplace
- Supporting GBV Coordination meetings without strengthening their structures is less effective
- MSGWCA-controlled vehicle facilitated effective and coordinated mobile case response
- Prevention and response strategies do not yet link up
- Transformation of this kind requires skilled manpower on the ground to facilitate change.

In summary, Concern has found an effective way to shift norms in communities to prevent SGBV, as well as within SGBV response services. However, several gaps remain in terms of linking these prevention and response activities, and in making sure that these services are accepted by communities. Concern will need to continue to monitor gains to women's protection and empowerment and ensure that they become entrenched through a critical mass of community networks.

Recommendations

1. Build upon strong community support for the intervention to facilitate women's *collective* empowerment and rights awareness.
2. Explore additional Living Peace modules for follow up that address common problems, such as HIV testing for couples.
3. Scale up Living Peace Groups by extending into social networks and neighbouring communities through organized diffusion, to create a critical mass and consolidate shift in social norms.
4. Adopt an indigenous concept that conjures up local significance of the intervention, instead of "Living Peace," which is imported.
5. Strengthen the linkage between Living Peace Groups and SGBV case referral.
6. Strengthen and formalize coordinated mobile case response through MSWGCA.
7. Strengthen coordinated SGBV case management.
8. Focus on clarifying the structure of District GBV Committee meetings and minutes.
9. Support policy change in MOHS towards the adoption of clinical SGBV case management protocols, such that nurses can eventually provide evidential testimony.
10. Improve vetting of training materials, including agreed key messages to be included in training, as well as in pre and post-tests.
11. Consider radio follow-ups of training programmes by holding panel discussions with training participants in the weeks after training.
12. Strengthen future M&E with added behaviour change indicators to monitor key indicators of women's empowerment, as well as the wellbeing of children.
13. Maintain a strong Gender team, with gender-specific outcomes, strong technical leadership and independent resources budget lines.
14. Share lessons learned from this project with other actors working on gender in Sierra Leone and beyond, find out about the existence of similarly transformative approaches in-country and agree upon best practices.

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Acronyms

CHC	Community Health Centre
DHMT	District Management Health Team
FSU	Family Support Unit
GBV	Gender-based violence
HIV	Human immunodeficiency virus
INGO	International non-governmental organization
IRC	International Rescue Committee
LUC	Local Unit Commander
MCHP	Maternal and Child Health Post
MOHS	Ministry of Health and Sanitation
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
NGO	Non-governmental organization
PHU	Peripheral health unit
SECHN	State-enrolled Community Health Nurse
SGBV	Sexual and gender-based violence
SLP	Sierra Leone Police
SOA	Sexual Offences Act (2012)
SOP	Standard Operating Procedures for the Investigation of Sexual and Domestic Violence Offences
STI	Sexually transmitted infection
VAW	Violence against women
WHO	World Health Organization

Acknowledgements

The lead consultant for the baseline study is Noëlle Rancourt, with survey analysis carried out by Alexandra Fehr. The research process was supported by Concern Worldwide Sierra Leone, under the close supervision of Amy Folan, the Education Coordinator. The administration of the household survey was led by Thomas Luvai, Programme Quality and Monitoring Coordinator.

The survey replicated qualitative simulations, a method that had been developed during the Baseline and Capacity Assessment of SGBV Service Providers, with the support of then National Health Coordinator, Rosie Davis, former Assistant Country Director (Programmes) Michelle Wilson, and former Area Manager, Chris Oyua, and with direct research support from Gender Programme Manager, Hawa Sesay, former Gender Programme Officer, Denis (Bob) Tholley, and Behaviour Change Officer, Florence Parker. Simulation tools were further refined with the support of actors Kadiatu Sankoh and Safiatu Kamara. Special thanks is given to Ramatu Dumbuya, Project Monitoring and Evaluation Advisor, for her consistent support to research logistics, translation and analysis throughout the Evaluation.

Thanks also to external partners in the research, especially the Ministry of Social Welfare, Gender and Children's Affairs, as well as to the Sierra Leone Police and the Family Support Unit, as well as to the District Health Management Team and Peripheral Health Unit staff members who participated in simulations and interviews. Special thanks to all of the Living Peace Groups in Mayossoh, Matham, Rossengbeh and Kumrabai Junction, who gave their time and insights into this important issue.

Photographs are taken by Noëlle Rancourt, with verbal consent of participants for use in reporting on this project. Names have been changed to protect confidentiality. The cover photo of a couple sitting on a porch with their child was taken in Mayossoh, following focus group discussions in which the husband and wife both (separately) participated.

Any questions about the research can be directed to noelle.rancourt@gmail.com

Background

SGBV in Sierra Leone

Since the end of the civil war, the level of violence against women and girls has remained alarmingly high, though the nature of the violence has changed. Pre-existing patterns of male social dominance, and of male control over female bodies, took on violent manifestations during the armed conflict,⁷ with thousands of women suffering sexual violence, as well as other forms of gender based violence including abduction, enslavement and forced labour.⁸ The return to peacetime forms of male dominance over women has changed from what it was during the war. The forms of sexual and gender-based violence (SGBV) to which girls, women, and to a lesser extent, boys, are vulnerable, take place primarily within homes and communities by individuals that are known to them, and are also likely to differ according to sex and life phases. While girls may be more vulnerable to forms of sexual exploitation and abuse, women in formal or customary marriages may be at particular risk of specific forms of sexual, physical, psychological and economic violence inflicted by male partners. The dynamics of this violence vary depending upon factors including rural or urban setting, form and formality of marriage, and class.

It is generally believed that very little of the SGBV that takes place in the country is reported to the police. Nonetheless, statistics from the Family Support Unit of the Sierra Leone police from 2013⁹ counted 6,636 reported cases of domestic and sexual violence nationwide, including 60 rape cases and 1,246 cases of “sexual penetration,” the category assigned for rape of children.¹⁰ Of the total cases, 777 were charged¹¹ and 125 were convicted. Ultimately, despite strong new legislation criminalizing sexual offences that came into effect in 2012, zero rape cases, and only 19 sexual penetration cases had been convicted.

Even prior to the Ebola outbreak, quality and availability of key medical, psychosocial, police, and legal services throughout most of the country was poor. Combined with strong cultural norms against police reporting of intimate partner violence, these factors meant most survivors of sexual and domestic violence are frequently unable to access the support they require. Under the strain of the outbreak and the National State of Emergency, access to public services, especially health services, has regressed significantly and may have had an impact on reporting of SGBV, as well as on the quality of response.

The Foreign and Commonwealth Office Grant

The UK Foreign and Commonwealth Office aims to address the problem of sexual violence in Sierra Leone through its Human Rights and Democracy Programme, by providing funding for capacity building of government and civil society. The *Preventing Sexual Violence Initiative* aimed to support the implementation of UN Security Council Resolutions in support of Women, Peace and Security. Its “key objective is to tackle the culture of impunity that exists for crimes of sexual violence, and to replace this culture with one of deterrence.”

⁷ LaShawn R. Jefferson. (2004) “In War as In Peace: Sexual Violence and Women’s Status” Human Rights Watch

⁸ Human Rights Watch, (January 2003). “We’ll kill you if you cry: Sexual Violence in the Sierra Leone Armed Conflict”, pp. 1

⁹ It was not possible to obtain national data for 2014

¹⁰ Note, as discussed later in this report, that these cases do not distinguish cases of sex between consenting adolescents that may be reported when a girl becomes pregnant.

¹¹ 25 rape cases, and 508 sexual penetration cases were charged, and 0 rape cases and 19 sexual penetration cases were convicted.

Concern Worldwide Sierra Leone

Concern Worldwide has been active in Sierra Leone since 1996. Its programmatic approach during this time has evolved, from emergency-focused projects at the end of the civil war in 2002, transitioning to longer-term sustainable programming in the previous Country Strategic Plan (CSP) period. The current 2012-2016 CSP reflects the continued shift in development context towards integrated programming away from sectoral multi-year development programmes. The main programme focus includes health (MNCH and WASH), Education and Food Income and Markets (FIM) while gender equality, social protection, Disaster Risk Reduction and HIV and AIDS are mainstreamed in the integrated programme.

Concern has been operational in Tonkolili District since 2002, and implements projects in the three core programmatic areas through health, and Food Income and Markets through an integrated approach in line with the organisational guiding document *How Concern Understands Extreme Poverty*, which highlights three key elements of extreme poverty (impacts, causes and maintainers), namely, lack of and weak return on assets, inequality, and risks and vulnerabilities.

Tonkolili District

Tonkolili is a centrally located District that comprises 11 Chiefdoms. Its main ethnic groups are Temne, Limba and Kuranko.¹² Its population is also predominantly Muslim with a Christian minority.¹³ Agriculture is overwhelmingly the dominant livelihood.¹⁴ It hosts but does not benefit from the Bumbuna hydroelectric dam, which generates the country's power;¹⁵ and it also hosts an agricultural enterprise, the Magbass Sugar Plantation. Tonkolili is among the five poorest districts with 84% of its population earning less than 1\$ a day.¹⁶

During the country's 1991-2002 civil war it was a rebel stronghold and as such, was particularly hard hit, with rampant looting of physical assets and infrastructure; up to 80% of households were burned down or destroyed.¹⁷ It is estimated that half of the population became internally displaced, many of whom were youth who sought refuge in urban and diamond mining areas. This pattern of mass displacement continues to contribute to severe labour shortages and food insecurity.¹⁸

The Project: Engaging Men to Contribute to Safer Communities in Tonkolili District

The goal of the "Engaging Men" Project was "to reduce sexual violence against women and girls in Tonkolili District, through increased awareness, changed attitudes and an improved referral system."

It aimed to achieve this through a two-pronged strategy, focused on strengthening prevention of and response to SGBV. The first strategy aimed to prevent SGBV by addressing the web of inequitable gender norms that sustain these practices, including traditional ideals of masculinity that have negative consequences for women and girls, as well as for men and boys. A second strategy focused on building the capacity of local government service providers, both in health centres and police, necessary for the effective and appropriate response to sexual and gender based violence.

Expected results for the project included:

¹² UNDP/WFP (2011) *State of Food Security and Nutrition in Sierra Leone* cited in Concern Worldwide (2012) Tonkolili District Contextual Analysis, p.15

¹³ Tonkolili District Development Plan (2011-2013) cited in Concern Worldwide (2012) Tonkolili District Contextual Analysis, p.15

¹⁴ Concern Worldwide (2012) Tonkolili District Contextual Analysis, p.16

¹⁵ Ibid. p. 15

¹⁶ Ibid. p.15

¹⁷ Ibid. p.16

¹⁸ Ibid. p.17

- Increased knowledge and changing attitudes and behaviour of at least 2000 men and 2000 women and 1000 boys and girls in 8 Chiefdoms in Tonkolili District on sexual violence and its impact, relevant laws and the referral pathway
- Effective Monitoring and coordinated response to SGVB by relevant district actors (District Gender Based Violence Committee, the Social Welfare, Gender and Children's Office, the Ministry of Health, the Police/FSU, PHUs, School Management Committees, CSOs, traditional authorities etc.
- Improved accountability and coordination of stakeholders addressing SGVB and providing support to victims in Tonkolili District

The project contract was signed with FCO, and the funding period commenced in December 2013.

Implementation Context

Sierra Leone faced the worst Ebola outbreak in history during the Project implementation. This section describes this context.

The Ebola epidemic in Sierra Leone

The Ebola outbreak was first reported in Guinea in March 2014. The epidemic spread rapidly across Guinea, Sierra Leone and Liberia and has claimed more lives than all other known Ebola outbreaks combined. Up to 8 March 2015, 9,976 people have died, and the total number of reported cases stands at 24,282.¹⁹

WHO confirmed the disease reached Sierra Leone on 26 May 2014, and by 31 July 2014, the Government of Sierra Leone declared a State of Emergency, expecting it would last no more than 60-90 days. Measures taken to contain the outbreak of the disease included a nationwide ban on public gatherings, restrictions on movement of people and vehicles, quarantine controls, and surveillance and house-to-house searches for Ebola victims and suspects. Schools remained closed after the end of the 2014 school year in June, and as of March 2015 are undergoing decontamination to prepare for reopening.

As of 9 March 2015, Sierra Leone has a cumulative caseload of 11,644 cases and 3,465 deaths.²⁰ Tonkolili District, where the Project is based, has had 570 cases and 185 deaths,²¹ and had gone two weeks without a new case.

Effect of Ebola on SGBV

The Ebola Virus Disease (EVD) has a gendered disease burden: 56.7% of those who have contracted the virus are women and 46.3% are men.²² This reflects the relative vulnerability of women, who experience greater risks of exposure through caregiving and other socially-ascribed gender roles.

The disease has had a range of gendered health, economic and social impacts, particularly affecting maternal health and mortality as fear of the virus by both midwives and pregnant women themselves has contributed to a drop in access to maternal health services. There are

¹⁹ BBC News. "Ebola: Mapping the Outbreak" Web. 13 March 2015. <<http://www.bbc.co.uk/news/world-africa-28755033>>

²⁰ GOSL, Ministry of Health and Sanitation, Ebola Virus Disease Situation Report (10 March 2015)

²¹ Ibid.

²² MSWGCA/UN Women/Oxfam/SSL (Dec 2014). *Report of the Multisector Impact Assessment of Gender Dimensions of Ebola Virus Disease (EVD) in Sierra Leone*, p. 11

indications that the conditions of women's vulnerability to SGBV have been heightened through restrictions on movement and reduced access to their own income, which may have weakened their financial autonomy and made them more dependent upon men, while also devastating their access to protective social networks through membership in groups and associations.

There are conflicting accounts about whether these factors have contributed to a higher incidence of SGBV. There has been anecdotal evidence of rising rates of teenage pregnancy through sexual exploitation and abuse, triggered by closing schools and mobility restrictions, but with already steep rates prior to Ebola (e.g. 38% of women give birth before age 18)²³ and no data yet on current rates, it is not possible to adequately ascertain. Concerns had been raised about threats of physical and sexual violence against women and girls in quarantined homes, and there have been some reports, including a report from Bombali of a child raped by a police officer meant to be enforcing the quarantine. At the same time, a national research project on the gendered impacts of EVD by the 50/50 Group, which is still in progress, has made preliminary findings that household incidences of SGBV have actually decreased, with reasons provided that fear of contracting the virus and lack of adequately functioning health services to treat survivors of abuse may have had a discouraging effect upon male perpetrators. It is possible that while some forms of SGBV have increased through a combination of opportunism and increased vulnerability, other forms may have reduced.

The social impacts of EVD on survivors are also gendered, with some reports that women may experience greater stigmatization and isolation in reintegration.²⁴ Because of the nature of the virus, which remains active in sperm for up to three months after recovery, male survivors carry risks of transmitting the virus through sex. Women, particularly the sex partners of male survivors, may be especially vulnerable not only to infection, but to sexual violence by men who refuse to follow instructions to abstain from sex or to wear condoms provided. Contact-tracing in Tonkolili has identified three cases where women have become infected by their husbands, who are returned survivors.²⁵

²³ MICS 2010 also shows that about 38% of women in Sierra Leone give birth before they reach the age of 18 and these figures show little change over the years.

²⁴ Ibid, p.16

²⁵ Concern Contact Tracing Coordinator, 19 March 2015

Evaluation methodology

Focus of the evaluation

The end of project evaluation was required to provide an indication of achievement of outcomes for donor reporting. Evaluation findings may also be considered in assessing whether or not to continue with the project approach. Terms of reference for the Evaluation require it to:

1. Critically review the achievement of the project in terms of attaining its objectives using the evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability.
2. Reflect on the successes, challenges, best practices and key lessons learned during the project period.
3. Suggest key practical targeted recommendations and learning to be considered by Concern Worldwide for future projects and programmes.

Evaluation Design

The evaluation used a simple pre- and post-design, using quantitative and qualitative methods to assess change in communities where the project had been implemented. A limitation of the design is that it did not include a control group (i.e. communities where the intervention did not take place). Ethical reasons were responsible for this decision, namely, concerns about conducting sensitive research on SGBV in communities where Concern had no intention of engaging.

To some extent, the internal validity of the design (i.e. whether the intervention produced the observed change) is unintentionally bolstered by the streamlined Ebola-adjusted design of the project. The ban on large gatherings and the downscaling it required meant that planned activities necessitating large community-wide gatherings did not take place. At community level, this left only the Living Peace strategy, which targeted partners in monogamous and polygamous families experiencing conflict – usually eight per community. The effect is that the Evaluation, specifically, the assessment of normative shifts in communities, is a test of the impact that Living Peace Groups have had in affecting the attitudes and behaviours of the wider communities in which they reside. It should also be noted that the District GBV Committee is not aware that any other actors may have been involved in gender programming in communities within Tonkolili District during the life of this project.

Quantitative research involved a household survey of knowledge and attitudes, and (for women only) of experiences of sexual and physical violence. Qualitative research focused on members of the Living Peace Groups, and sought evidence of any positive or negative change in participants' attitudes, behaviours, relationships and conditions. A second method of qualitative research focused on testing SGBV response services of police and health workers.

Research was carried out according to WHO Guidelines for Researching VAW, including Ebola risk-mitigation measures.

Data collection

The household survey was administered between 4th and 10th February 2015, followed by a mini-survey of front-line staff involved in SGBV case response. Qualitative data was collected between 23rd February and 6th March, with some fact-checking in the following two weeks.

The household survey employed a cluster model, and was carried out in 22 communities across six Chiefdoms in Tonkolili District where the Engaging Men To Contribute to Safer Communities project was implemented. Within each community, 20 surveys were randomly sampled for a total of 441 respondents. The survey replicated the questionnaire and SGBV-sensitive ethical protocol that were used in the Baseline. Data was collected by enumerators trained by the Programme Quality and Monitoring Coordinator prior to the arrival of the consultant.

Table 1 Demographics (n=441)

<u>Sex</u>	
Men	222 (50.3%)
Women	219 (49.7%)
<u>Age</u>	
Range	17-85
Mode	35
Mean	37.6
<u>Marital Status</u>	
Single	42 (9.5%)
Married	385 (87.3%)
Divorced	1 (0.2%)
Widow/widower	13 (2.9%)
<u>Married Persons in Polygamous Marriage (n=385)</u>	
	170 (44.2%)
<u>Female Headed Household</u>	
No	383 (86.8%)
Yes	58 (13.2%)
<u>Religion</u>	
Muslim	347 (78.7%)
Christian	94 (21.3%)
Indigenous	0 (0%)
Other	0 (0%)
<u>Education</u>	
No education	222 (50.3%)
Some primary	60 (13.6%)
Completed primary	22 (5.0%)
Some secondary	91 (20.6%)
Completed secondary	24 (5.4%)
Post-secondary	22 (5.0%)
<u>Chiefdom</u>	
Kholifa Rowala	101 (22.9%)
Kholifa Mabang	60 (13.6%)
Yoni	60 (13.6%)
Malal Mara	60 (13.6%)
Tane	81 (18.4%)
Gbonkolenkeh	79 (17.9%)

Sex-segregated focus group discussions (FGDs) were held with members of Living Peace Groups in four communities in Kholifa Rowala, Tane and Kholifa Mabang, including Mayossoh, Matham, Rosengbeh, and Kumrabai Junction. Due to the fact that members had emerged from the programme and had built trust amongst themselves, and because of time constraints, the decision was taken to do FGDs rather than in-depth interviews. Discussions employed simultaneous translation, as well as a recorder, which was used with the agreement that only project staff would be allowed to hear it, but that any quotations or stories used in the report would not identify the individual who spoke them. The consultant transcribed the translated portions of the text. Following these discussions, the Consultant and M&E Officer would informally speak with individuals observed in a transect walk to gauge their knowledge of the Living Peace Group and to enquire about whether they may have observed any households where men were doing domestic work.

Table 2 Communities where qualitative research was carried out

Qualitative research was carried out in:	
✓	Mayossoh, Kholifa Rowala
✓	Matham, Kholifa Rowala
✓	Rosengbeh, Tane
✓	Kumrabai Junction, Kholifa Mabang

Four secret simulations of fake SGBV case reports were run using two actresses. The simulations were carried out in the two police headquarter offices and two peripheral health units (PHUs). PHUs targeted had to meet three requirements: that they had a staff member trained by Concern under the project, that they were approved by the Ebola response team as not having had any active Ebola cases, and that they had at least two staff members on duty to try to minimise negative impacts on health service provision. Verbal permission was obtained for the simulations by the Head of the Family Support Unit (FSU) of the police, and from the District Health Sister of the District Health Management Team, however, in line with the protocol, individual police and health units were not given any warning. A detailed protocol for the ethical execution of simulations was updated with project staff and actors. For the purpose of maintaining the confidentiality of those involved, the specific police and health units are not named in the report. For more on the ethics of the simulation, see Box 8.

A brief questionnaire was administered to 17 frontline staff members who had received training by Concern Worldwide in SGBV case management. The objective was to assess knowledge and attitudes in the months after training had taken place. Respondents were purposefully sampled. The information describing their knowledge is therefore not generalizable to the entire cohort of trained staff members.

Table 3 Description of frontline staff questionnaire respondents

Description of frontline staff questionnaire respondents	
Total respondents	17
Sex	6 men, 11 women
Occupation	6 health workers, 4 police officers (general duty), 5 police officers (FSU), 2 social workers

Key informant interviews were carried out with members of the Gender Programme team, as well as with the Education Coordinator who took over supervision of the project in August 2014.

Documents reviewed include the original project proposal, baseline, M&E database, quarterly donor reports and financial reports, the original agreed and subsequent revised budgets, training curricula and reports, as well as background documents and articles on the impact of Ebola in Sierra Leone.

Research limitations

Due to the short timeframe for data collection, the decision was taken to focus qualitative research in communities on the changes experienced by Living Peace members, rather than to interview individuals who were not direct beneficiaries of the project.

There were attempts to capture SGBV case data from Tonkolili police, however due to some areas of confusion, and lack of sufficient time for follow up, some of this data has been excluded from the report. In addition, because of the State of Emergency, it was not deemed justifiable for the purposes of the Evaluation to gather national level case data.

Structure of report

The report is divided into six sections. The first section provides background on the issue of SGBV in Sierra Leone, on Concern Worldwide, on the FCO grant, and on the context of implementation during the period of the worst Ebola outbreak in history. Section two explains the Evaluation methodology. Section three on Evaluation Findings is subdivided into seven sections, and discusses the relevance of programme design, the effectiveness of programme implementation (both with a narrative account and again, with endline values for logframe indicators), the impact under each result, the potential for sustainability, efficiency of implementation to date (use of financial and staffing resources), project monitoring and evaluation, and finally partnerships. Section four gives a perspective on the overall lessons learned. Section five draws conclusions for each evaluation area, and finally Section six provides recommendations.

Evaluation Findings

Relevance of programme design

The ultimate outcome of the project was to improve the safety of women and girls, with a particular focus on addressing the problem of sexual violence. In the current rural context of Tonkolili District, prevalent forms of sexual violence include coerced sex among married and cohabiting women, as well as forms of sexual exploitation and abuse primarily affecting girls, including transactional sex and early marriage.

Requests to reprogramme project funds to focus on Ebola-related GBV risks, including violence in quarantined homes, were not permitted under donor regulations. Because of school closures and the ban on public gatherings mandated by the National State of Emergency, activities to target girls (and boys) through a primary school Life Skills curriculum and roll out were not implemented, nor were Community Conversations, which affected the number and range of direct beneficiaries the project was able to reach.

Because of these adjustments, the ultimate beneficiaries targeted by the adjusted programme were limited to married women and men residing in an agricultural context. The project does not target adolescent girls and boys, or address high rates of teenage pregnancy, which reportedly increased during the Ebola outbreak under mobility restrictions. It also does not address relationship violence between individuals residing in different locations, such as women, often lactating mothers in the village whose partners are living in town or even in other Districts.

The evaluation found an overwhelmingly positive response to the project among women and men beneficiaries in communities where the Living Peace strategy was implemented. In particular, the confirmation from women that their partners' behaviours had changed speaks to the relevance of this strategy. They elaborated at length the many benefits they had started to experience, not just in terms of reduction of sexual and physical violence by intimate partners, but also in terms of reduced workload, more involvement of their husbands in childcare, better communication and involvement in decision-making, resulting in improved food security and management of household finances.

Viewed through a gender equality lens, for women, these changes respond to their immediate needs and improve the day-to-day conditions of life. In some cases they have also resulted in transformation of gender norms, eroding the structures that have oppressed them.

While the FCO Grant narrowly defined the scope of funding, excluding “projects that seek to tackle non-sexual violence in non-conflict situations,” a lesson learned for Concern is that sexual violence issues cannot be singled out and addressed in isolation. It is far more effectively addressed in context. The choice of the Living Peace strategy reflected this approach, because it addressed root causes of SGBV among cohabiting intimate partners, namely, the inequitable gender norms that sustain the practice of violence. The model fits with what we know about sexual assault and abuse - that it is an extreme form of violence on a continuum that includes other forms of violence against women, such as economic and psychological forms. Rather than to target any specific behaviour in isolation, the method addressed a range of inequitable social expectations about women and men, including the rights that men believe they have over women. This approach also prioritizes trust-building,

which made highly sensitive issues such as sexual violence more accessible to address.

The project also included secondary strategies to reach out into diverse urban networks through training of CSOs, including bike riders' unions and traders' unions, on the Living Peace and Community Conversation approaches, as well as on the Gender Justice Laws and Referral Protocol. The combination of CSO training and the use of radio, was an appropriate means of reinforcing messages, by enabling influential actors to disseminate this knowledge through their own professional and personal networks.

In addition to public education, a separate strategy aimed to strengthen the capacity of SGBV response services. It did this by providing training to police and health care staff, as well as improved District level coordination by supporting quarterly meetings of the GBV Committee. These activities went ahead, with modifications to reduce the number of participants to ensure adherence to the ban on large public gatherings.

The focus on strengthening capacity to respond to SGBV cases is appropriate and needed, both to discourage the common practice of "amending" or "compromising" cases with perpetrators who seek to avoid imprisonment, as well as to improve the rights of survivors throughout each step of the process: police, medical, psychosocial and judicial. If Concern is raising awareness about the Gender Justice Laws of Sierra Leone and to promote the correct referral of cases to police and health response services, then it arguably also has a responsibility to increase the capacity for those cases to be dealt with professionally and expeditiously, to diminish opportunities for the revictimisation of the survivors who take on considerable personal, financial and social risks to seek justice and treatment through the formal referral system. Improved capacity of all service branches of the referral system, particularly the police and health services where Concern's work has been focused, can also have benefits for categories of individuals beyond those currently targeted by community-based behaviour change interventions, such as girls and boys, including children, adolescents and teenagers who are vulnerable to other forms of sexual exploitation and abuse.

One area of Ebola response that would have been appropriate to mainstream as part of Concern's efforts to improve coordination on the GBV Committee relates to the work of Pillar 6 of the Ebola response, on Children, Gender and Psychosocial response, which coordinates support to and monitoring of quarantined houses and survivor reintegration. Members of the Pillar who coordinate their monitoring activities follow up issues including GBV. Thus far in Tonkolili District, no issues have come to the attention of the Pillar. However, it is not clear that as part of this work, monitors are proactively seeking information from the wives and partners of male survivors, who remain infectious and who are asked to abstain from sex for three months. This is likely not only to be a weak link in the prevention of transmission, but women who want to abstain from sex with infectious partners may also experience sexual violence by husbands and boyfriends who are reluctant to abstain. It is a risk that needs closer attention.

Effectiveness of implementation

This section outlines the findings of the final evaluation on performance on timely achievement of results and outcomes.

Impact of Ebola crisis on the project

In response to the outbreak Concern Worldwide reoriented its staff and programmes to respond to the needs of the outbreak. Initially, staff focussed on conveying key health messages related to Ebola. Later, when it was identified that greater operational support was required, Concern took over management of 14 burial teams and two cemeteries in the Western Area to provide a safe and dignified burial service. In Tonkolili District, alongside

UNICEF and the DHMT Concern provides support to 13 8-bed Community Care Centres set up to identify and isolate Ebola suspects, Infection Prevention and Control (IPC) training and mentoring of all the PHUs in the District, as well as support to surveillance and the Command Centre. Two Gender Programme staff members were seconded to the Ebola response team. Concern also adapted its existing programmes, such as Education, allowing alternative learning to continue through radio listening groups for children and its nutrition programmes to support those in quarantine. It was in the midst of this fluid operational and programme environment that the new, one-year project was delivered.

Restrictions on public gatherings and a travel ban under the National State of Emergency negatively impacted the implementation of activities. Implementation was halted for three weeks in September 2014. During this time, efforts were made to redesign activities in order to allow for project implementation to continue. Implementation had started and both communities and staff were reluctant for it to end. When asked why, given all of the challenges faced, Concern did not accept FCO's offer to end the project, without penalty, the Education Coordinator explained a reason which other staff members echoed: "It was a programme we believed in and communities believed in."

FCO conditions for continuing the project under the Emergency regime were restrictive. There was no option of a no-cost extension that would have delayed implementation until after the outbreak had ceased. The Concern team also considered innovative interventions to prevent and respond to GBV in the context of the emergency but was not granted the possibility of reprogramming funds. As a final option, the team reviewed the activities in light of Emergency restrictions and identified activities that could be retained with additional Ebola risk mitigation measures.

Box 1 GBV issues in the Ebola emergency Concern considered for reprogramming

GBV issues in the Ebola emergency Concern considered for reprogramming

- More targeted sensitization to address the vulnerability of women to the disease
- Identifying forms and prevalence of GBV in quarantined homes
- Addressing equitable food distribution in quarantined homes
- Working with police who were enforcing quarantines
- Social welfare on investigation of SGBV cases and follow up
- Developing a radio format for Living Peace sessions accessible to quarantined individuals
- Working on GBV post-reintegration

The coverage area of the project was reduced from 8 Chiefdoms to 6, eliminating Kunike and Kunike Barina. In addition, the activities that were maintained were modified to reduce the number of participants involved:

- The number of participants for planned trainings was reduced, and trainings that would have happened in one workshop were spread out over two and three workshops
- Living Peace sessions, normally accomplished in 11 weeks, were intensified down to nearly half that time

Ebola risk mitigation measures were adopted and implemented as part of outreach activities. Hand washing facilities and sanitizers were provided, Living Peace groups identified isolated locations where sessions could be held without drawing a crowd, caterers preparing the regular session lunch were briefed on preparing meals hygienically, and seating arrangements ensured participants sat at least one meter apart. Sessions systematically included Ebola information, including signs and symptoms to look for and emergency number to call. Staff members also knew to refer anyone who was sick.

Box 2 Activities not completed due to the National State of Emergency

Activities not completed due to the National State of Emergency

- Training of facilitators for Community Conversations took place for a reduced number of communities (from 30 to 22), but roll out was postponed until after the project
- Training of male role models in CC communities, and their involvement in a campaign (though related activities took place under Living Peace)
- Roll out of life skills training for primary school children (support the development of life skills curriculum and training of facilitators/teachers) – neither the roll out nor the training took place

The number of overall targeted beneficiaries was reduced. The specific objective of the project is stated “To reduce the sexual violence against women and girls through changes in attitude and practice of at least 2,000 men and 2,000 women and 1,000 boys and girls towards gender relations and improved referral system.” However, reductions in the coverage area, and in numbers of activities and training participants have significantly lowered the total number of direct beneficiaries to 1026, (See Table 7).

Effectiveness of Ebola risk mitigation adjustments made to the project

At the time of writing, it appears as though the adaptation of the plan will allow the project to reach full implementation according to revised activity plans, despite time loss.

Project adjustments made implementation challenging for the Living Peace Groups activity in several respects. Originally the plan was to train community facilitators to lead the Living Peace curriculum, with frequent monitoring by field-based CDOs. However, travel restrictions meant that CDOs had to set out from and return to Magburaka every day and were limited in their ability to follow up independently with communities. In the end, the activity was adapted so that CDOs did direct facilitation of the 11-session process in communities. Secondly, training workshops that would have taken place in one or two sessions were stretched out over a series of three to five sessions.

Despite the significant challenges in implementation, the adjustments made to the plan yielded a number of positive unintended consequences.

1. The direct facilitation of Living Peace Sessions by CDOs provided a level of objectivity and enhanced quality that was felt to have been critical in the success of the strategy.
2. The intensification of Living Peace Sessions has been positive for communities and specifically for group members, who received quick follow up, which may have contributed to better internalizing of lessons.
3. The daily return of facilitators to Magburaka facilitated the continuation of experience sharing and learning by CDOs implementing the LP programme for the first time.
4. Smaller training sessions with service providers including police and health care staff, as well as CSOs may have contributed to better learning outcomes.

Achievement of project outputs (narrative account of activities)

This section explains the strategies and status of implementation of planned activities to achieve project results.

Result 1: Increased level of knowledge of at least 2,000 men and 2,000 women and 1,000 boys and girls in 8 chiefdoms in Tonkolili District on gender relation and sexual violence and its impact, relevant laws and the referral pathway

Community Conversations

Community Conversations (CC) are a process that allows people to analyse and transform their community. The method, piloted by Concern Sierra Leone in 2012-2013, utilizes Participatory Learning and Action (PLA) tools to enable communities to examine the underlying drivers and maintainers of poverty in their own community. It works through detailed exploration of concerns held by community members, and by revealing the connection between values and behaviours at individual, relational and societal level, and next by allowing individuals to visualize alternative futures for themselves, their families and community. This process increases capacity for dynamic decision-making and action planning. The use of reflection processes (both introspective and collective) allows individuals to see their role in the change process.

The method's ability to reveal the underlying causes and maintainers of poverty resonates highly with Concern's understanding of extreme poverty, and with its integrated approach to programming. It was also felt to be highly complementary to the Living Peace Groups approach to transforming gender norms.

Concern completed training on the CC concept, process and tools for 27 (12F, 15M) participants from Concern and partner organizations in May 2014 with the support of consultant Lemlem Shinkneh. The objective of the training was to equip a team to roll out the CC approach in 30 new communities.

In June, CC and Living Peace sensitization activities were simultaneously carried out for 22 communities across 6 Chiefdoms (Kholifa Mabang, Yoni, Malal Mara, Tane and Kunike) for the purpose of introducing the project and explaining selection criteria for community facilitators (4 per community, gender parity). A total of 88 facilitators (45F, 43M) were recruited and trained, down from pre-Ebola plans to train 120 from 30 communities (See Table 4).

Training of these CC Facilitators took place over 5 phases to limit the number of participants per training to a maximum of 20. The seven-day training on the CC approach was intended to equip them with knowledge and skills to effectively facilitate the CC process in their respective communities.

Due to the extended ban on gatherings, it was decided that the roll out of the CC process in the 22 communities would not be carried out under this project; however, plans have been made to implement this activity through the Irish Aid funded Tonkolili Integrated Programme in 2015. The facilitators trained through this grant will lead the process as soon as the ban is lifted.

Table 4 Training of Community Conversation facilitators in 22 communities

Dates	Trained Facilitators	Communities	Chiefdoms
24 June – 3 July Mile 91	16 (8F, 8M)	Mile 88, Maborgkie, Robis, Kumrabai Junction	Yoni + Kholifa Magbang combined
15-24 July 2014 Magburaka	20 (10F, 10M)	Matham, Makump Kaipath, Magbessah, Mayossoh, Mabum	Kholifa Rowala
2-10 Dec 2014 Rosint	16 (8F, 8M)	Rosint, Makrugbeh, Rosengbeh, Matufulie	Tane
9-16 Dec 2014 Yele	16 (8F, 8M)	Yele, Mansumana, Petifu Bana, Mayepoh	Gbonkolenken
19-27 Feb 2015 Mile 91	20 (11F, 9M)	Yoni Bana, Rochenkamandawo, Masugbeh, Roehen Malal, Mabang Lol	Yoni + Malal Mara
Total Trained	88 (45F, 43M)		

Living Peace / Engaging Men Approach

The Living Peace strategy is a core output in the Engaging Men Project. It was selected for its proven gender transformative approach, which focuses on redefining masculinities and on shifting inequitable gender norms through the use of gender analysis and psycho-social tools. The model was developed by Brazilian-based INGO Promundo and piloted in DRC and Burundi to address the psycho-social drivers of male violence against women in post-conflict contexts, including trauma, loss of power, status, economic standing and lack of positive coping mechanisms. The model targets couples in communities that are known to experience domestic conflict, and facilitates an 11-week interactive curriculum that creates a safe space for women and men to talk about problems, to deconstruct gender identities, roles and expectations, and to analyse the impact of behaviours on individuals, relationships and households. Throughout the process, participants become aware of the values at the heart of their relationships, and begin to develop trust and improved communication. Safe space is created for both men and women through facilitated interactions: single-sex and mixed-sex formats, as well as in partner-based activities, discussions and homework assignments.

Implementation of the Living Peace or “Engaging Men” strategy began on 29-30 April 2014, with a 2 day training of 16 participants from Concern (5F, 4M) and Pikin to Pikin (2F, 5M) to introduce them to the methodology. Training was facilitated by Joseph Vess of Promundo.

Training of Trainers followed from 7-17 July 2014 using a Living Peace curriculum adapted especially for Tonkolili, Sierra Leone. A total of 15 Concern Staff, including the entire project team, had the opportunity to practice new facilitation techniques through field-testing in Mayossoh and Mabum in Kholifa Rowala Chiefdom. During this testing process key adaptations to the method emerged, such as its application to polygamous families. Both

Concern Field Office and HQ played a key role in ensuring the appropriate preparation of facilitators through this prolonged and interactive training and piloting format.

Roll out of the Engaging Men approach commenced on 7 August with five communities in Kholifa Rowala chiefdom (Mabum, Makump Kapeth, Mayossoh, Magbesseh and Matham). At this pre-emergency phase of implementation, each community met once a week for two hours to engage in activities from the toolkit, facilitated directly by Concern CDOs, rather than by trained members of the community as originally planned.

Box 3 Mobilizing the Living Peace Groups

Mobilizing the Living Peace Groups

Core Programme staff members initiated mobilization for Community Conversations and Living Peace groups in 30 communities, at which point they explained the aim of the project and the selection criteria of the Living Peace Groups. They emphasized the need for a mix of households afflicted by conflict and the presence of role models. It was several months later when CDOs arrived in those communities, ready to start the activity. Many observed at this point that there had been misunderstanding by community members. They noted that participation was initially highly sought after by men and women alike, because despite prior messaging, community members associated membership with hand-out of “packages”. In addition, CDOs noted many instances in the first gathering, where chiefs had hand-picked their relations were given preference. After CDOs explained again the goal of the project, communities re-selected members. It was at this point that they encountered some resistance – women who did not want to take the time away from their work for yet “another” development project from which they did not expect to gain; men who feared the project sought to incite their wives to become unruly.

CDOs initially found it necessary to continually emphasize the objectives of the project, and to manage expectations. They also developed their own methods of gaining cooperation from members they felt needed to remain in the group. In one case, a CDO halted the group activity to follow a man who got up to leave in protest because he did not want to take part in a gender project that would corrupt his wife. The CDO met him at his home where she made up a story of a neighbour whose wife became sick and died from the pressures of managing the home without the support of her husband. He had been left without the skills to survive. This proved effective, and she watched as her renegade-participant immediately turned to return to the group. He became a strong advocate and role model for peaceful families. At the closing ceremony, when she revealed that the story had been untrue, they had a good laugh.

In the sensitization phase, the emphasis had been on 8 couples – staff had not yet specified guidelines on the inclusion of polygamous families. However, CDOs found that communities had placed limits on the involvement of these families. For example, in one community a man with four wives was excluded because his four wives would have taken up a disproportionate allocation of a 16-member group. In other cases, men only brought one wife, leaving the others at home. CDOs rectified this situation by insisting on the participation of all wives in a polygamous family, regardless of the original cap on participation. CDOs also assumed a more interventionist role in making selections, at times insisting on the participation of a particular family that had been excluded for precisely the reasons that ought to make them eligible.

Chiefs remained members in the vast majority of Living Peace groups. This was felt to be extremely important by both community members and CDOs, because of their central role in managing community conflict including SGBV.

Even after re-selection, some communities tended to want to include older couples rather than younger ones, because of the tradition of deference to age. This was not universal however, and many communities contained a mix of younger and older marriages partners.

The M&E database has tracked data on participants and their satisfaction (rankings by couple), as well as data assessing individual facilitator knowledge, techniques, participant responsiveness as well as strengths and weaknesses.

As of 23 March 2015, Living Peace Groups have been formed in 22 communities, reaching a total of 443 participants²⁶ (240F, 203M).²⁷ The full curriculum was completed in all communities, including final ceremonies.

Outreach through posters and brochures and radio

Posters and postcards have been used in the project to promote positive images of masculinity, and to signal safe environments where men can challenge inequitable versions of masculinity and be supported in demonstrating positive behaviours.

Six different versions were printed and framed, depicting images of men engaged in caretaking and domestic roles traditionally perceived as female-owned. The images do not depict men by themselves, but helping partners, family and children. Each has a unique “Be a man” slogan and highlights a quotation from the men who were identified and interviewed for this purpose. The project printed posters and post cards in February 2014, for dissemination through Living Peace Groups, and all training events.

Box 4 Slogans from "Be a man" posters and post cards

“BE A MAN” slogans from posters and post cards

- Be a man, use your strength to support your wife and family.
- Be a man, respect and love your partner.
- Be a man, support your children, girls and boys, to go to school.
- Be a man, help your partner at home.
- Be a man, show you care.
- Be a man, use your strength to support your wife.

As of mid March 2015, the brochure on SGBV prevention, response and the relevant laws has been developed and is awaiting printing and distribution to partners.

The project also utilized radio to amplify outreach and reinforce key messages. A jingle in the lingua Franca, Krio, was developed in collaboration with the Ministry of Social Welfare, Gender and Children’s Affairs. It was first aired on 7 July 2014, and broadcast every morning and evening, seven days a week, for eight months on five local FM stations that cover the entire Tonkolili District and parts of neighbouring districts of Bombali, Moyamba and Kono.

Through the MSWGCA the project also held weekly panel discussions and phone-ins. Initial plans for 18 panel discussions, taking place over a period of eight months, was increased to 32, of which three are outstanding as of 20 March 2015. Additional air-time fell within the original budget allocation. Panels and jingles aired on national broadcast station SLBC FM 94.0 in Mabguraka and Radio Gbafth in Mile 91. Concern was represented in each discussion and because staff alternated on panels, there was no reported major impact on workload when the schedule doubled. Panel discussions typically covered issues of SGBV, including forms of SGBV, prevention, response (e.g. the Referral Protocol), as well as laws.

²⁶ Project M&E database, “MPL” worksheet

²⁷ Note gender disparity is explained by participation of polygamous households

Life skills curriculum, materials and training of facilitators and teachers

Addressing the root causes of male violence against women involves interrupting the negative ways in which boys are socialized to become men and providing them with space and information to make healthy choices. The implementation of life skills curriculum through primary schools is a way of influencing this process and of reinforcing other community gender transformative processes.

Promundo has developed two life skills curricula titled “Project H” and “Project M” that focus on positive socialization of boys and girls respectively. Each curriculum contains five units covering: Sexuality and Reproductive Health, Fatherhood and Caregiving, From Violence to Peaceful Coexistence, Reasons and Emotions, and Preventing and Living with HIV/AIDS.

Concern had planned to hire Promundo to develop an adapted version of this curriculum for delivery in Tonkoili primary schools. However, this coincided with the beginning phase of the development of a national life skills curriculum. Rather than duplicate efforts, and in order to contribute to strengthening the national curriculum, materials were developed by Promundo to be incorporated into the national curriculum, which is currently under development. The delayed national curriculum and the closure of schools as a result of EVD meant that no teacher training activities were undertaken.

Result 2: Effective monitoring and coordinated response to SGBV by relevant district actors (GBV Committee, Social Welfare, Gender and Children’s Office of the MoH, Police, FSUs, PHUs, SMCs, CSO, traditional authorities, CWCs

Training of CSOs on the Gender Justice Laws and SGBV Referral Protocol

The benefits of Living Peace and CC methodologies, as well as knowledge of key gender justice laws and the SGBV Referral Protocol were shared with CSOs in the District, in the interest of promoting uptake by their networks. Representatives attended from CSO including the Teachers’ Union, Drivers’ Union, the Traders’ Union, the Bike Riders’ Union, the Sierra Leone Broadcasting Company (SLBC), the Sierra Leone Correctional Centre, MSWGCA, as well as a range of community development organizations including Centre for Democracy and Human Rights, Pikin to Pikin, Human Rights Watch, Forum for African Women Educationalists, Health Alert, Street Child, and Help Salone.

Training on “the Gender Laws and Referral Pathway” was developed and provided by Gloria Bayoh and Musu S. Bangura of the National Human Rights Commission, with sessions by State Counsel Northern Region, Yusuf Koroma. Sessions covered:

- Forms and causes and consequences of GBV,
- Reasons and solutions to low conviction rates in Tonkolili (brainstorm)
- The human rights based approach to SGBV,
- Details on the development and key provisions of the Gender justice laws, including analysis of their strengths and weaknesses (Domestic Violence Act, Registration of Customary Marriage and Divorce Act, Devolution of Estates Act, Sexual Offences Act)
- The National Referral Protocol and its challenges

A three-day training programme was offered a total of six times. The first two training workshops were very large, with 232 participants in total, but subsequent training was adapted to accommodate restrictions on gatherings as a result of Ebola, ensuring that groups no larger than 22 participants were in attendance. The training sessions provided critical analysis, and opportunities for brainstorming and discussion of the above content.

Table 5 Gender Laws and Referral Protocol Training Logistics

Dates	Participants	Location
June 2014	152 (72F, 80M)	Mile 91
June 2014	80 (28F, 52M)	Magburaka
19-21 Jan 2015	22 (3F, 19M)	Magburaka
22-24 Jan 2015	22 (12F, 10M)	Magburaka
26-28 Jan 2015	20 (8F, 12M)	Mile 91
29-31 Jan 2015	20 (9F, 11M)	Mile 91
Total trained	316 (132F, 184M)	

In addition, a three-day training programme providing a sample of Living Peace and CC methods was offered six times, in the months of November, January and early February. A total of 121 participants (62F, 60M) attended these sessions. This training also targeted different CSOs and members of decentralized government structures, with some overlap that was not possible to establish, but was considered to be minimal.

Training of police and health workers on Standard Operating Procedures on Sexual and Domestic Violence Case Management

The project *Baseline and Capacity Assessment of SGBV Response Services* identified the need for further training of frontline SGBV responders. It recommended building upon FSU training in 2013-14 on *Standard Operating Procedures on Sexual and Domestic Violence Case Management* and upon training for PHU staff on Clinical Guidelines on SGBV Case Management delivered jointly by Concern, IRC and Pikin to Pikin in 2013, for expanded and refresher training of police and health staff. The study also administered questionnaires and detailed capacity assessment of three PHUs in the District.

A second, larger-scale capacity assessment of FSUs and PHUs was carried out in May-June 2014. Five PHUs were sampled from eight chiefdoms, with questionnaires administered to 55 nurses and FGDs held with 65 “duty bearers”. It seems that the intended purpose of this capacity assessment was to deepen findings of the original baseline and capacity assessment, by surveying a large number of health units. However, the study, carried out by staff members before the Programme Quality and Monitoring Coordinator was hired and able to input into the process, was based on a sample was purposely drawn and that was therefore not generalizable. It was not possible to access questionnaires, or to find out the exact link between this study and subsequent training curriculum on SOPs. In light of this limitation, and of the previous baseline study and capacity assessment of SGBV providers, the purpose of this secondary study is not clear, other than to have deepened knowledge of new staff members about through first hand research experience. Overall, however, it appears to have been a missed opportunity to set a rigorous quantitative baseline of the knowledge and attitudes of frontline SGBV response staff, and to develop a learning strategy.

A 3-day long training for health and police staff on the “SOPs” was conducted on three separate occasions, to accommodate the ban on large gatherings. A total of 60 participants (33F, 27M) were trained in programmes delivered in January 2015 in Magburaka and Mile 91. Training was facilitated by Samuel Foday Sesay and Philip Santigie Bangura of the Sierra Leone Police. Topics covered:

- The difference between sex and gender
- Forms, causes and consequences of SGBV
- Key principles for engaging with victims of SGBV
- The rights of victims of SGBV (in relation to police and judicial work though, rather than health response)
- Skills for coping with “aggressive, depressed and non-cooperative victims”
- Procedures to follow upon victim’s first contact with police
- Purpose of SOPs in general
- Procedures to follow when taking victim’s evidential statement, risk assessment and referral for medical examination and report
- Procedures to follow when arresting and questioning and alleged offender or suspect
- Procedures to follow when gathering further evidence
- Procedures to follow when charging the suspect and making decisions concerning detention or bail of suspect
- Procedures to follow once case is charged to court

Adapting the Living Peace programme for police

The project *Baseline and Capacity Assessment of SGBV Response Services* also identified the need for group counseling of front-line staff, to facilitate a reflection process on the maltreatment of survivors seeking police and health worker support, and to provide positive strategies to address the underlying issues driving such behaviours.

The Living Peace curriculum for communities was adapted for use by Family Support Units of the police. Roll out of the 11-week programme took place at FSUs in Magburaka and Mile 91, starting on the 4th and 18th of September respectively. There were a total of 14 participants in each location (5F and 9M in both locations).

Other key outputs completed under Result 2 include:

- Production and distribution of copies of the Gender Acts, Sexual Offences Act and the Referral Pathway document

Result 3: Improved accountability and coordination of stakeholders in addressing SGVB and providing support to victims in Tonkolili District

The GBV Committee brings together all District-level actors working on GBV related issues, including FSU and CSOs, to coordinate and monitor cases and activities. The Committee is headed by Mariatu Kamara, the Social Development Officer representing the Ministry of Social Welfare, Gender and Children’s Affairs. The Committee Secretary is a social worker and probation officer attached to the FSU.

Before the start of the project, the GBV Committee was largely dormant, and had been experiencing dwindling attendance of its membership. At the baseline, the committee had only hand-written records of two meetings for 2013.

Mapping of key actors undertaking SGBV activities

A detailed mapping of key stakeholders involved in SGBV response in Tonkolili District was completed at the first GBV Committee quarterly meeting. The purpose was to identify specific services provided and to facilitate information sharing for activity planning and referral purposes. A total of 13 institutions were identified and mapped. The result is a flow chart of government and CSO actors, the “Referral Tree,” that has been distributed to partners.

Strengthen the district level GBV Committee through quarterly one-day meetings

In the life of the project, Concern has supported the GBV Committee in holding five quarterly meetings, providing lunch and covering transport refunds, including overnight accommodation and dinner for those coming from outside Magburaka. The meetings provide a platform to share information on member activities and on SGBV cases identified in the district and follow up actions taken by actors.

Support the Ministry of Social Welfare and other key stakeholders to organize a campaign at district and chiefdom level, in 8 locations involving male role models

Preliminary meetings had started in December 2014 in anticipation that Ebola would be done, but this situation did not come about, plans to implement this activity under the project were cancelled. However, the closing ceremonies of the Living Peace sessions were utilised to promote role models in the communities.

Other key outputs completed include:

- A project inception workshop with 100 key stakeholders, including MSWGCA, FSUs, PHUs, CSOs, chiefdom level Child Welfare Committees, Paramount and Section Chiefs
- A one day national learning workshop at the end of the project with 50 representatives from Concern, the Ministry of Social Welfare, district level key players and NGOs

Quality of outputs

This section discusses issues that emerged around the quality of some outputs.

Incorporating and measuring key learning outcomes in training

Several issues in the quality of training workshops were observed that could be improved upon in future: namely, the inclusion of key messages, and the use of pre- and post-tests.

From the report on the Gender Justice Laws and the Referral Protocol Training, it is not clear that the curriculum addressed all key barriers to SGBV Case Management in Tonkolili documented in the Baseline and Capacity Assessment of SGBV Service Providers. For example, key messaging about the need for all domestic cases to be reported to FSU does not appear to have been effectively communicated through the training. Despite his participation in the training, an interview with a former participant reflects how he shares the prevalent misunderstanding that Chiefs can adjudicate all but “blood” cases, where intimate partner violence is concerned:

I learned about the procedure – there are some things you can solve at home, but... I didn't know I can rush straight to go to court (as opposed to going through the Chief). To go through the (reporting) channel. If it's something that happens to you like violence, you can take it to the chief if it's something he can solve. But if it's blood, they advise the chief not to put his hand in that.

Other key clearer messages, however, such as the need to report any sexual violence cases immediately to the police, had better uptake:

Sexual penetration, when a person rapes or does mammy and daddy business with small child: as soon as he reports the case, even the community must assist the person they assaulted to take them to the police. Cause some places it happens the chief is not there. Don't delay, take it to the police straight away. Even the police officer, we really like the way he explained.

Pre and post-test results indicate mixed results on uptake of key information. The post-test indicates most learning focused around the Sexual Offences Act and the SGBV Referral Protocol. According to the results below, on some issues more participants actually left with incorrect information. For example, pre-training, 72% agreed (incorrectly) that “Women and girls are the only victims of domestic violence.” However, post-training, those agreeing with this statement increased to 80%.

Table 6 Selected test questions from the training on Gender Laws and the Referral Protocol

Selected Questions	Pre-training	Post-training
“Women and girls are the only victims of domestic violence.” (Answer: No)	22% correct	14% correct
“Have you heard about the Devolution of Estates Act?”	18% yes	18% yes
“Have you heard about the Customary Marriage and Divorce Act?”	23% yes	23% yes
“Are you aware of the Sexual Offences Act content?”	10% yes	38% yes
“Have you heard of the Referral Pathway?”	4% yes	43% yes
“Are survivors required to pay money for services rendered by a service provider?” (Answer: No)	4% correct	44% not sure
Are Chiefs supposed to handle GBV cases? (Answer: No)	24% correct	42% correct

A similar issue arose with the training on SOPs for Sexual and Domestic Violence Cases. Weaknesses in the design and analysis of training pre and post-tests make it difficult to clearly gauge knowledge gained by end of training, with the exception of only one question. In pre-training test, 38.5% of participants correctly responded “False” to the question “Most of SGBV cases are to be settled in the police station instead of charging them to court.” This figure increased to 86.9% by the end of training, showing that participants corrected their understanding of this segment of the referral pathway.

It is also not apparent from training report that SOP training was adapted to all audiences (PHU). E.g. when discussing rights of “victims of SGBV”, discussing the right to information as it relates to police and judicial but not health processes.

Achievement of project outcomes (endline indicator values)

The evaluation measured achievement of project outcomes through replication of the baseline household survey, referral to the project monitoring database, analysis of reports and testing of SGBV response services.

The specific objective of the project was to reduce the sexual violence against women and girls through change in attitude and practice of at least 2,000 men and 2,000 women and 1,000 boys and girls towards gender relations and an improved referral system.

Direct beneficiaries counted include those non-Concern individuals who participated in training and in the formation of Living peace Groups. It does not include any estimation of those who may have been reached through radio discussions, or affected by posters. The total number of direct beneficiaries is estimated to be 1026 or 26% of the targeted number

for adults, and 21% of the overall target of 5000 individuals. Of these, 500 are women and 526 are men. The uncertainty reflects the fact that 11 police officers did both Living Peace and SOP training, but the sex-disaggregated breakdown of this number was not captured. Therefore the total beneficiaries was calculated using the total number of participants for each event (therefore including a small double count of 11 individuals). The overall shortfall in the number of beneficiaries reached reflects the downsizing of activities and area of project coverage following the declaration of the State of Emergency.

Table 7. Breakdown of project beneficiaries

Training Activities and Groups Formed	Target beneficiaries reached		
	Female	Male	Total
CC Facilitators	45	43	88
SOP Training Participants	33	27	60
Living Peace for Police	(9)	(19)	(28) 11*
CSO Training (GA & RP)	132	184	316
CSO Training (LP & CC)	41	50	91
Living Peace Group Members	240	203	443
Project Total	(500)	(526)	(1026)

* 11 additional participants were trained, this excludes the 17 participants who overlapped with the SOP training but the sex-disaggregated numbers are not available. Target beneficiaries were therefore calculated using the numbers in parentheses.

The following describes achievement on indicator for the project's **overall objective**:

I1: 70% of women said they feel safe at home and in their community from sexual violence.

In February 2015, 70% of women respondents felt safe from sexual violence in their home and community, compared to 82% who felt safe in March of the previous year. This is a statistically significant shift in women's reported feelings of safety from sexual violence.

In February 2015, 68% of women respondents also felt safe from physical violence in their home and community, compared to 80% who felt safe in March of the previous year. This is a statistically significant shift in women's reported feelings of safety from physical violence.

Combined, these results may reflect women's heightened feelings of general insecurity in the time of Ebola. Women in FGDs explained that their lives and livelihoods had become severely constrained by mobility restrictions and that they were living with many forms of stress. A limitation of the study is that it did not carry out in-depth research with non-beneficiary women, for comparison. However by all accounts, Living Peace Groups in the communities where the programme was implemented spoke of conflict intervention and less frequent household conflict.

The following describes achievement on indicators for the project's **specific objective**:

I2: Average score for men and women on scale measuring perceptions of masculinity and femininity (Gender Equality Indicator) is 54.5

In 2014, the average Gender Equality Indicator (GEI) score men and women was 47.2. For 2015, the average GEI score increased by 6.3 points to 53. Statistical analysis proved that this difference is statistically significant, meaning there was a real increase in GEI score over the past year that is not a result of chance.

Box 5 Developing the Gender Equality Indicator

Developing the Gender Equality Indicator

A Gender Equality Composite Indicator was developed at the baseline stage in order to assess any shift among adults from inequitable to equitable gender norms that may happen over the course of the project. The statements are intended to capture biases about masculinity and femininity, including expectations, roles and decision making around sex, reproduction, household management, childcare as well as intimate partner violence, women's rights, financial autonomy and political leadership.

The composite indicator comprises 24 survey statements framed as inequitable perceptions of masculinity and femininity. It draws upon questions from the Gender Equitable Men scale developed by Promundo.¹ It also draws upon questions from the Gender Equality Scale that Promundo developed for Concern Worldwide, which is based on the GEM, and the International Men and Gender Equality Survey (IMAGES), carried out by Promundo and the International Centre for Research on Women (ICRW).¹ It should be noted that the composite indicator does not include enough of the original GEM scale statements to be considered an adaptation or pilot, and is therefore not useful for direct regional comparisons.

Scoring procedure is the same as that used for the GEM scale.¹ Each statement is scored on a 3-point scale, where 1= agree, 2=partly agree, 3= disagree. High scores reflect high support for gender equitable norms. The statements were grouped into perceptions of masculinity and femininity, but all are lumped together to calculate the indicator. A score was calculated for each respondent, and then the average taken to generate the composite indicator. The highest possible score is therefore 72 (e.g. The respondent disagreed with each statement), and the lowest possible score being 24 (e.g. the respondent agreed with each statement). Non-responses were adjusted by replacing them with the average score.

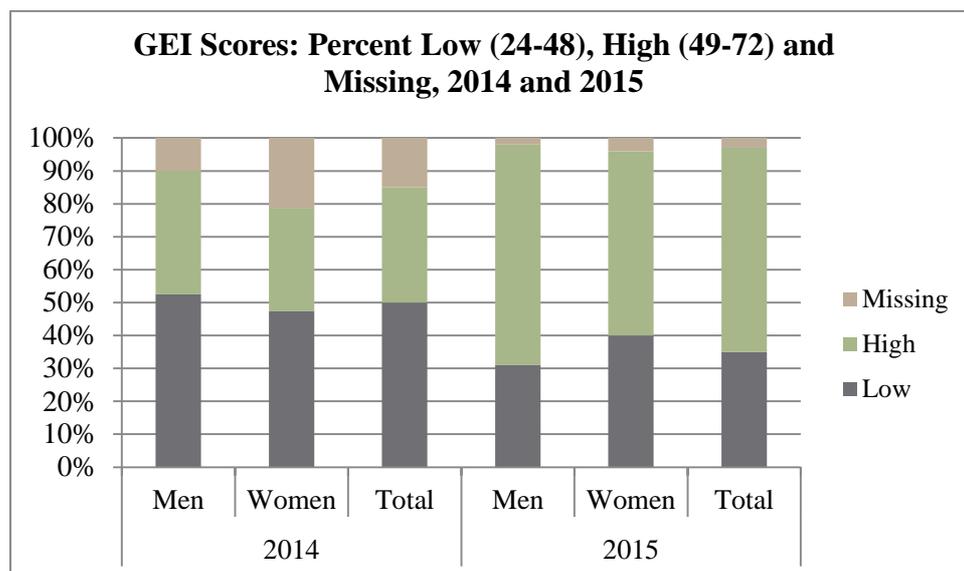
The average GEI score for Men in 2015 is 54.5, compared to 48.2 in 2014; and for women is 51.4 in 2015, compared with 45.9 last year. The score for women increased by 5.5, while that for men increased by 6.3.

A "low" GEI (scoring 24-48) indicates that the respondent partly or totally agrees with most of the inequitable questions comprising the scale. Similarly, a "high" GEI (scoring 49-72) indicates that the respondent rejects most of these inequitable statements.

In 2014, only 38% of male respondents had a high GEI score. One year later, this figure has increased to 67% of male respondents. For women respondents, only 31% held a high GEI score in 2014, compared to 56% in 2015. Both increases are statistically significant and strongly suggest that a shift towards more equitable gender norms is taking place.

Overall, 62% of respondents hold a high GEI in 2015, compared to 34% in 2014.

Graph 1 Gender Equality Indicator Scores: Percent Low (24-28), High (49-72) and Missing, 2014 and 2-15



Where one bar represents 100%, Graph 1 shows the percentage of men, women, and men and women together who had “high” (49-72) or “low” (24-28) GEI scores in 2014 and 2015. “Missing” is the percent of men, women, or both who did not respond to the survey questions that made up the GEI index score.

Box 6 Biases about masculinity surveyed in the GEI

- Perceptions of masculinity**
1. A man needs to have children to be respected in the community.
 2. When women get rights, they are taking rights away from men.
 3. If someone insults a man, he should defend his reputation with force if he has to.
 4. If a man pays a bride price for a girl, he owns her.
 5. A man has the right to have sex with his wife or partner, whether she wants to or not.
 6. It is ok for a man to hit his wife if she deserves it, as long as he doesn't use a stick or weapon.
 7. A man using violence against his wife is a private matter that shouldn't be discussed outside the couple.
 8. Men need sex more than women.
 9. Men cannot control their sexual behaviour.
 10. If a woman asks her husband or partner to use a condom, he should be outraged.
 11. A man who helps his family with fetching water, cooking, or looking after the children is “uman lappa” (equivalent of tied to his wife's apron strings)
 12. It's not the man's job to look after the baby (for example feeding the baby, washing the baby, caring for the baby when it is sick, and carrying it for long distances.)
 13. Fathers should not play games or sports with their children.
 14. A man should have the final word about decisions in his home.
 15. A strong man keeps his problems to himself.

Perceptions of femininity

16. Only when a woman has a child is she a real woman.
17. A woman has no say in how many children she has.
18. It's a woman's responsibility to avoid getting pregnant.
19. Women who have condoms are prostitutes.
20. A woman should tolerate some violence from her husband or partner, rather than to leave the home and cause the family to break up.
21. Women like to be treated with violence.
22. A woman who receives microcredit or a loan in her name should hand it over to her husband to manage.
23. The leadership of the community should be in the hands of men.
24. If a woman refuses sex with her husband, he is entitled to punish her, for example by withholding money or by physically abusing her.

I3: Average score for boys and girls on scale measuring perceptions of masculinity and femininity (Gender Equality Indicator) – not applicable

Life skills training development and roll out planned under this indicator not carried out due to Ebola and State of Emergency.

I4: 6% of women reported that in the past year they have been forced or threatened to have sexual or oral intercourse when they didn't want to

In 2014, 12% of women surveyed reported that they had been forced or threatened to have sexual or oral intercourse when they did not want to. In 2015, only 6% reported the same. The decline from 12% to 6% of respondents between 2014 and 2015 represents a statistically significant reduction in women's reported experiences of sexual violence. In other words, the change observed did not occur by chance.

I5: 83% of respondents say they would report a known incident of sexual or domestic violence in the community to the FSU

83% of respondents say they would report a known incident of sexual or domestic violence in the community to the FSU, compared to 78% in 2014. This represents 75% of women and 91% of men, in contrast to 2014, when only 63% of women and 93% of men in said they would report such cases to the FSU. The increase in number of respondents willing to report known cases of sexual or domestic violence to the FSU is statistically significant, and is attributable entirely to women. It is not possible to speculate the reason for this apparently female-generated shift.

I6: 63% of women say they would report an experienced incident of sexual assault to the FSU

Fewer women respondents replied that they would report cases of sexual assault they themselves experienced, compared to cases they witnessed.

The following describes achievement on indicators for the project's **results**:

Result 1: Increased level of knowledge of at least 2,000 men and 2,000 women and 1,000 boys and girls in 8 chiefdoms in Tonkolili District on gender relation and sexual violence and its impact, relevant laws and the referral pathway

I7: 15% respondents correctly answered 7/7 knowledge questions on SGBV offences and the Referral Protocol (Adults)

Only 15% of respondents can correctly answer 7/7 knowledge questions on SGBV offences and the Referral Protocol, in contrast with 31% in 2014. This is a statistically significant, and unanticipated, decrease in the level of knowledge of key messages. There is also little variation between men and women.

The True/False statement that drags down this indicator the most is “Cases of rape or unwanted sexual touching should be tried by chieftom authorities or local court,” which only 31% of individual answered correctly.

The low knowledge score of 15% may reflect the impact of the ban on public gatherings, which limited dissemination of messaging in communities by Living Peace Groups, and the fact that prevailing norms about the role of chiefs in adjudicating all community cases, including SGBV, persist. It could also indicate a need in future to agree on clear and consistent key messaging to be passed on by community animators.

Only 53% correctly rejected the statement “there can be no rape inside marriage.” In hindsight, this question is unclear, and may reflect the persistent belief that a wife has a contractual obligation to have sex with her husband, as much as it may reflect knowledge of the law.

Table 8 Adult Knowledge of SGBV Offences and the Referral Protocol

Knowledge of SGBV Offences and Referral Protocol True or False Survey Questions ²⁸	Number Correct 2015		
	Women	Men	Total
1. Cases of rape or unwanted sexual touching should be tried by chieftom authorities or local court.	66 (30%)	69 (31%)	135 (31%)
2. Cases of rape or unwanted sexual touching should be reported to the Family Support Unit.	205 (94%)	215 (97%)	420 (95%)
3. An individual who has experienced an incident of serious physical violence in the home, or a pattern of physical violence, should report the case to the FSU.	170 (78%)	206 (93%)	376 (85%)
4. Sex or any form of sexual contact with a child below the age of 18 is a crime regardless of whether the child has given consent.	207 (95%)	217 (98%)	424 (96%)
5. It is not a crime to have sex with a girl or boy under the age of 18 if you thought the child was older.	144 (66%)	104 (47%)	248 (56%)
6. Any sexual act that is performed with a person who has not given consent is a crime.	208 (95%)	219 (99%)	427 (97%)

²⁸ Two mistakes have been identified in the baseline: a) the knowledge questions on SGBV offences and Referral Protocol are actually 7 in number in the household survey. Knowledge scores in the baseline were calculated based on a perfect 7/7 score, but this was mislabeled as 6/6 in the baseline and logframe. b) A conflation is noted in the wording of some questions that could be interpreted as either knowledge testing or opinion. (e.g. “There can be no rape inside marriage” is less clear than “Marital rape is a criminal offence in Sierra Leone”). This should be corrected in any future surveys.

7. There can be no rape inside marriage.	110 (50%)	122 (55%)	232 (53%)
Total all correct answers	29 (13%)	35 (16%)	64 (15%)

There are three questions where statistically significant shift in knowledge occurred between 2014 and 2015:

- There can be no rape inside marriage. 53% of respondents correctly responded “False” in 2015, compared to 41% in 2014.
- It is not a crime to have sex with a girl or boy under the age of 18 if you thought the child was older. 56% correctly responded “False” to this question in 2015, compared to 68% who got it right in 2014.
- An individual who has experienced an incident of serious physical violence in the home, or a pattern of physical violence, should report the case to the FSU. 85% of individuals correctly responded “True” to this statement, compared to 93% in 2014. While the responses of men did not dramatically shift over the past year (92% in 2014 to 93% in 2015), only 78% of women correctly responded that these cases should be referred to the FSU in 2015, compared to 93% in 2014.

I8: 0 male role model networks established

The activity for this indicator was cancelled because of Ebola and the State of Emergency, therefore no male role model networks were established.

I9: 91 people (41F, 50M) from civil society and institutions were trained on Engaging Men and Community Conversation.

Result 2: Effective monitoring and coordinated response to SGBV by relevant district actors (GBV Committee, Social Welfare, Gender and Children’s Office of the MoH, Police, FSUs, PHUs, SMCs, CSO, traditional authorities, CWCs

I10: 1/17 frontline staff able to correctly answer 6/6 questions on SGBV offences and the Referral Protocol. A mini questionnaire was administered to 17 frontline staff members who had received training by Concern Worldwide in basic SGBV case management. The objective was to assess knowledge and attitudes in the months after training had taken place. Respondents were purposefully sampled. The information describing their knowledge is therefore not generalizable to the entire cohort of trained staff members.

Table 9 Description of frontline respondents

Description of frontline respondents	
Total respondents	17
Sex	6 men, 11 women
Occupation	6 health workers, 4 police officers (general duty), 5 police officers (FSU), 2 social workers

Only 1/17 respondents responded correctly to all six questions on the SGBV response protocol. However, there is evidence that most facts about the protocol are understood. Twelve of the respondents responded to all questions but one correctly: “When filing a

medical report, the health professional needs to indicate whether or not rape or sexual abuse has been committed.”²⁹ It is not clear from the training report that this key message was included in the SOP training. This is a knowledge gap that can be addressed in the future. Fewer respondents (1-2) are misinformed about the need for sexual violence cases to be reported to the FSU, with no option for local trial or for police referral of either sexual or domestic violence cases.

Table 10 Frontline Response Staff Knowledge of SGBV Response Protocol

Frontline Response Staff Knowledge of SGBV Response Protocol		
Correct	Incorrect	Question
16	1	SGBV cases of rape or unwanted sexual touching should be tried by chiefdom authorities or local court. (False)
16	1	Sexual violence cases of rape or unwanted sexual touching, or of domestic violence should be reported to the Family Support Unit of the police. (True)
14	3	The police may refer a case of domestic violence for settlement through an alternative dispute mechanism. (False)
1	16	When filing the medical report, the health professional needs to indicate whether or not rape, or sexual abuse has been committed. (False)
17	0	By law, medical treatment and completion of medical reports for survivors of SGBV is supposed to be free. (True)
17	0	Paramount Chiefs must bring any cases of child abuse to the attention of the FSU within 24 hours of their notification. (True)

I11: Health care provider demonstrated basic standards of victim-centered response in 0/2 simulations. (A-ranking)

Simulations of an SGBV report were carried out at two PHUs in Kholifa Rowala and Yoni chiefdoms on staff members who had experienced training on SGBV case response during the life of the project. Only simulations that meet all criteria (see Box 9) are ranked A, but neither PHU received this ranking.

Simulation 1 Score: C

The nurse refused medical treatment without first seeing a police medical form (which can only be obtained from Magburaka – 2 hours’ drive away) and asked for payment for treatment. Privacy was disregarded when the nurse allowed the confidential medical history to be interrupted on two separate occasions, including by a non-staff member with no relation to the survivor. The nurse also asked if the survivor’s husband properly forced her. The nurse pointed out the referral tree poster, but did not elaborate on its meaning or enquire whether the survivor was able to read the text for herself. Appropriate Ebola

²⁹ The answer is “False,” this is a determination that can only be made by the courts.

screening procedures were followed. The simulation also revealed that a CHO who had also received Concern training was present at the clinic but did not get involved in the case. A “C” score was assigned because of the request for money for treatment, as well as lack of privacy and one judgmental comment.

The learning debrief with the nurse revealed her conviction that she must see a police medical form before she could treat the patient. She justified the request for a fee by saying the survivor was above 18 years of age (and presumably did not qualify under the free

Box 8 Simulation Ethics

Simulation Ethics

There are a number of challenges involved in obtaining information from survivors of SGBV. Ethically, accessing informed consent would have to be done via a trusted third party, such as a social worker, who would explain the purpose of the research and invite survivors to take part in the study. Apart from the logistical problem of tracking down survivors, we did not expect them to be interested in taking part in potentially triggering interviews. Even more concerning was the possibility that, despite the option to decline, a survivor might feel a sense of obligation to do the interview if approached by a person in authority, such as a social worker. Therefore, an alternative way of assessing user experiences was needed.

Furthermore, directing communities to use the SGBV Referral Protocol without also strengthening it was itself ethically questionable. But in order to strengthen the weak links, it was necessary to identify them in the baseline.

The simulation method was developed as a way of assessing the quality of victim-intake response by SGBV services providers without potentially causing harm to survivors. It raises its own ethical issues, however; consent and confidentiality of those being assessed, the safety of those actors carrying out the simulation, and reputational risks of the organization if things go wrong. It is fraught with grey areas. But overall, given the serious nature of the risks that SGBV survivors face in the response system (e.g. see case study in Box 10), we found that a method for testing the actual quality of services was not only justified, but was necessary. We took measures to protect those participating: subjects were not exposed to anything outside of normal work life, and actors actively shaped the process, giving informed consent throughout.

We balanced the need for secrecy and the need to protect confidentiality by seeking organizational consent – from the head of the FSU for the police, and from selected DHMT members for health. We did not seek individual consent, because to do so would have invalidated the method. The confidentiality of participants was protected by omitting names of staff members, as well as the location of their units.

Debriefs were a critical part of the ethical approach, and were used to explain the purpose and process of research, the institutional permission obtained, and to answer questions. A conscious focus on mutual learning was adopted in the endline simulations in appreciation of the fact that frontline workers face numerous barriers in fulfilling their role, and so that subjects could also gain from the process. Debriefs also served to establish a basic level of rapport with subjects, especially those caught violating known rules, who were defensive when confronted. By the endline, we observed not only a difference in the quality of police response, but we observed their enthusiasm at being involved in the simulation process, during which they could air out issues accumulated since the training.

In compliance with the ethics of the method, its results will be shared and discussed with police and health services.

healthcare scheme), even though this was covered in the training. When asked what she would have done if the survivor had come with a form, she responded that she would provide analgesic for pain, but explained that the Community Health Post had no Panadol remaining. She would wear Personal Protective Equipment (under Ebola protocols) and carry out the medical examination. She attributed the lack of attention to privacy to the frequently crowded nature of the facility, though not all rooms had occupants at the time.

Box 9 Simulation Assessment Criteria

SGBV Response Assessment Criteria

The following criteria was utilized in the baseline and will be applied to make qualitative assessments of staff responses in a case simulation, by assigning a score to each simulation. Criteria test out service provider response based on the rights of survivors, including non-discrimination, compassionate care, privacy and confidentiality, information and self-determination, and free service provision. The quality of service provider response is analysed using a checklist developed based on IRC Clinical Case Management Guidelines (e.g. medical) and the Guidelines for SGBV Case Management of the Family Support Unit in Sierra Leone as well as the Standard Operating Procedures for the Investigation of Sexual and Domestic Violence Cases (e.g. police). Scores for each simulation were discussed and assigned by the consultant and the Project's M&E Officer.

The following scores are possible:

- A. Satisfactory intake response: Meets all elements of victim-centred response criteria. Despite limited resources, staff members demonstrate compassion and respect for the survivor, provide information, utilize effective strategies to protect privacy during interviews, and make appropriate referrals. No fees are requested.
- B. Less than satisfactory intake response: Staff members do not demonstrate compassion and may make a passing judgmental comment. There may be an ineffective attempt to preserve privacy. Inadequate or absent sharing of information with survivor about the steps in the referral process, or about medical risks and options. Appropriate referrals are made.
- C. Problematic intake response: There is limited or no attention to privacy in the presence of non-assigned staff or other individuals. Use of harsh tone and judgemental remarks, possibly including denial of the survivor's account, but not amounting to verbal abuse. At PHUs, there may be no attempt to document case details. Fees may be requested for service. Appropriate referrals may not be made.
- D. Highly problematic intake response: This category includes the elements of category "C" but is defined by the aggressive attitude of staff members, who express judgemental comments, opinions, and even threats amounting to verbal abuse.
- E. Not possible to assess: For reasons including absence of Concern-trained staff member targeted for testing, effect of Ebola fear and mitigation measures (e.g. refusal of patients from outside catchment area) that prevent a normal response.

Simulation 2 Score: E

The actors met an empty Maternal and Child Health Post and walked to the back quarters, where they met a woman they presumed was the nurse. They were asked first where they were from and then what the problem was. After detailing the case, the actual MCH Aide emerged and the story was recounted a second time, still standing at the doorway of the nurse's quarters, with three other people within earshot, only one of whom was a health worker. The MCH Aide then instructed the survivor and her sister to go to Magburaka General Hospital, as her clinic had no Panadol. No Ebola screening procedures were followed during the simulation.

In the learning debrief, the nurse indicated her fear of the survivor, particularly her indication of throat pain, which is an Ebola symptom. She further explained that the previous day a Ministry representative had come to the clinic and instructed them not to admit patients from areas outside their own catchment, because of a concern that people with Ebola were seeking treatment outside their home areas. For this reason, the simulation was assigned an “E” score, because it was not possible to make a fair assessment under the nurse’s current instructions (whether or not these were appropriate). The debrief however revealed that the nurse had retained a great deal from the training, and was prepared to take notes on her findings to send onward for use in the police and medical file. One major shortcoming was identified when asked about the risks a survivor with this story faces. Her immediate response was pain from the throat and heat injuries, and when probed, she elaborated that she may have experienced vaginal tearing from forced sex, but did not raise the risk of STI infection and her need to explain these risks to the survivor.

Both nurses expressed reluctance to treat an individual they suspected originated from outside their catchment area. This may have been pronounced because of Ebola.

Both cases also reveal how systems for health care workers to adequately receive and document cases of SGBV are not in place (e.g. forms to record findings, emergency contraceptives and antibiotics).

I12: FSU staff demonstrated basic standards of victim-centered response in 1/2 simulations. (A-ranking)
Both FSUs demonstrated improved victim-centred response to SGBV cases in a test simulation in relation to 2014, when low C and D scores had been assigned because of weaknesses in protection of privacy, pervasive judgmental attitudes and outright aggression.

Simulation 1: B

The actor performing the simulation was well received at the desk by a female FSU officer and directed to the Family Support Unit office. She was greeted with compassion with comforting comments given, including: “You have to bear, life is not easy, especially when you are married. But...we will handle the matter.” Registration of the case happened correctly, with two officers, one of which made notes in the Station Diary. Some details of the overall process were explained to the survivor, including that first she would seek medical attention and then after she would give an evidentiary statement and an arrest would be made. The main flaw was attention to privacy, with officers making no attempt to control traffic in the room, to modulate their voices. At one point the woman’s case was explained across the room of people to another officer. One FSU officer later told the crowd to leave the room, but not until after the survivor’s privacy had been breached. The simulation was assigned B for this reason.

The learning debrief involved all the officers in the room, who acceded that privacy could be better managed. Strategies that could be employed include involving General Duty police officers in controlling the traffic into the room, which can accommodate two cases at once. Officers discussed at length how the Concern training programmes, especially Living Peace, had helped them to correct their treatment of survivors, and that the SOP training had helped some officers to know better what and what not to say. A senior FSU member requested more training for untrained members of the police in their unit and satellite police posts.

Simulation 2: A

The FSU recently supplied this office with container units that have enhanced the privacy of cases. The actor playing the survivor was greeted at one of these containers by a female FSU investigator who invited her in, leaving her sister outside. The investigator made a conscientious effort to preserve privacy, closing the door, which did not stay properly closed, but then also turning away other individuals who sought to enter. A second officer prepared a medical report form as per protocol. The survivor was given basic information, told that she should first seek medical treatment, and that the matter would be handled after. The investigator then asked the survivor's permission to call her friend, explaining that she should accompany her to the hospital for medical treatment. The officer demonstrated



Image 1 FSU staff and actors following the simulation and debrief

compassionate care, telling the sister “We know this is your family, you came to the right place. We will fight for her and go for the man.” The survivor was given a medical report form that was stapled closed for confidentiality.

The learning debrief went over the case, where it was revealed that officers could not readily predict the risk of STI, but this did not poorly impact their performance as they were able to swiftly refer the case for medical examination. Inspection of the medical form also revealed that the case had been labelled a “sexual assault, ” rather than rape, and only mentioning injuries to the throat and head. Officers discussed at length how the SOP training had been helpful for them in understanding how to receive victims.

I13: 36 FSU personnel received training on basic SGBV case management (10F, 27M)

(For details of training, see above section on Achievement of project Outputs)

I14: 24 PHU personnel received training on basic SGBV case management (23F, 1M)

Training curriculum employed by Concern was highly police-oriented, lacking sufficient health-specific scenarios. (For details of training, see above section on Achievement of Project Outputs)

Result 3: Improved accountability and coordination of stakeholders in addressing SGVB and providing support to victims in Tonkolili District

I15: 0/5 district GBV Committee meetings conducted and with clearly written and agreed action points with accountabilities and deadlines.

Five quarterly GBV Committee meetings were held, and minutes were taken at 5/5, however the format of minutes is not yet standardized, with actionable action points and accountabilities. Minutes do not demonstrate that action points are systematically followed up at subsequent meetings, nor that new SGBV cases are systematically followed up for status updates in subsequent months.

Minutes were only taken at quarterly meetings. They are normally hand-written then typed and printed afterwards. At the time of writing, about half of the minutes had not yet been (but were about to be) typed and printed for the folder.

I16: Number of action points from district GBV committee meetings tracked and implemented

Not possible to assess this indicator. 5/5 quarterly meetings had minutes, containing 15 action points in total; however, only four of these were actionable. For instance, hanging statements such as “More sensitization of communities to be done,” or specific actions without accountabilities such as “Contact Concern for mobility for cases of GBV and rape especially on children,” indicate a considerable organizational barrier to effective SGBV case management and among other roles and activities. This is exacerbated by issues including human resource constraints, including the added responsibilities of the Ministry’s involvement in monitoring protection issues during the Ebola response.

Logical Framework for Engaging Men to Contribute to Safer Communities in Tonkolili District

Objectives	Objectively Verifiable Indicators	Endline score	Data source
Overall all Objectives:			
To improve the wellbeing of women and girls in Tonkolili District through ensuring a safer environment at community and family level.	17. % of women who said they feel safe at home and in their community from sexual violence.	4. 70% (153) of women said they feel safe at home and in their community from sexual violence.	1. Adult household survey, Q67,68
Specific Objectives:			
To reduce the sexual violence against women and girls through change in attitude and practice of at least 2,000 men and 2,000 women and 1,000 boys and girls towards gender relations and an improved referral system.	18. Average score for men and women on scale measuring perceptions of masculinity and femininity (Gender Equality Indicator) 19. Average score for boys and girls on scale measuring perceptions of masculinity and femininity (Gender Equality Indicator) 20. % women reporting that in the past year they have been forced or threatened to have sexual or oral intercourse when they didn't want to 21. % respondents who say they would report a known incident of sexual or domestic violence in the community to the FSU 22. % women who say they would report an experienced incident of sexual assault to the FSU	2. Adult Gender Equality Indicator 54.5 3. Child Gender Equality Indicator NA 17. 6% (13) of women said in the past year they had been forced or threatened to have sexual or oral intercourse when she didn't want to 18. 91% (201) respondents said they would report a known incident of sexual or domestic violence in the community to the FSU (75%W, 91%M) 19. 63% (139) women said they would report an experienced incident of sexual assault to the FSU	4. Adult survey Q13-27+29-37 5. Student survey Q18-24 + 26-28 + 30-33 6. Adult survey Q59 7. Adult survey Q76 8. Adult survey Q77
Results			
Result 1: Increased level knowledge of at least 2,000 men and 2,000 women and 1,000 boys and girls in 8 chiefdoms in Tonkolili District on gender relation and sexual violence and its impact, relevant laws and the	20. % respondents who can correctly answer 6/6 knowledge questions on SGBV offences and the Referral Protocol (Adults) 21. Number of male role model network established 22. Number of people from the civil society and institutions trained on Engaging Men and Community Conversation.	23. 15% of respondents could answer all 6 knowledge questions correctly (13%W, 16%M) 24. N/A 25. 91 people from the civil society and institutions trained on Engaging Men and	9. Adult survey Q80-86 10. Post-intervention data 11. Post-intervention data

Objectives	Objectively Verifiable Indicators	Endline score	Data source
referral pathway.		Community Conversation (41W, 50M)	
Result 2: Effective monitoring and coordinated response to SGBV ³⁰ by relevant district actors (Gender Based Violence Committee, the Social Welfare, Gender and Children's Office, the Ministry of Health, Police, FSUs, PHUs, School Management Committees, CSOs, traditional authorities, CWC, etc.)	<p>23. Proportion of frontline staff able to correctly answer 6/6 questions on SGBV offences and the referral protocol³¹</p> <p>24. Proportion of simulations where the health care provider demonstrates basic standards of victim-centred response (A ranking).</p> <p>25. Proportion of simulations where FSU staff demonstrate basic standards of victim-centred response. (A ranking)</p> <p>26. Number of FSU personnel who have received training on basic SGBV case management</p> <p>27. Number of PHU personnel who have received training on basic SGBV case management</p>	<p>26. 1/17 frontline staff answered all 6 questions correctly</p> <p>27. 0/2 PHU SGBV case simulation did not meet basic standards of victim-centred response (C ranking)</p> <p>28. 1/2 FSU SGBV case simulations did not meet basic standards of victim-centred response (C and D ranking)</p> <p>29. 36 FSU personnel (10W, 27M) received training on basic SGBV case management</p> <p>30. 24 PHU personnel (23W, 21M) received training on basic SGBV case management</p>	<p>10. Interviews with selected frontline staff</p> <p>11. SGBV case simulation (PHU)</p> <p>12. SGBV case simulation (FSU)</p> <p>13. Interviews with FSU staff in Mile 91, Magburaka</p> <p>14. Pikin to Pikin Training Report 2013 Nov</p>
Result 3: Improved accountability and coordination of stakeholders in addressing SGVB and providing support to victims in Tonkolili District	<p>28. Number of district GBV committee meetings conducted and with a clearly written and agreed action points with accountabilities and deadlines.</p> <p>29. Number of action points from district GBV committee meetings tracked and implemented</p>	<p>30. 0/5 district GBV committee meetings conducted and with a clearly written and agreed action points with accountabilities and deadlines.</p> <p>15. Not possible to assess</p>	<p>31. Meeting with District Social Development Officer and Social Worker</p> <p>32. Meeting with District SDO and SW</p>

³⁰ SGBV sexual and gender based violence

³¹ Frontline response staff include any personnel who may be involved in receiving or responding to an SGBV Case (including police, health workers, social workers, or legal personnel). Note that only 12 interviews were carried out with only police (FSU and non-FSU), health workers, and social workers; results are not generalizable.

Impact

Result 1 (Living Peace Strategy)

The Evaluation findings are overwhelmingly positive, especially with regard to the impact of the Living Peace strategy. The limiting circumstances of Ebola meant that only the Living Peace sessions were carried out in communities, involving the partners of around eight families and often held in isolated locations far from the rest of the community. Even end-of-programme ceremonies were scaled down because of restrictions on public gatherings. Wider dissemination of lessons learned within the groups was not a structured part of the programme, so in most cases where this took place, it was internally-motivated by group members. Bearing this in mind, the fact that there has been a statistically significant shift away from inequitable attitudes across all 22 communities where this intervention took place speaks volumes to its impact.

Although there are no quantifiable objective indicators to measure many of the changes observed by the Living Peace strategy, beneficiaries explained how the project led them and their intimate partners to introduce changes in their daily interactions that yielded benefits to a range of development outcomes, including food security, health, education, household finances, and women's increased involvement in household decision-making, among others.

The linkage between the life changes described and the project activity is strong. Both women and men beneficiaries of the Living Peace strategy were consistently emphatic in their reports that they made profound realizations and experienced many positive changes in their day to day lives, and that these changes would not have occurred without the help of the intervention, and particularly, the skilful and enthusiastic facilitation of CDOs.

The following section discusses the major observed impacts revealed in FGDs.

Relationship and household impacts

Improved trust

A session that resonated with many families was one called "Trust me." Through their involvement in sessions participants explained they were able to reflect on issues of trust within their own intimate partner and family relationships, and on how lack of trust can feed a downward spiral of negative emotional and economic consequences.

Mistrust, fuelling secrecy and doubt in relationships, was at the heart of many family conflicts. These dynamics tell a typical story. The source of mistrust frequently involved the belief, warranted or not, that a partner had a girlfriend (or sometimes boyfriend), and was diverting valuable attentions, energy and resources outside the home. Women who held this belief spoke of withholding finances, refusing sex and generally avoiding their partners. Men with this belief also spoke of withholding money, passive, and outright aggression. In some families, such conflicts could lead to physical and sexual violence.

Before, when he would go to the street, if he asked me to lend him money...I wouldn't do it. I would keep my own money.

Woman, monogamous family, Mayossoh

One of the most important things to happen as a result of this programme, for any relationship, you have to believe each other, you need to trust each other. As a result of the programme...When we trust each other, I'm not afraid anymore, I can open up to you. Anything, I can tell you 'I get A' and if you have anything you can tell me 'I get A'. And if I don't have, I can tell you. ...because of that understanding.

Woman, monogamous family, Rossengbeh

Mistrust in a partner's honesty about finances led men and women to adopt different coping strategies. Women who did not trust their husbands to support the home financially, or to have regard for the family in their distribution of rice harvest, utilise different strategies to ensure their family's food security, including syphoning off rice and palm oil while processing products. Men driven by mistrust could also abuse their power to control and micromanage food resources normally deemed to fall under the domain of female stewardship – something that greatly offended the dignity of their partners. Lived experiences of Living Peace Group members included men controlling food rice stores and measuring out cups of rice for their wives to cook, and men sending children to spy on their wives while they process palm oil. Women explained that marital conflict often became worse at rice harvest time, when husbands would dispose of produce without their knowledge of how it was being used or what benefits would be derived. Participants reflected upon how the combined effect of these dynamics was reduced financial and food security and loss of opportunity.

I didn't trust my woman and tried to secure most of our property, so she thought I wanted to marry another woman...like the palm oil and the rice, I was in charge of it. But now I've left it all up to her. So she feels good now.

Man, monogamous family, Rosengbeh

For some, like this older couple, it brought them great relief to realize that mistrust was only a shadow that disappeared as soon as they shone light onto it:

I learned something. Since we didn't communicate, she didn't allow me to come to her at night. So when I went out, she thought I was going to another woman. So when I try to touch her, she wouldn't allow me because she thought I was coming back from another woman...She doesn't deny me anymore. She has trust in me now. *Were you surprised?* Yes, it shocked me. *What did you tell her?* I just said, I don't have another woman, you're the only woman I have. I can just go keep company with my friends. *And how did she react?* She felt fine, she laughed.

Man, monogamous family, Rosengbeh

For others, these discussions led to confrontation, and in some cases termination, of extra-marital affairs:

My husband would go and walk. He would sleep in Magburaka. He had a girlfriend. Since the programme, he doesn't sleep out...It started out small at first. He tried to talk to me and said he was sorry.

Woman, monogamous family, Mayossoh

Men who reported leaving girlfriends because of the sessions did so for a combination of reasons, partly motivated by the understanding that girlfriends are a financial drain on the household, but partly also by the desire to adhere to new norms of “being a man” that were established through the process, expressing pride in their newfound identity, and role, and in the validation they received.

Improved communication

Monogamous and polygamous families who discovered they could have trust experienced improved communication in many aspects of their lives. Men who typically left the house without telling their wives where they were going or when they would return began to communicate their activities and plans.

In the rural setting, it is unusual for husbands and wives to “keep company” with each other, by sitting together, usually in the evening hours after the day’s work is done, and talking. For some partners, lack of communication had caused emotional suffering and so the discovery by both women and men that they could legitimately *keep company* with their partners without being judged has alleviated tension and renewed intimacy. A middle-aged woman had endured years of disrespect by her husband who would not tolerate her sitting at the front of the house shared her happiness about this significant change in her life.



Image 2 Kadiatu is happy her husband is no longer sleeping "out"

Tell Concern tenki. Before, my man would tell me to go. I wanted to sit together but he would drive me (to the back of the house). He would tell me I’m not fit (to sit at the front of the house). He would go without telling me where...My heart would burn. *What would you do?* I would leave and go to my people. Now we sit together.

Woman, monogamous family, Mayossoh

Women who had yearned for respect and regard by their husband place a high value on their newfound mutual caring in the relationship. This is illustrated by a woman who had been ready to leave her man with packed bags when she was asked to join the Living Peace Group:

You had wanted to part with your husband before. How is communication now? Are you happy to be with him? Tell God tenki now I feel good. I feel free now! This very morning even when you came, he said ‘Those people have come. Go! Make haste! They are waiting for you!’ Even my head tie, my child took it and gave it to me. He said your friends are all there now. *Can you and your man talk? How is the relationship?* Now it’s good. We sit down and laugh with our children, all together.

Woman, monogamous family, Kumrabai Junction

+Both women and men talked about how enhanced communication renewed the bonds of intimacy in their relationships. This was fostered through sessions but also in homework assignments where partners had to discuss in the intervening days.

Improvements in communication were supported by the household survey. For the question, “When was the last time you talked to your partner about the problems you are facing in your life?” 30% of respondents said they had talked to their partners within the past week, compared to 23% who had said this in the previous year. Women were significantly more likely to have responded “Within the Past Week” in 2015 than they were in 2014.

Table 11 Results of Communication Questions, Gender Disaggregated, 2015 and 2014

	2015			2014		
	Men (n=222)	Women (n=219)	Total (n=441)	Men (n=210)	Women (n=212)	Total (n=422)
When was the last time you talked to your partner about the problems you are facing in your life?						
Within this week	75 (34%)	57 (26%)	132 (30%)	63 (30%)	32 (15%)	95 (23%)
1-2 Weeks ago	67 (30%)	25 (11%)	92 (21%)	71 (34%)	24 (11%)	95 (23%)
2-4 Weeks ago	40 (18%)	28 (13%)	68 (15%)	45 (21%)	32 (15%)	77 (18%)
1-6 Months ago	20 (9%)	33 (15%)	53 (12%)	15 (7%)	17 (8%)	32 (8%)
6+ Months ago/never	19 (9%)	72 (33%)	91 (21%)	9 (4%)	75 (35%)	84 (20%)
No response	1 (.5%)	4 (2%)	5 (1%)	7 (3%)	32 (15%)	39 (9%)
When was the last time your partner came to talk to you to explain her (or his) problems?						
Within this week	78 (35%)	45 (21%)	123 (28%)	66 (31%)	32 (15%)	98 (23%)
1-2 Weeks ago	54 (24%)	36 (16%)	90 (20%)	62 (30%)	23 (11%)	85 (20%)
2-4 Weeks ago	45 (20%)	24 (11%)	69 (16%)	41 (20%)	28 (13%)	69 (16%)
1-6 Months ago	25 (11%)	29 (13%)	54 (12%)	21 (10%)	17 (8%)	38 (9%)
6+ Months ago/never	20 (9%)	81 (37%)	101 (23%)	12 (6%)	78 (37%)	90 (21%)
No response	0	4 (2%)	4 (2%)	8 (4%)	34 (16%)	42 (10%)

Reduction in male physical violence towards women

Women in every community testified that their husbands had stopped beating them - that they had changed, and that the Living Peace Groups helped to support them in this process.

I didn't feel fine in the home... When we fought, there were problems cause there was no goodness at home. He didn't stay home, there was no peace. *Would he shout and curse?* Yes.... *Did he ever hit you?* Yes, he would beat me. But since they taught us, he doesn't beat me anymore. If we argue, our Living Peace friends come and (remind us) to be an example for the community.

Woman, monogamous family, Matham

by husbands who formerly beat their wives:

What do you do to manage stress now? I can just go sit down and meditate on the issue. And when my heart has cooled, I can decide. Tell God tenki for the programme, it's really helped me. It showed me how if you get conflict or warm heart for your wife, it showed us how to overcome it.

Husband, polygamous family, Kumrabai Junction



Men testified that they had stopped beating their wives because of realizations about the impacts of their violence on the family during the realizations reinforced by positive feedback from partners. Image 3 Alpha now helps his wife with domestic chores, and Ibrahim retained most information about the law protecting women's right to inherit from customary marriages. that made that programme - that were

Reduction in sexual violence, especially forced sex of wives by husbands

The programme is good. It helped us so much. We had a lot of problems in our homes. Like me, I had this problem...I would beat my wife. Frequently. But since this programme, they say violence is not good. So ... when she does me something now, I keep it in my mind. When she cools, I call her into our room, we lay down and discuss it. My woman now, she's started to feel for me because I can see she didn't have peace because of the beatings I gave her. So now that I've changed, she feels fine in the home. I would beat her because of the problems she can cause, and she would also get warmheart. She was quick to curse. But since this programme...I can see great changes.

Man, monogamous family, Matham

Several of the women in the focus groups had partners who used to force them to have sex if they refused it, often accompanied by a beating. For one woman one of these beatings was severe, resulting in a lasting wound to her eye. These members now said that their husbands had changed, and sex was something they now negotiate.

Before...when night reached he would call me and say 'you know why I bought you from your people eh? That thing I bought you for - to lay down. I'm ready for it.' Even if I said 'Eh! I'm not ready' he would fight me for that...But from when they started this programme, he's stopped...he begged me (forgiveness). *What happens now if he wants mammy and daddy business and you don't?* Now, when he touches me and I tell him 'I'm tired' he leaves me. *He doesn't get angry?* He doesn't vex or beat me. If he wants to do it now he persuades me. *Can you*
I didn't know it was bad and would affect my family. If I'd known, I would have stopped.
Man, monogamous family, Kumrabai Junction

Tell God tenki! We didn't have peace. There was *hala hala* and *fet fet*. He used to force me to have sex every day. Sometimes we would fight. Before, we fought at night. He didn't care if the family ate or not, he would just go and didn't say where. But not now. (He has) changed. If I say I'm too tired for sex, he waits.

Women, monogamous family, Mayossoh

Reduction in male economic violence towards families

Economic violence by male partners towards their wives and families was the most prevalent form of conflict afflicting households. The statements from women below describe some of the forms it took, from denying "chop money," to disallowing the use of space for a woman's economic purposes:

He would leave, and I would ask where's the money to cook, and he would say he doesn't have money.

Woman, monogamous family, Matham



Image 4 Safi explains "Now we take decisions. Anything he wants to do, now he calls me and tells me."

Economic

violence by

I used to sit down breaking palm nuts... We would make palava over that...He didn't take care of me. He didn't want to know. That palmtree I break, when I process it and sell it, that's how I buy my maggi and pepper to cook. And he said I should not break palmtree at home. He who doesn't even support me! Why? He said, his house is not a place to break palmtree. If I want to break them let me do it in the bush.

Woman, senior mate in a polygamous family, Rossengbeh

a partner in the relationship can cause undue stress to women, and further impoverish the home, as women shoulder a disproportionate burden for food security. Women whose men did not contribute chop money had to cover the entire cost of sauce for the family meals from their own meagre earnings, thus depressing the ability of the profitability of their petty trade. Several women also described a cycle of debt as the impact of this financial neglect by their husbands.

When I was ready to work on the farm in the morning I would tell him I'm going to go work, because we have to cook (eat). There would be no maggi, no salt, he would tell me to borrow. So when I borrowed, and the person would come collect their money from me now, when I would ask him, he would say he's got no money. Let them carry me to the chief.

Woman, monogamous family, Rosengbeh

However, almost all women who experienced this problem indicated that there had been some positive change in regard to male contribution to the household finances. Men also talked about their changed behaviour in this aspect of their intimate partner relationships:

Now the home is peaceful and we share anything we get. If I don't have chop money today I tell her, and she helps me. But before, I would just go wherever I wanted. When she asked me for chop money I would just say 'manage.'

Man, monogamous family, Matham

Men shared some of the reasons behind their lack of financial support to the home, which revealed a combination of value-based logic, "I just used to think I have to scrounge for a living and she has to as well," as well as social factors - the suggestion that providing chop money for the family was also a burden upon men, and that failure to provide brought a sense of shame that men dealt with through avoidance:

Days I didn't have money I would just go I didn't talk with her. But now since the programme came, if I didn't have anything, my responsibility is to feed her. So the days I don't get, I tell her. And she helps me.

Man, monogamous family, Matham

Harmony in polygamous families

The major problems of polygamous families in Sierra Leone are well known: jealousies and conflict for status and equitable access to resources, differential treatment and segregation of the children of different mothers, inequitable sharing and separation of resources, neglect of the man and extreme poverty. The Living Peace format was not originally designed to meet the needs of polygamous families, so a major revelation of this project has been that it appears to be valued and regarded as highly effective by all of the marriage partners in polygamous households.



Image 5 Fatmata and Musu share a husband. They used to fight and avoid each other. Now they cook from the same pot, watch out for each other's children and make farming decisions together with their husband.

The ability of partners in a family to come together on a regular basis to discuss and deconstruct recurring themes driving conflict has yielded benefits to the entire family, with improved teamwork leading to better care of children, sharing of resources and planning around farm labour. Two of the mates in one family revealed the extent of their improved relationship, in which they and their children now share food that is now cooked from the same pot.

Now we live as one and unity. In the morning, she takes my children's nappies and brooks them. Even at night if she hears the child cry, she comes to my room and asks 'why is the child crying?' because we have agreement now. Now anything they eat, my child eats.

Junior mate, polygamous family, Kumrabai Junction

As the above statement reveals, perceptions of inequitable treatment by the man of the polygamous family were at the heart of many conflicts, and were frequently resolved in an apparently lasting way when men made this realization. All polygamous families in the FGDs explained that the man now adopted practices of transparency calling all members of the family together before distributing any benefits and prior to taking major decisions about farm work and harvest.

Because there was no peace...the children felt I didn't like their mother. So they got that feeling and didn't come near me or the other mates. But now that there's unity the children are happy cause we all sit down together and keep company. So they know I don't like anyone more than anyone else.

Husband polygamous family, Kumrabai Junction

Male assistance with domestic work

One of the most significant behaviour changes to come out of participation in the Living Peace Sessions was male involvement in domestic work traditionally regarded as female. In FGDs, women routinely revealed the work their husbands had started to take on for themselves, including a quick check of what they had done that very morning. Typical jobs men had started helping with included sweeping, making the bed and tidying the room, fetching water and firewood for cooking, washing the children, helping with the family's laundry, cooking, and for some, washing nappies.

I felt bad because one, I would be cooking and washing the children and he would just sit down and didn't help. Praise God this living group has put us in a good way. Now he give me money, and me, if I have money I don't hide it. So we share things.

Woman, monogamous family, Matham

What does he do now he didn't do before? My man helps me find firewood in the bush, to pound the rice, to pull chop money give me *plassas* money and to take care of the children...Now the man encourages the children, washes them, looks after them, buys fine things for them, buys food for them if they pass with it.

Woman, monogamous family, Kumrabai Junction

For the most part, when men realized the impact such an imbalanced workload had on their partners and on whole family, they demonstrated a ready willingness to help. Several men also alluded to the freeing experience of being able to take charge of problems, rather than waiting for the woman to finish one task and move on to the next. For a minority of older men, the new tasks they took on were more limited, including for example, heating the water he uses to wash himself. Revealingly, however, no female member of a focus group failed to mention the tasks her husband had started helping with.

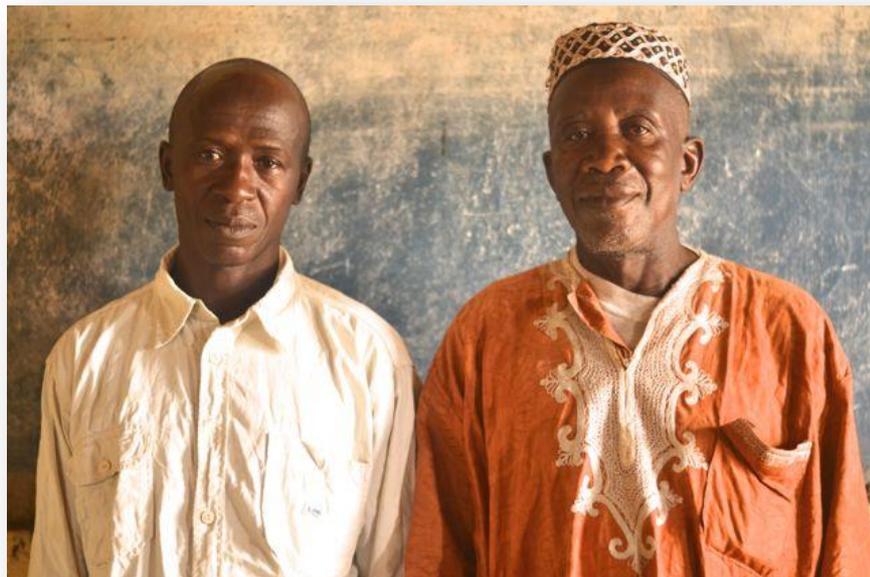


Image 6 The only communication Daniel and his wife used to have was through argument, but now they sit and talk in the evenings. Usman has stopped controlling his wife's access to the household rice.

Two activities in particular helped men to make this discovery, which in turn appears to have led to their feeling shame for past inaction. The first of these, and the most frequently noted, was “Person and Thing,” an exercise whereby partners took turns in dictating orders to each other, and then discussing their feelings and recognizing their own realities in the experience. For many men in particular, the fact that they treated their wives and even children as objects to be controlled and dictated to was a major revelation. The second memorable activity in this regard was a gender analysis of tasks done in a typical 24-hour day, which men and women would do separately. When compared side by side, men were faced with irrefutable evidence of their wives’ disproportionate labour and naturally moved on to consider the impacts and ways forward.

When Concern came, I realized you shouldn’t treat others like things that you can put here and there. Now anything she does, I go too and help her so we can do it quickly... If she wants to cook, I make sure to help her fetch the wood and water. If she wants to brook the children’s things too, I help her with water. I tell Concern tenki for bringing this programme. Before she would cry because the work was heavy upon her. But now, because we have peace, I help her and she helps me. If she needs my help, I help her and if I need her to do something she does it.

Man, monogamous family, Rosengbeh

I tell God tenki for this programme, it’s helped me to realize that before, the roles and responsibilities, I just thought women should brook, they should cook, they should find firewood. That’s how I looked at it. To beat and pound rice, that was women’s work. So, through these sessions, they explained to us it should not be so. All things should be equal, man and woman, you should work hand in hand with your wife. These days, I take my clothes and her clothes and the children’s clothes, all. I tote them to the waterside. Based on this session. (Before) she cooked, she did everything.

Husband, monogamous family, Kumrabai Junction

The cumulative effect of realizations such as “person and thing” and “24-hours, ” in combination with the other sessions, has been to humanize women, and to encourage questioning of social norms that entrench hierarchical relations. They also have helped to shift the use of shame, so that, among these members and their close networks, shame is now socially encouraged at times when men fail in their responsibilities to be helpful partners. The former use of shame in reinforcing a gender division of labour is explained below, whereby men who did “women’s work” were, ironically, regarded as “idle” because “men’s work” was socially defined as work requiring heavy labour. Many men in FGDs discussed how, when they began to feel shame after appreciating the true extent of the woman’s workload and energy expenditure, in relation to their own.

Before, if you saw a man who was seeping, cleaning, changing nappies. How would you have seen or talked about this man? I would say that man is not good. He is under the woman’s auspices. And to sweep and do laundry is not man work. We think, if a man does that kind of work we say he is an “idle man”... But after this training now, we think (if you work together) the work goes faster.

Man, monogamous family, Matham

Male assistance with farm labour

Questioning the gender division of labour led families to examine the inequitable use of their productive labour on farms, and to realize that cooperation was not only fair, but that it could potentially enhance the family's productivity. Many women talked about how the burden of their work on the farm had been reduced through increased support from their partners, for jobs traditionally considered as "female," such as making heaps, watering, weeding, and harvesting vegetables. This woman's husband used to leave her working and cooking on the farm until the very late hours, while he returned early to town. Now, he helps her and they return home together earlier.

I'm glad and I tell God tenki because my man, he's really changed. Before this programme, when my man and I used to go work on the farm, whatever the work was, he would just leave me there and go sit in town. But since this programme, when we go work, even if there is a lot of work, my man helps me and makes sure we leave together. If there's a lot of work he helps me.

Woman, Rossengbeh

Men freely admitted their past failings in contributing labour, suggesting that many in the Groups had made a departure from their previous ways of being and could see and assess their past failings dispassionately. Many men admitted to doing less than their share of farm work, even by traditional standards, such as this man, who would disappear for lengths of time, leaving his wife to hire labour she needed.

We have a big garden, but she did everything, unless she hired people to help brush the garden and harvest the palm nuts. When she hired people to pull the palm nuts and palm oil, I would just take it back from her hand. *What would you be doing while she did all this work?* Nothing! I'd just sit and relax... I would go to Magburaka, Freetown, Makeni I would just wander! That doesn't happen anymore, now she and I work together. I realized that everything I did wasn't fine.

Man, monogamous household, Rosengbeh

Enhanced involvement of women in farm-related planning and decision-making for increased agricultural productivity

A number of key changes have been facilitated by enhanced trust, communication and transparency, including planning and decision-making around farming and its produce. There are predictions that these new arrangements will enhance productivity and food security in the homes of Group members.

Women explained that they were not traditionally involved in decision making about the planting of rice farms, even though they arguably contribute the brunt of the labour and care of these farms. The mere consultation of women in this kind of decision-making is something that they regard as a major change.

Tell Fatima (CDO) tenki. Because the lesson they taught us helped us in our married homes... My man... that same decision making, he didn't consult me. Anything he wanted to do he didn't tell me. Before he didn't consult me to work (on the farm)... He didn't discuss what to plant. But now he consults me. *What did you do last year differently?* He decided last year. *So this year you're involved?* Yes *So how has it changed?* He didn't do that before. But from the mere fact he consults me, it's a big change. Cause he didn't involve me. Now he asks me for my opinion.

Woman, monogamous family, Kumrabai Junction

Another type of decision that women have become involved in, to the benefit of the entire family, has been the management of rice stores. Participants explained that typically rice stores are divided at harvest into three categories: rice for eating, rice for selling, and rice for planting in the next season. While traditionally, the woman would control the rice for eating, the man would control everything else. Many women were frustrated by the fact that they worked for this rice and yet it would be the man who determined how it was to be used, often without ever telling, let alone consulting her. The man also governed the practice of paying tithes, *emuru*, to poorer families, drawing from the planting-rice stocks for this purpose. Women's frustration would come from the fact that their men would have the ability to give away the rice to be planted for the next season without accountability. Many women and men in the four communities where qualitative research was carried out explained that this practice had now changed, that when the time for harvest came, decisions about how to use the coming season's rice would be made openly, based on discussion, and in some cases even involving the children. In one community, we met a woman whose husband had, since the project, placed her in charge of the entire rice stocks for the family.

Now, if he wants to do anything he calls us all, the children and tells us this is what I want to do and asks our consent. Before he didn't notice us. In the morning he would just say today we're going to work yonder. But sometimes we would have our own programme our own work we wanted to do. So that work would spoil. He didn't notice us...We have our own small vegetable gardens and every morning we have to water them. So if I've planted you know that every morning I have to water the garden. But he would tell me "Today we have to go to the farm." *Would the garden spoil?* Some things would spoil because not watered. Now we've discussed and we plan to get that tractor to plough our farm (to make the ground). So now we sat down and agreed to wait for that machine when it comes this year to plough for us (they will rent it). So that will help us to work a large farm, cause if we do it manually we won't be able (to farm such a large area). *How will you rent it? Was there money last year to rent it?* Before we didn't have (the money) but now we're on it cause we work as a team and are working towards that.

Women, polygamous family, Kumrabai Junction



Image 7 The morning the sessions started, Mabinti was ready to leave her husband, but she stayed to do the sessions. Now she says he has changed, and she is elated they now have good communication and he supports her. She said "I feel free."

Cooperation over petty trade businesses and enhanced profitability

Enhanced communication spilled over into areas of business management, with reports of increased profitability. Several women explained that their “markets” had suffered in the past for several reasons. One of these was overreliance on their narrow profit margins to feed the family because husbands were not willing or able to contribute.

I sell peppers and caustic soda. Before it was difficult to see any profit in the business because I did (paid for) everything. But now, since he helps me now, things are better. I can buy clothes for myself, shoes. I discuss with my husband, we plan together.

Woman, monogamous family, Mayossoh

Women traders found that they earned less previously, before they began to gain improved trust and improved communication with their partners. This was often driven by women’s fear that husbands would demand or steal their money, which fostered a tendency to hide profits, sometimes resulting in missed opportunities because they were afraid to invest in any market that would reveal their small successes to their husbands.

A third reason was poor business decisions, as explained by the case of one couple whose improved cooperation led to greater profitability of the wife’s business. She and her husband used to experience conflict because neither side trusted the other when it came to money. She sold fruits and vegetables in Freetown, but would often return home with no profits, or even with losses because the produce would have rotted. When her husband would ask her about her trade, she would just tell him “money done done,” without elaboration, so her husband would think she was lying and would become angry and they would fight. However, once the wife gained enough trust that her husband would not seek to control her business or earnings, and she began discuss the business problems openly and to seek his advice. Her comment below reveals how she is grateful for their partnership.

I tell God tenki because before, when I did business and I didn’t tell him, there was no help... There was nothing, I didn’t succeed. And my man wasn’t happy with me, but right now that he and I have peace, if I want to buy business and he thinks I won’t profit he says ‘don’t put your hand in that.’

Woman, monogamous family, Matham

Several women reported increased profits because of the fact that they can now trust and discuss openly with their husbands. Another woman explained that she used to lock up her cigarette box when she wasn’t in the home, but that now her husband takes over when she is out of the house. Profits have improved because the market is open more consistently.

Improved health and nutritional status of women and children

Men’s assistance with women’s labour, as well as women’s involvement in farm-related planning and decision making had apparent knock-on effects for the health and nutritional status of family members. With men now helping with domestic chores, women’s workload has been reduced. A number of women reported more free time, reduced stress, and even healthy weight gain. One man also observed that his partner who used to get sick frequently seemed healthier, and several mentioned weight gain in their partners.

Right now my own body...it was dry. The kind of encouragement, the way her man is... 'my heart is at peace' because nothing to stress myself for now....There was never time to sleep in the afternoon, but now I sleep in the afternoon.

Woman, monogamous family, Mayossoh

The enhanced productivity families experienced may have also contributed to improved food security. One grandmother who was a beneficiary of the programme explained that while she did not have the same conflicts with her husband, that she had learned a great deal in the sessions and had been passing this information on to her son's polygamous family. She expressed great relief that the teachings were having an impact, and that the home was living in harmony, and that the mates were now taking better care of the children. As a result, she decided to make a contribution to the food security of the household that may not have succeeded previously - she started a garden so that her daughters-in-law could come and pick what they need for their food without having to purchase anymore.



Image 6 Aminata has gained weight since her husband started helping her and she discovered afternoon naps.

Another family reported that by pooling their resources, they were able to buy two bags of rice, where in the past they did not have enough to eat.

Me, from the time we had an idea, since Concern came with this programme, we have some money and keep it and, well, this year, we were able to buy two bags rice. Before, we didn't have rice to eat, the children suffered and we also suffered at home. But from since this programme came, we could buy rice, now we have it at home and we can eat it.

Man in monogamous family, Mayossoh

Improved communication with children

Members explained again and again that conflict and food scarcity drives children away from the home and onto the street, into neighbouring homes, where they are more vulnerable. But both mothers and fathers reported improved communication and relations with children as a result of the project. For some participants, the fact that children copy the behaviour of their parents was a revelation that has influenced their approach to parenting.

One father captured the prevalent sentiment that the project "helped us to know how to interact with our children." As a result, fathers reported changing not only the way in which they speak to their wives, but also in the manner and type of communications they have with their children. Different fathers explained changes in these relationships, particularly enhanced communication, with fathers involving older children in family discussions and farm planning, but with particular emphasis on the need to be serious about school and studies. One father, who by his own admission used to live the "kalo kalo" life of a person who is not serious about work, explained to us that he had undergone a personal revolution

in his ways and had become an active and proud farmer, gardener and provider for his family. In the quotation below, he explains how he imparted his experience to his son, who now eagerly helps him on the farm.

I can show them what they learned us here.... I can tell them I've left all *kalo kalo* business and idleness. So he himself, when school opens, let him make sure he's serious with his school. Because *kalo kalo* is not fine, it doesn't pay.

Father monogamous family, Rossengbeh

Both monogamous and polygamous households described a new tradition of the whole family keeping company together in the evenings, where they could discuss issues together.

Now I communicate with my children. We sit together. I advise them and tell them to be serious with their studies. *Do the children notice the difference in your behaviour?* Yes, they are happy. ...from their way of interaction. Before, now when he comes they see me and come embrace me. Me, I can pull money and give them. That didn't happen before. So now I've really changed.

Father, polygamous family, Kumrabai Junction



Image 7 Abdul has changed the way he talks to his wives and children, and Isa now trusts his wife with money.

More affectionate relations between fathers and their children have resulted in some families, as observed by this mother, who commented on the change in her husband's manner with their children:

Even my children, he didn't embrace them or draw them close to him, but now he does. *Are the children happy now?* ...The children are happy now, they feel good. ...Me too, I feel good. ...Because their daddy embraces them now when I talk to them they listen. They were stubborn cause their daddy didn't have time for them.

Mother, monogamous family, Kumrabai Junction

Both women and men commented that the changed behaviour of fathers had been noticed by children, and that this often translated into greater obedience to the mother. The logic in evidence is that children are more likely to listen to the mother when there is unity between the parents, and when they speak from a place of credibility.

The children changed as a result of this programme because what they taught us, my man and I would call the children and teach them too. We showed them what they taught us and said please let us live as one and forget about all the way we used to live, and live in unity. So that's why when I talk now the children listen.

Mother, monogamous family, Kumrabai Junction

Planning for children's education

Both men and women explained that one of the advantages of better communication and planning to meet household expenses was that they could plan to meet school fees, with both partners contributing. In some cases, men who previously had neglected farm work were motivated to change in part so that they could help their children.

Before I didn't work. I would just *pass pass* (wander). Now the woman told me, let us work. (farm work) We work now so we can pay for our children.

Father, monogamous family, Kumrabai Junction

The linkages to educational outcomes came out strongly in Kumrabai Junction. Prompted by a session on "What I learned from my parents," the Living Peace Group had reflected and decided that the legacy it did not want to pass on to its children was one of ignorance. The group established a farm to sustain group interactions after the project ends, and with the intention that any revenue will be put towards the education of three children of group members to be chosen every year. Group members who planned a farm intended this to be a regular gathering place that would keep members connected by a shared purpose. There also seemed to be a widely held expectation that they would continue to support each other, and the other members of their communities and personal networks, in resolving conflicts.

Alcohol abuse

One of the stories to emerge from the Living Peace Groups was about a man's struggle with alcohol abuse, which had exacerbated problems of economic violence in his family. He had already experienced one family break up because of his alcoholism, when his former wife's family intervened to finally remove her from the situation, because he had not been feeding her. He held the Living Peace programme responsible for awakening him, and maintains that the process led him to abandon drinking, and to start going to Church. It is a testimony to the effective facilitation of the groups that this man has felt the safe space to share this problem, and to have support in resolving it.

Concern pulled us from the fire. We have one word now. Now I pull chop money now and take care of the house and I've stopped drinking. If God agrees, I'll never drink again.

Man, monogamous family, Rossengbeh

Community and group-level impacts

The impacts experienced within relationships and at household level have led to some reported changes at the community level, which are discussed here.

Evidence that new, positive norms about masculinity are emerging

A number of testimonies from Living Peace members suggested that members had found sufficient social support to begin to shift their expectations of what it means to be a man,

adopting more equitable behaviours. There are reports that people within the social networks of Living Peace Members have started themselves to adopt these practices, with a validating effect for Group Members. For example, there has been a shift in attitude among group members and some of their support networks, in their regard of men who do traditionally

My man used to help me, but tradition. People would talk and say the man was *'uman lappa'* (e.g. similar to 'tied to his wife's apron strings'). So he stopped helping me. But when the programme started now, he realized what he was doing, so he started to help me again. *What would he do before?* He would help me cook and brook and take care of the children.

Woman, monogamous family, Mayossoh

female-designated tasks.

The example below illustrates a man who has shifted his attitudes and also found the inner reserves and outer support to be able to test these new behaviours out in front of other men. He describes an incident where he carried out two traditionally female-ascribed tasks while in the company of his friends (collecting firewood and picking cassava leaves), and describes their initial reaction to his social deviance, his inner reaction, and his friends' ultimate reaction. The pride he expresses at his own behaviour is evidence of this shift.

A man who helped in the home before, would he feel shame? Yes, because they would talk about him. ...that man just sits down he doesn't do anything. 'Uman lappa' That's what they can call us. *Ok, but now there's no shame?* No! Before this programme, there was yelling in the different homes. But today where they saw shouting, (people) see that man now (is helping at home). So some people say they have started copying from us. Because they see vast changes... ..*So you can feel pride?* Yes (agreement)

Men,, monogamous family, Matham

Once me and some men were coming home from work. As we came out of the harvest I found wood and tied it. As I tied the wood, the woman sent a child to ask me to pick cassava leaf. The child met me on the road, so I put the wood down. I broke the cassava leaf. Eh! When my friends saw me break the cassava leaf! They laughed at me! But I felt fine for myself! Because at that time we were doing the sessions. So I felt fine! They said Ah! You finish work, you're tired, you tote wood, and your woman sends for you to pick cassava leaf?! But I felt fine for myself. I broke the cassava leaf and put it on top of the wood and came home....They admired!

Man, monogamous household, Mayossoh

Similarly, the man below describes a major shift in his behaviour, from being casual and negligent about farm work, he has now begun to work energetically on his farm, and also on a vegetable garden (traditionally an area of farm work ascribed to women).

Before I had a garden, that's how I left it. I didn't take care of it, to go weed it and water it, only my wife did that. I have a garden to pull palm oil. But I didn't go there or care for it. When my wife wanted to cook, she had to beg for palm oil from her friends. Because I didn't want to work. *Why didn't you want to work before?* Because I didn't care. I didn't want to know. *You say "Be a Man" influenced you. Did you feel shame when you changed the way you worked?* I felt shame. That's why I decided to change. *So now when you go work on the farm do you feel shame?* I feel good! Good! Because my woman used to do everything. Now, my garden, I don't joke with my garden. I make sure that now, every day, we go, me and my woman. I pull the palm nuts and she gathers them. Even the children, right now we're all together working hand in hand.

Man monogamous household, Rossengbeh



Image 8 Sidiki now takes pride in helping his wife, whatever the job.

Involvement of Living Peace Groups in moderating household conflicts

Traditionally, cases of domestic conflict are adjudicated by chiefs and other typically male elders, who can impose fines upon offenders. With the Referral Protocol for SGBV Cases, chiefs are under an obligation to report cases of physical abuse as well as any case involving sexual violence. In practice, however, there is a great deal of social pressure to resolve cases locally, because the effects of the legal process and time spent in detention or imprisonment are ultimately impoverishing for the whole family and weaken community social fabric. The pressure therefore for women to “bear” violence and return to a minimally or unimproved situation is significant. Many of the cases resolved locally are actually minor disputes that don't require police involvement, however, the lack of any detailed checklist or guideline as to what constitutes a serious case for referral purposes means that many cases are judged against problematic conventions, including the standard that only “blood” cases need be referred. Traditional norms of male sexual entitlement, particularly in terms of marital obligations, also mean that many forms of sexual violence experienced by women go by unremarked, without any forum for discussion or actual justice.

In this context, the work started by Living Peace Groups holds great promise for providing much needed relief to women who suffer from forms of SGBV by their male partners, because of the nature of the insights that they are able to credibly introduce. Group

members in several communities commented upon the fact that they were able to effectively intervene in family conflict situations, because communities had witnessed the transformation within their own homes, from homes with frequent conflict to homes that worked together in unity to achieve better outcomes for the whole family.

When we see couples who have conflict we go settle it. When our friends want to get a misunderstanding, we talk to them (based on what we learned)...Tell God tenki, this programme has given us confidence to talk to our friends, because before, the kind way our homes were, with yelling, even if your neighbour is having an argument, you yourself are ashamed of (intervening). But when we went through this programme, they see us with our men and there is peace there, when our neighbours are fighting and we go to them, they listen to us.

Woman, monogamous family, Mayossoh

Groups in some communities have reached out through their networks to communicate their newfound lessons, for instance by putting on skits at churches and in mosques. In every community, Living Peace Groups could point to examples of households of members outside the group whom they had helped to broker peace. In one example, a male Living Peace Group member responded to a problem between his neighbours that had come to his attention. At first, the woman was reluctant to engage, but he invited her back to his home with his wives where she opened up about her problem.

She explained what the man was doing to her. After she explained to me, I met the man and told him what she told me. So the woman, she was ready to leave the man to go somewhere where so he wouldn't even know her whereabouts. ...So she told me she even had a plan to leave the man. After I talked to them both, I tried to bring peace between them. Now they are close. (They sit and keep company).

Man, polygamous family, Kumrabai Junction

In another more unusual case, the group became involved in a case involving the chief himself, and one of his wives. Pregnant and under provided for, she had become involved in an argument with her mate over wanting to access rice to eat which had become violent when her husband, the chief (a member of Living Peace), beat her. She was observed, immediately after the incident by police at a nearby checkpost, who arrested the chief and brought the matter to the Magburaka FSU. Both the survivor and chief were accompanied by male and female members of the Living Peace Group. The justice system did not take its correct course, and the chief was released on bail (which is meant to be free) for Le 50,000 (c. £7-8) and the case was dropped. During the next Living Peace session, this issue was raised by the members. The Concern Community Development Officer, facilitated a group discussion, where group members including the survivor and her husband, the chief, were able to reflect on the woman's troubling situation and to come up with a fair resolution. They estimated that the woman's situation would hardly be improved if the family's resources were diverted by imprisoning the husband, and would be put to better use by looking after her in the first place. At the time of data collection, the woman had given birth and was now living in a good house with a roof that doesn't leak. She and the rest of the members were satisfied that they had found a just solution to the problem.

Chiefs have embraced this model because of its proven effectiveness in managing community conflicts and reducing their own lost time from farm fields:

The situation gives me rest-heart. Before, when there was *bala bala* (in the community). I could want to go do my own work, but they would come quick and say there is a conflict and we would have to sit down and waste our time. Now we have *alafia* (cool-hearts) in our area. I tell God tenki for that.

Chief, polygamous family, Matham

Red flags in the Living Peace Strategy

For all of the beneficial household and community level impacts of the Living Peace intervention, there are particular issues that should be monitored by a future programme to avoid losing gains to women's protection and empowerment.

It is not evident that a role for Living Peace Groups as peace mediators and as a reference point for SGBV case referral was originally envisaged by the project, but nonetheless this is a role they have embraced, particularly that of mediators of household conflict between intimate partners. The groups however currently lack the proper guidance and support to be able to effectively play a role in identifying and referring cases to the FSU, as is reflected in the statement below, which reflects adherence to dominant conventions with regard to referring primarily "blood" cases - where violence leaves visible wounds. Some groups seem to have also experienced a blending of their new knowledge with known practices of the chieftaincy system, such as the imposition and collection of fines against offenders who abuse women. This may be because chiefs have been included in the group. In several communities male Living Peace members explained an informal system of by-laws and of imposing and collecting fines, which would be passed onto the chieftom treasurer as per convention, though this is not known to have happened yet.

Everyone in town is afraid to do something bad because we tell them, if you do this, we fine you. If you don't pay it, we go with you to court and you pay that money (presumably, a bigger amount). *So the Living Peace Group imposes fines?* Yes. No. The Chief does. (The Chief is a member of the Groups, so there is some confusion). But when you beat and pull blood, it's not the chief who should not get involved, it's FSU.

Male, monogamous family, Matham

As long as "blood" remains the unwritten standard for referring cases, there is a risk that serious cases that do not result in visible wounds being locally compromised at the expense of the rights of the survivor.

In addition, without proper local response protocols, women may become marginalized from the (locally imagined) mediation and fine-collection process, and that persistent norms about women's social obligation to tolerate a degree of male violence for the good of the community will remain entrenched.

Women have also made significant transformative gains among member households in terms of their involvement in decision-making around the planning of farm work, and the use household resources. However, group norms about the equal participation of women in mediation and in decision-making around group farming projects are not sufficiently well established or self-enforced. The extent of this risk varies from community to community depending upon the stage of group development, but it has not been a conscious aim of programme design to ensure that women are also collectively strengthened to ensure equitable and fair involvement of all members in decision-making and control of resources. This is illustrated by the response of women members below, who unconsciously appeared

to slip back into habitual patterns of deference to the men when asked about their vision for a group farm.

Is there any plan for you to stay together as group? We have that plan. We've engaged with the men, but the men will be able to give the appropriate answer. Why do the men have an idea but not the women? (The interpreter suggests that maybe the men are engaging first on what they want to do) But what do the women want? Ground nut farm.

Women, Matham

Without a longer period for monitoring and support for women's collective empowerment within the Living Peace model, there is the potential for backsliding on gains, and of a creeping return to old patriarchal habits. This was also illustrated through the discussions on "Be a woman," the counterpart to "Be a man." When asked what this meant, participants explained what they had retained from this, much of which focused on submissiveness and conflict avoidance, which is not to say that they will not continue to communicate issues and to challenge their husbands when necessary, but this should be monitored and supported where necessary. The delicate but important nuances between avoiding aggressive behaviour and avoiding conflict should be closely examined with both women and men.

How will you make sure the men continue being like this? I will make sure I calm down and am respectful to my husband so he's happy to continue behaving like this...(if she's disrespectful) he'll leave...But if you 'put yourself down' he'll be glad. The woman...if you 'put yourself down'... respect the husband. What he likes, that's what you should do...sometimes, what can bring confusion, if you want to do something and the husband says that's (not a good idea) and you go anyway.. (there will be conflict). Listen to him. If he says don't go there, and you stop, you will avoid conflict...

Woman, monogamous family, Mayossoh

A final issue to flag is in relation to HIV/AIDS mainstreaming in the project. Group members in two communities were asked about discussions on HIV, which had taken place, and some members were able to communicate key messages about prevention. However, when it came down to the practical application of HIV testing in relation to the issues of the community such as extra-marital affairs, the issue had not taken root. Women whose husbands had apologized and ended relationships with girlfriends had not asked their partners to join them in doing an HIV test, nor had this occurred to men who had girlfriends.

Result 1 (CSO training and radio outreach)

Training of CSOs

Training participants, including influential leaders of unions and other civil society organizations based in urban centres, were not targeted in the endline survey. However, a FGD revealed some reported impacts. Participants found the content of the training on the Gender Justice Laws and SGBV Referral Protocol to be highly relevant to their lives, and those of their colleagues and friends. Participants gave several examples of other people within their personal and professional networks who had benefited from their new knowledge that they themselves had passed on. In the example below, a member of the Traders' Union was able to provide empowering advice to a friend whose (unregistered) common-law spouse had just formally married another woman. The woman now is reported to have plans to register her marriage:

I have two friends, they were together cohabiting with four children. They built a house. So the man didn't marry my friend, but he said he's marrying another woman. He said "I want to marry another woman." So they had a Christian marriage. Problems (arose when the new wife tried to provoke the common law wife). She was so happy when I explained to her, she said when they pay her she's going to register her marriage straight away. Because he left her... (She will tell him) "I want to register our marriage." If he doesn't agree, she will call a few people. If he still doesn't, you can still register with two witnesses. Next month they are doing it.

Gender Laws and Referral Pathway training participant

In another example, a member of the Teacher's Union explained that she brought this information to an adolescent centre established by the Women's Forum for children to have a safe place to go during the Ebola outbreak. Here she met an adolescent girl whose uncle had arranged for her to marry a man in Guinea against her wishes. The teacher spoke with the girl's mother. The girl is now in Freetown and at the mother's request, the teacher has agreed to play a role mentoring the girl.

Radio panel discussions and jingles

Panel discussions regularly included staff from the MSWGCA and Concern, as well as representatives from the FSU, and a couple CSOs. Originally panel discussions were scheduled for every Friday (18 in total). However, because of the overwhelming public response during phone/text-ins from members of the public who wanted to input into weekly topics, the team increased the number of panel discussions to twice a week (32 in total). Additional cost was taken from the same budget lines. Weekly topics covered a range of issues including the Referral Protocol, teenage pregnancy, women's safety in quarantine. The radio presenter for the panel discussions had previously attended a Concern training session on the Gender Justice Laws and Referral Protocol. He gave an example of the type of striking messages the programme would receive:

One text I got...was lengthy, so we cut it. But (her partner) beat her all the time to the extent that (her eye was badly damaged). Then people tried to settle it. (They told her) "if you take it to police, tomorrow your child will be cursed." ...So she got the awareness of where to go.

Second...there is boy who is there with his sisters...at the end of the day when the girls come to the house he can use the children. We got it through that girl (who texted in). We alerted them of this sexual offence...

Radio broadcasting partner and training participant

Another CSO member and Concern gender training beneficiary explained how hearing panel discussions on the radio enhanced her credibility when talking to her partner about violence issues, because through the radio programmes he can hear an authoritative person speak on the subject:

My man used to seize advantage on me... So I take it (the radio) and stand it near him... I tell him "Do you hear? What I told you?" He said, "That's true."

Gender Laws and Referral Pathway training participant

Result 2: Improved SGBV response by police and health units

As described in the section on Effectiveness, both police units demonstrated an improved response to SGBV survivors in case simulations. This performance may be attributable to several factors. Because of the existence of clear institutional Standard Operating Procedures that are generally accepted by all police officers who have been trained on them, and because

basic systems are in place to operationalize these, such as formats for writing medical forms, the issue is mainly about ensuring compliance. Last year's simulation; however, saw that despite these elements, staff attitudes led to the judgmental and even aggressive treatment of the survivors in the simulation. In contrast, during this year's simulations, the survivors received a compassionate reception, with privacy concerns arising only in one of the two offices.

In the learning debriefs, officers talked about how they had benefited from training on *SOPs for Sexual and Domestic Violence Cases*, especially for officers who had not received it before. However, they emphasized the 11-week Living Peace programme, which was adapted for police. This programme opened up for reflection and discussion the issue of hierarchy in police organizational culture, its impact on staff, and ultimately on their treatment of survivors. Police realized how in this type of environment they can all at times be victims, as well as perpetrators in relation to subordinate office colleagues, as well as to survivors seeking their help. FSU officers in both units reported improved and more supportive collegial relations as a result of the combination of these trainings, however the office that made the most improvement (which jumped from D to B in the simulation) stressed the importance of the Living Peace programme, and requested training for other untrained non-FSU officers, particularly those at police outposts. Here are some of the key reflections made:

We didn't know how to receive victims... We accompany them (for treatment). We can talk to them if they delay treatment... Now we can talk directly to the doctor.

You really see the picture of yourself. We find out all staff are victims. We see the attitude of people – feel that because we are officers we are better than that one... We shouldn't blame them. Because of ranks... we treat our subordinates as things.

As office colleagues, many didn't share their problems. Instead they did bad things because of trauma and discouragement. You can come and the person ignores you, turns away and doesn't show interest in you.

... they taught us about when you treat subordinate as a thing... Say this (person) doesn't belong or understand. A non-entity. I would feel like I'm not one of them (other police departments). Because of that I would vex and make palava and feel like me myself I've turned perpetrator.

Before now I was harsh with victims. ...I would blame them, and the warm heart from home I would want to put it upon them.. But when I went through this training...(I changed)

Privacy remained a concern in one FSU

Privacy had improved in the office where FSU had received new office space in isolated containers, however the change observed in the simulation was not accidental, because the investigator took active steps to isolate the survivor for the first part of the interview.

In the second police unit, the belief persisted that their problems in ensuring privacy were caused by limited space. The interview room however, is relatively large. The more pressing

problem is the practice of allowing everyone to enter it indiscriminately. In the debrief officers agreed that this was a change that was within their control to affect, with the support of the Local Unit Commander and General Duty police officers.

Translating theory into practice: failing to recognize the gravity of a real-life case

Some deficiencies in the application of training that were not revealed through the simulation were apparent in a case that coincided with the timing of the Evaluation.

Box 10 Case Study: Gang rape case reveals gaps in response system

Case Study:

Gang rape of Tonkolili woman reveals gaps in response system

The research team arrived for an interview with the FSU on a Monday afternoon. Towards the end of this meeting, the Line Manager told us in passing of an unusually serious case that had recently come to their attention. A woman doing petty trade had been gang raped by five men in a vehicle in a car park. She was a lactating mother.

She had arrived with her parents at the Magburaka police headquarters on the previous Friday, where she had been seen and promptly given a medical form to take to the Government Hospital across the road. By Monday afternoon, she was still waiting to see a doctor, presumably in great discomfort, with her parents and infant dutifully sitting on the bench outside the FSU container, in the heat. We were informed that she had returned on the Saturday, but was told that the doctor was in a meeting. By Monday afternoon, she still had not seen the doctor. When queried about the lack of urgency, the police explained that there was probably not much evidence to be gained at this point anyway. They had not considered the medical risks she faced, despite the fact that these are covered in the SOP training. However, once explained, the officers seemed to realize another dimension of their role - the importance of escorting the survivor to ensure that she has support in obtaining swift medical attention.

The police also did not notify the MSWGCA of this case, up to more than a week after the incident took place. When asked why this might be, the Secretary of the GBV Committee, who is also an FSU Probation Officer and Social Worker, remarked that they deal more with cases of children. This confirms findings made at the Baseline that women SGBV survivors do not benefit from any of the meagre psycho-social support available in the District.

The above case study shows that despite good performance in a simulation of an SGBV case, the linkages between the response services – police, health, social welfare and CSOs - are extremely weak, and that there is a problematic way of working that focuses more on one’s immediate role, rather than seeing the position of a survivor within the wider system, and one’s ability to affect a positive outcome.

It also illustrates the weaknesses of the health system in particular, specifically, the continued reliance upon one medical officer to attend to all SGBV cases, when both the letter and spirit of the law can be satisfied by a “medical witness.”

Although it was only possible to assess the performance of one PHU, this simulation and debrief helped to lay bare the persistence of systemic barriers that discourage nurses from complying with any but the most basic aspects of their response role. Without medical forms such as pictographs that minimize the scope for error and judgment, they are limited, in theory, to writing narrative accounts of their findings, something that low literacy makes difficult. They do not have the test kits, nor the emergency contraceptives and antibiotics to be able to provide emergency SGBV treatment. There is no evidence collection regime. If an

actual survivor comes, there is little within their power other than to dress obvious wounds, to express compassion, and to tell the survivor to find a way to Magburaka for treatment.

Although the legal sector of SGBV response falls outside the scope of capacity building under this project, it is important to note the continued over-emphasis on medical evidence, to the detriment of victim-witness testimony. This is an area that would benefit from legal activism.

Other knowledge gaps and attitudes of front-line workers

A brief questionnaire for trained FSU and health care staff gathered some (non-generalizable) information on key aspects of knowledge and attitudes, a month after training took place. The following findings were made and are applicable for those 17 trained staff members:

Table 12 Frontline Response Staff Knowledge of SGBV

Knowledge of SGBV		
Correct	Incorrect	Question
16	1	Women and girls are usually the victims of sexual violence and domestic assault. (True)
13	4	Men and boys cannot be victims of sexual violence and domestic assault. (False)
2	15	Rape always involves a great deal of physical violence and usually leaves obvious physical injuries. (False)
3	14	The only reason an individual is driven to commit an act of sexual violence is because of inability to control sexual desire. (False)
3	14	Children tend to readily disclose abuse. (False)

The greatest knowledge gap revealed was on knowledge of SGBV. Frontline staff members were asked key questions about the nature of SGBV. The first common misconception, held by 15/17 respondents, is that rape always involves a great deal of physical violence and usually leaves obvious injuries. This may reflect a lack of understanding about the invisible impacts of sexual violence, such as short and longer term internal, psychological and social harm. Expectations of outward evidence of violence may also indicate a staff member who is less alert to cases that do not present in the expected way.

The second common misconception, held by 14/17 respondents, is that sex crimes are driven by an inability to control sexual desires, demonstrating a narrow understanding of motives that excludes dynamics of power that may be at play. It may also reflect wider societal conceptions of masculinity based on ideas of sexual entitlement.

Knowledge was highest about SGBV crimes, where respondents correctly responded that marriage or betrothal of a child is crime, that sex or any form of sexual contact with a child below the age of 18 is a crime, regardless of whether or not the child has given consent, and that any sexual act that is performed with a person who has not given consent is a crime. Two out of 17 respondents incorrectly agreed that there can be no rape inside marriage.

Table 13 Frontline Repsonse Staff Knowledge of SGBV Crimes

Knowledge of SGBV Crimes		
Correct	Incorrect	Question
17	0	Marriage or betrothal of a child is a crime. (True)
17	0	Sex or any form of sexual contact with a child below the age of 18 is a crime regardless of whether the child has given consent. (True)
17	0	Any sexual act that is performed with a person who has not given consent is a crime. (True)
15	2	There can be no rape inside marriage. (False)

Staff members were also asked whether they agree or disagree with prevailing inequitable gender norms. The two most rejected inequitable norms were: “It is ok for a man to hit his wife if she deserves it, as long as he doesn’t use a stick or weapon,” and “A man has the right to have sex with his partner, whether she wants to or not,” with 16/17 respondents disagreeing with each of these statements. The least rejected norms relate to blame for sexual violence: 4/17 disagree that “Adolescent girls provoke sexual abuse through inappropriate dress and sexual behaviour,” and 3/17 disagree that “Mothers are to blame for sexual abuse of daughters that they fail to adequately supervise.” At the same time, only 5/17 disagreed with the statement that “Men cannot control their sexual behaviour,” suggesting a dominant adherence to prevailing social norms that hold men to lower standards of behaviour and self-control.

Table 14 Proportion of frontline response staff who rejected inequitable gender norms

Proportion of staff who rejected inequitable gender norms	
# disagree	Statement
16/17	It is ok for a man to hit his wife if she deserves it, as long as he doesn’t use a stick or weapon.
4/17	Adolescent girls provoke sexual abuse through inappropriate dress and sexual behaviour.
3/17	Mothers are to blame for sexual abuse of daughters that they fail to adequately supervise.
16/17	A man has the right to have sex with his wife or partner, whether she wants to or not.
5/17	Men cannot control their sexual behaviour.
7/17	It is better for a woman to bear some violence from her husband or partner than it is for her to leave the home and cause the family to break up.
8/17	It is women's inappropriate behaviour that provokes physical aggression by her partner.

It is not apparent from training reports which of these key inequitable norms and messages were targeted in curriculum on the SOPs.

Result 3: Coordination of SGBV Cases

Despite support for quarterly meetings that have enjoyed dramatically improved attendance, the structure of these meetings has not been formalized, and no SGBV case management system has yet emerged.

Meetings take place without standing agenda items, for example beginning with a review of action points from the previous meeting. Action points are not formulated with clear accountabilities. From the minutes, SGBV case follow up appears to be ad hoc, with some minutes recording the current statistics, and others not. Actors provide updates on their activities, but the actual focus of coordination – the case - appears absent. Although new cases are registered, old cases are not systematically followed up, upon month to month.

Even though the roles of members have been mapped out, their roles in relation to specific cases, including protocols for alerts of new cases, are not in place, nor does there appear to be a practice of deciding, case-by-case, who will provide support for what service. Police have commented on the service provider tree that actors say they deliver services, but when called upon are not able to assist (e.g. with transport of survivors and suspects).

Case reporting data is, in general, difficult to obtain. FSU records the data in notebooks, but no other District actors have systems for tracking over time. Under current management, FSU Magburaka is very supportive of sharing case data with Concern, however there are inconsistencies in the data itself, and in the categories staff utilize to differentiate cases, which can also differ between individual police units. For example, cases classified separately as “Intimidation threat” and “Threatening language.” Some classifications are overly broad, such as “domestic violence,” which covers the broad spectrum of intimate partner violence down to accusations of theft between two mates in a polygamous family. “Sexual penetration of a child” may cover an actual situation of child abuse, or a consensual relationship between two underage partners that results in a pregnancy – in these cases normally the boy is criminally charged, despite being under the age of criminal responsibility. There is work to be done on developing a harmonized system for capturing data that disaggregates key cases of interest, such as intimate partner violence, sex between an adult and a minor, or sex between two minors that is non-consensual. A selection of data is presented below, leaving out some desired categories because it was not possible to obtain accurate figures.

Table 15 Police Case Data: July - December 2014

SGBV Offences	Reported	Charged	Unresolved	Resolved (ADR)
Domestic violence (physical assault)	31	5	6	0
Rape	1	1	0	0
Meeting a child for sexual purpose	4	1	3	0

One of the areas of improved coordination was not part of the project design. A vehicle from Concern’s BRACE 2 project was donated to MSWGCA on 31 March 2014, and appears to have been used to respond to calls from FSU offices for assistance in responding to remote case reports. The Concern gender Officer played a role in coordinating responses in the initial phase, but then handed over to Social Welfare.

An ad hoc response format emerged, whereby a representative from Social Welfare, Concern

and police officers would travel to a community to investigate a case report. At times two separate trips were made to collect the survivor, followed by the suspect. There are also instances of the suspect and survivor travelling within the same vehicle, with the suspect sitting in the back of the 4x4 with a police officer, the survivor travelling in the middle seat, accompanied by an FSU officer and social worker or probation officer, and the Concern staff member seated in the front. Two positive practices emerged from this initiative. The first was open communication with the community to ensure it was understood that the due process of law was taking its course, to obtain their cooperation, and to preempt concerns about certain individuals disappearing or being forced by outsiders to leave. A second positive practice was the use of radio alerts about action being taken to respond to cases and to arrest suspects. This communicated to the general public the gravity of cases and the seriousness of the state in responding. There is no logbook to document the use of the vehicle, but the GBV Committee Secretary estimates that it has been used to respond to five case reports.

The first time this system was employed it was to respond to the case of a journalist who was alleged to have raped a child in Mile 91. The vehicle collected the survivor, obtained the medical form from the police, then took the child to the Government Hospital in Magburaka. In the meantime, Mile 91 FSU made an arrest. The case is now in the High Court.

A second case happened in Maborsie, when the police was tipped about a situation of a 63 year old man cohabiting with a 10 year old child. The arrest was successfully made by police at Mile 91 where the suspect was held in remand for 10 days. The suspect was later delivered to Magburaka to appear in the Magistrate Court, and the case was charged to the High Court in Makeni. The child stayed with the Social Welfare Officer for around 10 days in Magburaka, during which time she underwent medical tests, gave a police evidential statement, and awaited her court appearance, which was made with the Social Welfare Officer. CDHR, a local CSO, supported court monitoring for the case.

The use of a vehicle, controlled and maintained by MSWGCA, is felt to have resulted in better coordination, and while there is anecdotal evidence that more cases have been charged to court, it is not yet clear whether this initiative has translated into better outcomes for SGBV survivors, such as increased conviction and prosecution rates.

Under Pillar 6 of the Ebola response, Child Protection, Gender and Psychosocial support, many of the same actors involved in the District GBV Committee continue to meet and coordinate monitoring of quarantined homes and survivors. GBV screening has been basic and cases of violence have not been reported in Tonkolili District. However, key GBV risks, namely, sexual coercion by infectious male survivors under instruction to abstain from sex for three months, are not monitored. Specifically, it is not evident that follow-ups are made with the sex-partners of survivors. There may be a need for a different type of intervention with male survivors who refuse to abstain from sex or to wear condoms.

Potential for sustainability

Household data indicates a statistically significant shift towards more gender equitable attitudes has taken place among community members in the project areas. Qualitative data also supports that some key norms have shifted among group members. The four Living Peace Groups interviewed have also planned or taken action to ensure they continue to experience and spread the benefits of the knowledge they have gained, and to prevent the disintegration of the group. As part of the culminating sessions on action planning, many groups decide to make farms, where they can continue to meet, work and derive benefits, such as payment for school fees, with other members. Those groups interviewed have

requested support with seed rice and groundnuts, as well as watering cans. However, a strength of the project has been that these items were not expected, and that communities are having to start these projects through their own contributions.

The involvement of chiefs as regular members of most Living Peace Groups has facilitated a channel for programme insights to continue to become part of regular response of conflict management between intimate partners in communities. To some extent, members are seen to be role models for the wider community, though some communities have reported instances of community members being sceptical of the nature of the groups and operating under the misapprehension that members were receiving money. With scaled-down activities, including closing ceremonies, the possibility of countering these beliefs through inclusive, community-wide education was limited.

However there are risks of gains to women's protection and empowerment being lost without continued monitoring and support for key learning inputs. Future support for more structured outreach into networks of neighbouring communities could help to achieve a critical mass of change makers and to consolidate this normative shift.

Interventions with SGBV service providers, especially training of police and health care workers have brought more mixed results. Police headquarter offices demonstrated improved performance in simulations, suggesting that lessons have been internalized by more staff members and that new practices, especially standards for receiving survivors, are being adopted and institutionalized. Greater self-awareness and a more supportive organizational culture is reported to have been fostered by the Living Peace programme, with potential to enhance the sustainability of improved performance. Shortcomings identified, such as the need for strategies to maintain privacy regardless of office conditions, and the need to ensure that survivors receive prompt attention by doctors in Magburaka, are within the scope of action of police, but should be monitored. Simulation results for health care staff are more difficult to assess because of contradictory information on receiving of patients with SGBV concerns under Ebola protocols (e.g. instruction to avoid patients from outside the catchment area). The second simulation, carried out in a PHU with two Concern-trained staff members also fell short of acceptable standards for receiving SGBV survivors. Uptake of this learning, let alone sustained improvement of SGBV response is unlikely to take root until health systems are aligned to facilitate clear and logical response options for nurses (e.g. use of their own medical forms for admission as evidence, basic emergency response, improved coordination with Social Welfare and FSU for survivor transport facilities).

Overall coordination on GBV has been enhanced during the project period by support for quarterly meetings, yielding consistently higher attendance and sharing of activities in the district. It is unlikely that this high attendance will be maintained when the project ends and provisions for the attendance of out-of-town members is no longer provided. In one respect however, use of the BRACE II donated vehicle for SGBV case response in collaboration with Magburaka and Mile 91 police units is likely to continue while the vehicle remains operational. Extensive use of radio in the project, through jingles, regular panel discussions, and for announcement of cases under investigation and suspects sought by law enforcement has also reinforced coordination, outreach and training.

Efficiency of implementation to date

Through its use of innovative programme strategies and emphasis on staff capacity development, the project achieved considerable impacts. It did so under significant time and human resource constraints, and with a smaller than anticipated budget, ultimately delivering above average value for money for a gender project in the estimation of this Evaluation.

Timely and effective use of financial resources

A budget³² of £354,633 was agreed with the donor, to cover activities over a period of 16 months.

The project experienced a significant underspend in the first financial year. Anticipated expenditure for this period (1 December 2013 - 31 March 2014) was £68,249; however, because of donor restrictions on carrying over funds, c.£50,000 had to be returned. The bulk of this amount had been budgeted for project implementation activities due to commence in February, as well as to cover expenses relating to programme staff and administration costs. The recruitment of the Programme Manager necessitated two rounds of interviews, delaying project implementation. In addition, delays were associated with terms of reference for a project baseline and capacity assessment of SGBV response services, as well as longer than anticipated time required to complete the assignment.

The budget was revised on three occasions. Initially this was done to reflect funding reduction, but subsequent revisions were made in negotiation with the donor to reflect the evolving Ebola emergency and adjusted activities.

Table 16 Project budget and subsequent revisions

Budget & revisions	Amount	Date effective
Agreed budget	£354,633	December 2013
BR1	£293,498	April 2014
BR2	£256,483	September 2014
BR0	£242,550	December 2014

As activities were redesigned, their budget lines were also recalculated. In a few cases, activities were included in the final revised budget in anticipation that the outbreak would be ended and that restrictions would be lifted, however as the outbreak persisted, these activities were not completed (for instance a campaign involving male role models). There were also some unanticipated costs, for example, relating to the training of civil societies, which are attributed to the higher logistics cost of holding multiple smaller training sessions, as well as the addition of the Living Peace training for police. The net effect was an overspend on some budget lines, and underspend on others, but output level budgets stayed constant.

A financial report from December 2014 indicates that 62% of the budget had been spent at that time. Many activities have taken place since January including final Living Peace sessions and ceremonies for all communities, final payment of consultants for work completed since June, as well as training for frontline SGBV response staff on the “SOPs” and for CSOs on the Gender Laws and Referral Pathway. As of 19 March 2015, expenditure is on course to meet 97% of the final revised budget, amounting to an approximate £7,000 underspend.

³² Original budget agreed with donor contained in file titled “Final budget for FCO with revised SD of 1 Dec.xlsx”

Table 17 Project Financial Report, December 2014

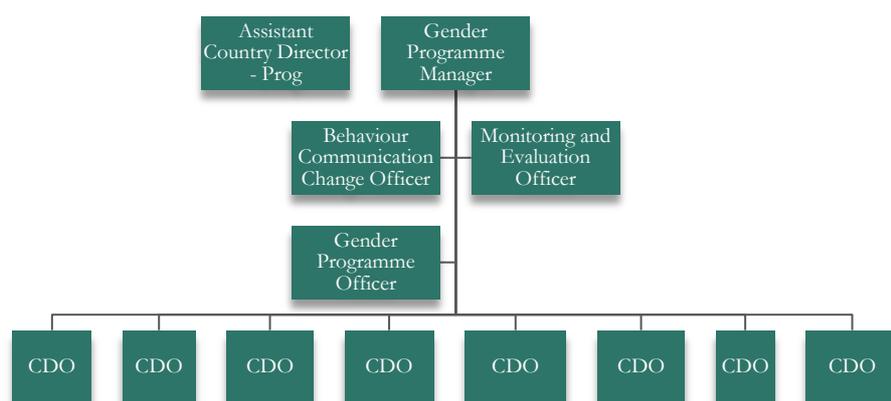
Costs Category	Total Approved Budget (£)	Budget to Date	Total Expenditure to Date	Variance Total Budget	% of Expenditure vs. Total Budget
Output 1	75,231	24,171	34,243	40,988	46%
Output 2	15,398	7,623	8,007	7,392	52%
Output 3	11,285	1,557	3,160	8,125	28%
Monitoring & Evaluation	37,153	21,814	19,545	17,609	53%
Programme Staff	78,220	54,671	65,942	12,278	84%
Admin Staff	25,268	15,768	18,520	6,748	73%
TOTAL COSTS	242,558	125,606	149,417	93,139	62%

Staff resources and skills

Figure 1 below depicts the initial staffing structure of the project, prior to adjustments made to support Concern's Ebola response. The Programme Manager came on board in March 2014, followed by the Behaviour Change and Communication Officer, Gender Officer, and Monitoring and Evaluation Adviser in April 2014. Eight Community Development Officers were recruited to facilitate the roll out of Community Conversation and Living Peace models in communities. The project was under the close supervision of the Assistant Country Director – Programmes until August 2014, at which point it was handed over to the Education Coordinator.

Despite turnover of line managers (departure of ACDP and handover to Education Coordinator), as well as departure of the Area Coordinator who had played a key oversight and guidance role, effective supervision of the project was maintained throughout and was critical in the timely implementation of the project. The Ebola crisis also impacted staffing resources. The loss of both the Gender Officer and one Community Development Officer to the Ebola Command Centre in Tonkolili and Infection Prevention and Control, combined with the suspension of project implementation for three weeks in September, necessitated an intensified time frame for the roll out of activities. This imposed additional workload upon project staff members. Community Development Officers specifically agreed to double their workload in order to ensure timely completion of the project by working with at least two communities at a time, in other words, leading four or more Living Peace sessions a week.

Figure 1. Pre-Ebola adjustment project staffing structure



Staff members felt essential programme management skills had been tested and improved, particularly budget management and planning skills, which were developed through mentorship by proactive and approachable supervisors.

Project record-keeping is mixed, with good printed documentation of training and outreach activities, but negligible use of the shared drive, resulting in difficulty locating and accessing some information. Absence of a shared contact list and reliance on mobile phones leaves the project vulnerable to loss of critical information. A project monitoring database was developed and well-maintained, with a few exceptions. Further detail is provided in the Project Monitoring and Evaluation section below.

The project team utilised the three-week period where the project was in suspension to upgrade skills. Project team members variously commented that they felt they had gained new, applicable skills in monitoring and evaluation, as well as in facilitation.

The in-depth capacity development of all project team members on the Living Peace method had profound impact, not only in terms of imparting skills to facilitate a curriculum, but in terms of the transformative impact this training had for some of the staff members themselves. Members from all levels of the project team commented that this raised their level of self-awareness in their personal and professional relationships. Several staff commented that this affected not only their own behaviours, but that they shared some of their new insights with family members and partners.

Staff experienced a heightened sensitivity to inequality and injustice in their work and personal relationships as a result of this project. Project officers noted a new attention to how they communicate with colleagues, though many also emphasized that their team enjoyed a generally free flow of communication, and that they felt supported in their work.

Despite this, many office practices that undermine productivity and organizational values were not specifically queried, and therefore continue to reflect the dominant hierarchical assumptions of the wider culture. For instance, reluctance of project officers to take note of phone numbers of partners who considered of a higher rank than themselves can occasionally hamper communication and result in delays, as was observed directly. Similarly, use of titles instead of names, car seating arrangements, workshop protocols, and over-reliance on delegation to subordinates can reinforce hierarchies that ultimately hold back individual initiative and distort workloads. These issues are not unique to this project, but given its normative orientation, it is a sensitivity that should be further cultivated within the gender programme's working environment. It could be beneficial to provide staff members with a renewed opportunity to look at the ways in which respect for authority are manifest in

their work environment, so as to make conscious choices about practices to be changed or maintained.

Project monitoring and evaluation

The project put in place good structures for monitoring and evaluation, managed by a dedicated staff member. The elements of this structure included a baseline study with database and original questionnaires, an extensive and well-maintained monitoring database and a series of seven monitoring forms used to capture data on the Living Peace Groups and their facilitation.

Several minor problems were noted that did not have an impact on the overall project results, but that should be registered for correction in future programming and staff capacity development.

The project database contains a worksheet on SGBV cases, where data collected was found to be incorrect for a period of months. It is noted that data collection from the FSU was done initially by the Gender Officer, then by the M&E Advisor directly after the Gender Officer was seconded to the Ebola response team. Data captured in the first months was found to be incorrect when compared with police records. This is possibly because different systems were being used by the staff members involved. The practice of cross-checking data reported by other project staff needs to be institutionalized. In addition, problems with the way the police itself records data need to be addressed.

It emerged that data on training participants included training facilitators who had also signed registration sheets. This was not evident to any of the project staff until the time came to calculate numbers of target beneficiaries.

There is an abundance of evidence collected, especially on the Living Peace groups, however the team does not appear to analyse any of the data collected. This also raises ethical obligations to use data that people take the time to provide.

In the endline evaluation, Concern staff collected household survey data by replicating the baseline questionnaire, without changes. In the future, replication of questionnaires should ensure that endline surveys capture whether the respondent is a project beneficiary, to allow for a disaggregated analysis of impacts.

Issues have been observed in terms of the way opinion questionnaires are received. There is an occasional tendency of respondents to provide answers based on their perception of prevalent cultural tendencies, rather than to present their own personal opinion. For this reason, future surveys of perceptions and opinions should be rigorously piloted and translations agreed upon, in text. This will also ensure consistency in endline replication.

Monitoring issues were also revealed in the development and assessment of training programmes. Staff members could benefit from targeted training on how to develop pre- and post-training tests to assess and analyse the uptake of key information. In addition, the quality of training programmes could be enhanced with clear learning outcomes that identify specific new practices or behaviours sought for specific target audiences (e.g. by the end of the training nurses should be able to do x in their workplace).

Partnerships

Partnerships and coordination have been strengthened through the project. Training activities with CSOs in Mabrugaka and Mile 91 have respectively strengthened and established informal networks on GBV, while development of the Referral Tree through the mapping of actors has identified key actors who play a role in SGBV response. Coordination, particularly between FSU and Social Welfare on the issue of case response and follow up, were strengthened through the donation of a vehicle (not under the project) and an initial period whereby the Gender Officer facilitated the development of a response format that addressed issues of survivor protection and community awareness and involvement in the process of arrest and investigation.

Lessons learned

Concern can draw lessons from Promundo's theory of change for the Living Peace model. It begins with men and women learning new skills through "process-oriented group education and therapy activities" as well as community campaigns. Much like the experiential learning cycle, participants can then test and "rehearse" these new skills within the safe environment of a Living Peace Group and their own households. Through the structure of an 11-week process, participants regularly reflect upon how these practices translate into real life, including the benefits they bring and the modifications they require. As these changes become "woven into the fabric of everyday life," they are supported and sustained by wider "influences and structures" that are also part of the change process, such as formal and informal peer groups, civil society and religious organizations.

Insights from the way project participants understand this process of change, as well as additional reflections derived during the evaluation, can enhance this model:

Successful uptake of the model linked to focus on community cohesion: The success of Living Peace strategy in the rural Sierra Leone context, in terms of its eager uptake and dissemination by community members, is that it is seen to strengthen household and community cohesion, in contrast to approaches that are perceived to foster division and to weaken community social fabric.

Change starts with personal revelations and realizations, and continues with people realizing that gender identities are flexible: At the individual level, many members connected the start of their behaviour change to a conscious realization that was made before ever any new skill was learned – revelations about how issues of trust, communication, and inequality in the distribution of household responsibilities and resources were at the heart of their family conflicts and problems. Realizations would follow that individual change was necessary, starting with naming and discussing the problem, and apologizing to those hurt. A critical intervening step to catalyse this change happens when participants make the link between the conflicts they face to the social expectations placed upon men and women that dictate certain behaviours. Once participants realize that these expectations can be changed, they are in effect given permission to rewrite the rules, and are now free to imagine alternative ways of being.

Community development starts inside households: Living Peace members remarked upon a progression of change they observed from individual to relational to household, group and community. Both men and women talked extensively about the change they experienced within their households in broad terms such as unity, *wan word* (*kerio* word for agreement or consensus), and even *alafia* (temne word for rest-heart or cool-heart, meaning being at peace). There is a socio-cultural logic in evidence based on the local observations of this project, that improved community development outcomes follow improved development outcomes in the household, rather than the other way around. As the statement below indicates, the home, and specifically social relations within the home, are perceived to be the foundation of development.

If you have wan word, unity, there will be development in the home.

Elderly man, monogamous family, Kumrabai Junction

The key to transformation is different for each household: Whether the root cause of intimate partner conflict pertains to mistrust, inadequate communication, entrenched social

expectations about gender roles, inequitable distribution of resources, ignorance about the existence and consequences of the gender division of labour, issues of identity, or some combination of all of these elements, transformation requires a unique process of discovery, realization and confrontation by all adult partners of the family. The process was found by participants to be equally effective for polygamous and monogamous households, despite the range in problems they face.

Quality of facilitation motivated sustained and enthusiastic participation: Safe space was critical in facilitating this process of revelation and realization. Some members spoke of their initial reluctance to become involved in yet another development project with no benefit, but that the quality of facilitation, aided by a strong and interactive programme and well-prepared, confident and enthusiastic facilitators, was critical in rapidly winning them over:

So Fatima comes to the community, you've never seen her before, and she tells the men to help their women brook, cook, do the washing up and all kind things you never did you should start to do it. What made you listen and feel that she was giving you good advice? Because she was happy. Fatima. You mean you listened to her because she was happy? Yes. Because she had that fun way of talking. Yes. She knows how to teach. (All agree). That's her work beng!

Men, Kumrabai Junction

The enthusiasm of CDOs like Fatima that so resonated with community members was grounded not only in good preparation, but in personal conviction about the relevance and effectiveness of the method. CDOs emphasized that the extended programme they had gone through, of learning and then field-testing tools, was key not only in helping them to competently facilitate, but that they themselves had experienced the transformation, and taken lessons back to their own families and neighbours. Having eight (and later seven) such CDOs immersed in community facilitation and (for some) visitations, contributed to the quality of the Living Peace approach.

Fatima let God help her... she knows how to talk to people. When Fatima talked to us, she really found a way we could understand.

Older man, monogamous family, Kumrabai Junction

Objective outsiders are better placed to facilitate gender transformation: It is only because of the Ebola restrictions that CDOs came to directly facilitate the Living Peace sessions in communities, but this proved to be highly effective, and may even have been critical to the success of the strategy. Community-based facilitators may not have actually had the necessary credibility at the outset that comes from having gone through a personal transformation with their family that others have witnessed. Even if they had already been recognized as role models locally, they would have likely held the same attitudes and beliefs of those in their communities. It is also less likely that they could have risen above existing community power dynamics, or to insist on the selection of certain families the way an impartial and outside party was able to do.

The lack of items for distribution is regarded as a strength: Throughout the evaluation, participants communicated that personal motivation led them to maintain their participation in the project. Namely, they were empowering themselves to resolve persistent family conflicts and related problems, and they were seeing results. There were no assets to create conflict, which would have actually undermined the purpose of the project. In the statement

below, an elder male participant explains that his perspective, emphatically supported by the other FGD participants, that money and assets undermine sustainability.



Image 9 Male elders in Kumrabai Junction reflected that the skills imparted by this project would help households to become developed.

Uncle, you have age and have seen a lot, you must have seen a lot of NGOs, how do you see this project compared with others? The best. What makes this one the best? Because...based on what Fatima taught us, it looks like if really you follow what they tell us to do, your home will be at peace and development will come to the home. What about the other programmes before? With the other programmes it was money money business. They would gather, gather everyone would split the money and the group would scatter. (All men in the group jump in to support this observation.) But this educated us and gave us knowledge. What they said is left with us. And what they showed us, we didn't do it before. But what they showed us is left with us now. We see the changes in what we do now. Yes.

Male elder, monogamous family, Kumrabai Junction

The Living Peace strategy works for polygamous families: Polygamous families thrived under this model, many developing more equitable and collaborative approaches to parenting, domestic chores, agriculture and management of household finances. Relations between *mates*, normally strained or hostile, and characterized by limited communication, became supportive. Concern programme staff learned that this model can be beneficial to polygamous families, but only if all members in the family are included. Activities were easily adapted, and “couples” sessions that included all members of polygamous marriages were found to address the lack of transparency and communication that tends to drive inequality and conflict in these families. CDOs suspected that had they allowed only those *mates* selected by the husband to participate, that this would have exacerbated family tensions.

Targeting of beneficiaries could be improved, but still had a ripple effect: CDOs said that in some communities older couples were included more than younger ones who may actually experience frequent conflict. Some requested a greater focus in the future on younger couples. The evaluation found, however, that even these older couples who are experiencing less conflict learned a great deal, and were able to pass this information on to other households. The model also does not address conflict between couples that are not cohabiting, so therefore, adolescent girls who are vulnerable to SGBV, and teenagers experimenting with and experiencing conflict within relationships, are not included.

Including chiefs as members of Living Peace Groups has benefits: Chiefs are members of Living Peace Groups in most communities. As the main adjudicators of conflict, including SGBV, both communities and CDOs felt their participation was invaluable. Chiefs were treated as ordinary members of the community, interacting in ways that are atypical for development projects, such as acting in role-plays. The evaluation found that having chiefs as members helped to disseminate good practices learned because the authority conferred by their status encouraged other community members to take note of behaviour changes. In one community, where the Chief is also the Imam, he was able to use this platform to disseminate the message with other Living Peace members. Chiefs also embraced Living Peace Groups, which they noted had had an impact in resolving community conflicts. One CDO reported a chief who reflected that the new peace in his community reduced the income from collecting fines, but that it was worth it. The willingness of chiefs to adopt new approaches to conflict resolution was also found to reduce bias in adjudication. Their involvement provides an entry point for strengthening the SGBV Referral Protocol.

Living Peace Groups navigate formal and non-formal justice systems: A risk of the involvement of chiefs is that Living Peace modes of intervention and conflict mediation begin to resemble those pre-existing systems of town by-laws and fines, which are prone to elite capture and which reinforce patriarchal norms. Referral to FSU has not been made in any of the conflict interventions made, and it is not clear whether the severity of cases warranted referral. However, Living Peace Groups are not currently in a position to make this distinction.

Women members may have been less involved in group decisions: While women generally talked about their involvement in mediating household conflicts, there is some evidence that they may be less involved in some stages of conflict interventions, such as initiation. Where a male member of Living Peace initiates conflict resolution in a household, it is not evident that he will routinely involve other female members. There are similar concerns about sustaining women's equitable participation in Group decisions about Living Peace farms. Without steps to strengthen women's collective voice *as well as* their individual voice in the household, and without specific protocols for conflict mediation and referral, there is a risk of backsliding on gains to women's protection and empowerment at community level.

Monitoring and evaluation does not capture all of the project benefits: Positive unintended outcomes for agricultural and business productivity, health, education, food security, among others, were in evidence but were not part of Project M&E. Improved communication, conflict management and parenting skills underpin these results.

The model can be successfully adapted to address institutional violence: The Living Peace model was adapted to challenge organizational norms of hierarchy that perpetuate the violation of survivor rights during SGBV response. The adapted programme exposed linkages between the violence that officers experience themselves at work and in their personal lives, and the tendency to project this violence onto colleagues and clients. The involvement of officers in an 11-week reflection programme may have contributed to a more supportive organizational culture by cultivating greater self-awareness of officers in their

treatment of subordinates and survivors, and by creating space for communication with colleagues and for checking-in on personal problems.

Training front-line responders without systems in place is less effective: The difference in the uptake of training between police and health care staff is difficult to assess in the context of Ebola, but it is clear from simulations that application of learning is more limited for health care staff, who do not have the established systems, internal protocols or supplies to deliver basic treatment to SGBV survivors.

Simulations to test SGBV response can strengthen learning application: Secret simulations were developed in the baseline to provide M&E data, to test whether skills taught in trainings were being applied on the job. In the evaluation, their use was expanded to focus on learning application in the workplace, to clarify misunderstandings, and to identify system barriers. Presenting the simulation as an anonymous learning exercise improved frontline staff engagement.

Supporting GBV Coordination meetings without strengthening their structures is less effective: Support for District level coordination meetings that result in improved SGBV case management requires more targeted support for actual structuring of meetings, with standing agenda items, and systematizing the format of minutes, including action points and data collection templates.

MSGWCA-controlled vehicle facilitated effective mobile case response: Though not originally part of the project design, the donation of the BRACE 2 vehicle to the MSGWCA was put to good use in responding to cases the police could not easily access. Concern's involvement in facilitating these responses emphasized the need to involve communities, in combination with radio alerts. Although there is no documentation of the vehicle usage, there is anecdotal evidence that as a result, there were more successful arrests and prosecutions. Placing vehicles in the hands of District Social Welfare Officers, where there are fewer competing interests, meant SGBV cases had priority. Police officers were able to support a convoy with their bikes. At times the survivor and suspect were collected in two separate trips, and in other instances they were loaded into the same vehicle, with the suspect in the far back seat accompanied by a police officer.

Prevention and response strategies do not yet link up: The project implemented three innovative and highly effective strategies – Living Peace in communities, Living Peace with the police, and mobile case response. In combination with traditional training activities and public campaigns, the strategies are potentially mutually-reinforcing. However, currently these strategies do not all link up because Living Peace Groups do not have the tools to assess what cases to refer to the FSU, and communities continue to be reluctant to enforce laws on SGBV.

Conclusion

Relevance

There is a high degree of relevance of the project overall, and of all major strategies. Because of project adjustments triggered by the closure of schools and the ban on public gatherings, community-based activities ultimately targeted women living with and experiencing conflict with, their male partners. CDOs were able to overcome instances of female and male resistance in the initial phase of mobilization, hooking them after the first session. Subsequently, both women and men involved in Living Peace Groups were self-motivated to consistently attend sessions throughout the duration of the programme. Household data revealed a significant shift towards more equitable gender norms in the 22 communities where this strategy operated. The application of the Living Peace approach to training police officers also proved highly relevant to addressing the root causes of unprofessional and abusive treatment by police of SGBV survivors. Other activities were less relevant than ideal, including the training of health workers using the same curriculum as that used for the police, though without SOPs in place for health workers there may have been challenges in the application. In addition, Concern should ensure in any future programme that key messages are determined for different categories of beneficiaries, and are consistently communicated and measured in training and outreach.

Effectiveness

Activities were scaled back because of Ebola and the National State of Emergency that imposed restrictions on gatherings. The number of chiefdoms was dropped from 8 to 6. In training workshops, the number of participants targeted was reduced and spread out over a series of workshops of under 20 participants each. Together with delays while the Emergency situation was being assessed and activities redesigned, the impact on staffing and staff workload was significant. The Evaluation found that this more focused and intensified approach gave rise to numerous examples of innovation and positive unintended consequences.

Nonetheless, the project team rallied and completed the implementation of the central gender-focused behaviour transformation strategy, establishing Living Peace Groups in 22 communities and completing the full 11-session curriculum, including closing ceremonies. Training for CSOs on the Living Peace and Community Conversation approaches, as well as on the Gender Justice Laws and SGBV Referral Protocol was also carried out, reinforced in public spaces with posters of positive images of men with their families, as well as regular radio broadcasting of jingles and panel discussions.

SGBV service provider capacity was addressed through training on the *SOPs on Sexual and Domestic Violence* for police and health staff. In addition, the Living Peace curriculum was adapted for the police and rolled out at both headquarter offices over a period of 11 weeks. The District GBV Committee capacity was revived through support for members to attend quarterly meetings. Key roles were mapped out in a “Referral Tree” poster that was widely disseminated.

Major activities not completed include the roll out of the Community Conversations method, though 88 community facilitators were trained and are ready to implement training under another project. Training of male role models from the CC communities, as well as a related campaign, were not implemented.

Impact

The testimony of women and men suggests that the intervention had a transformative impact on behaviours and relationships. From a gender perspective, these changes have addressed issues of equity, by improving the conditions of women, in terms of their freedom from violence, reduced workloads, improved health, food security and reports more communicative and supportive emotional relationships with partners and across all family members. This strategy also shows evidence of addressing women's strategic interests, addressing the structures that oppress women. This is also seen in reports of women's involvement in decision making about and control of household rice stores, as well as their involvement in household and Group agricultural planning. There are risks of gains to women's protection and empowerment being lost unless Groups are monitored through a longer period of time, particularly on issues of community conflict management and planning of group farms.

Training of police officers in the *SOPs on Sexual and Domestic Violence Case Management* as well as the provision of the adapted Living Peace programme has, in combination with other factors (e.g. private office space at one FSU), led to improved response to SGBV cases. The result, while also more difficult to assess, is less impactful for PHUs who do not have the systems in place to apply new protocols within the workplace. Endline questionnaires administered to 17 frontline staff members however indicate persistent misunderstanding of key information about SGBV and the continued adherence of some staff members to some inequitable norms that promote a culture victim blaming.

The case of a gang rape of a woman who had to wait three days to see a doctor for medical treatment exposes gaps in the referral system on the part of police, social welfare and the hospital.

Support for improved coordination and accountability of the District GBV Committee resulted in improved attendance, but structures for effective meetings and minute-taking are not yet in place. Though not part of the project design, a vehicle donated to MSWGCA was used in responding to an estimated five SGBV case reports, with anecdotal evidence of improved rates of cases charged to court.

Sustainability

The Living Peace Groups demonstrated the potential for sustainability beyond the life of the project. Group members in the four communities where qualitative research was done indicated intentions, and in some cases have already taken action towards, the creation of farms, with the primary intention of keeping groups alive. Those groups interviewed have requested support with seed rice and groundnuts, as well as watering cans. However, a strength of the project has been that these items were not expected, and that communities are having to start these projects through their own contributions.

Groups have also embraced a role as mediators of household conflict within the community and in some, have taken on some outreach in churches and mosques. There are reports of behaviours being adopted by individuals outside these groups.

Improved police performance on SGBV case response is more likely to be sustained because of an observed shift in the norms of organizational culture, which has become more supportive for FSU officers. Change at the PHU level was minimal, and is unlikely to be sustained without policy change and the implementation of a protocol and support systems for health care workers.

Support for the GBV Committee will end with the project. It is unlikely that high attendance to quarterly meetings will continue without support. MSWGCA has reportedly used the

donated vehicle to support mobile SGBV case response, and is likely to continue to do so, barring any major mechanical problem.

Efficiency

Through its use of innovative programme strategies and emphasis on staff capacity development, the project achieved considerable impacts. It did so under significant time and human resource constraints, and with a smaller than anticipated budget, ultimately delivering above average value for money for a gender project in the estimation of this evaluation. The project started with a significant underspend in the first quarter, and later budget revisions were made to adapt to the evolving Ebola situation and National State of Emergency. Adjustments to the project because of Ebola meant that many project activities could not be implemented, but those that were had a measurable and significant impact within a short time. As of 20 March 2014, the project is on course for 97% expenditure against the final revised budget, with an anticipated underspend of only £7,000. Staff capacity was enhanced in a number of ways throughout the project, with skills gained in facilitation, monitoring and evaluation, and general planning and project management. In particular, Concern's insistence upon the thorough training of Community Development Officers paid dividends, in terms of the enthusiastic response of Living Peace Groups to the project. Staff members willingly doubled their workloads to make up for lost time, seconded colleagues and triple the number of training workshops, to ensure the full implementation of a project they believed in. At the same time, there is scope for improved project management and more equitable distribution of workload.

In summary, Concern has found an effective way to shift norms in communities to prevent SGBV, as well as within SGBV response services. However, several gaps remain in terms of linking these prevention and response activities, and in making sure that these services are accepted by communities. Concern will need to continue to monitor gains to women's protection and empowerment and ensure that they become entrenched through a critical mass of community networks.

Recommendations

1. Build upon the gains of the Living Peace strategy to promote women's empowerment. Utilize the opportunity presented by strong community support for the intervention to facilitate women's *collective* empowerment and rights awareness. Monitor their involvement in household and community decision-making and control of resources.
2. Explore additional modules for follow up that address common problems. For example, give CDOs a toolbox of options for interactive sessions on topics including: HIV and STI testing for couples, consent in sexual relationships, managing sexual frustration (e.g. using Ebola as an entry point), agricultural planning and management of harvest, and equitable group decision-making.
3. Scale up Living Peace Groups by extending into social networks and neighbouring communities through organized diffusion, to create a critical mass and consolidate shift in social norms. Support Living Peace Groups with more structured outreach.
4. Adopt an indigenous concept that conjures up local significance of the intervention, instead of "Living Peace," which is imported. Some of the key concepts frequently used to describe the benefits of the programme include *alafia*, a Temne word signifying a peaceful heart (e.g. *rest-heart* or *cool-heart* in Krio), or *dimdin*, a Temne word signifying "unity." A Krio expression and metaphor for the approach signifying unity and teamwork is "Wan finga nae dae tek somtin na gron," or "One finger can't pick something up from the ground." This expression was used twice to explain the essence of the approach.
5. Strengthen the linkage between Living Peace Groups and SGBV case referral. Currently reporting cases to the FSU goes against the grain of community norms. Help formalize a role for Living Peace Groups as mediators by ensuring they have the tools to assess when to refer, such as a checklist or process for household conflicts that frees them from the social pressure of decision-making. Monitor conflict mediation to ensure that they do not inadvertently become vehicles for facilitating "compromise" of cases that should be referred to the police. Develop a process whereby it can become socially acceptable for groups to make such referrals, when the need arises. For example, by creating a relationship between SGBV responders and Living Peace Groups and wider communities, building community confidence in their ability to prevent conflict, and ultimately by jointly developing a process whereby communities begin to agree to cooperate with, rather than to obstruct, law enforcement on SGBV cases.
6. Strengthen and formalize coordinated mobile case response through MSWGCA. At minimum, this should involve a system for tracking vehicle use and case outcome, as well as protocols for conducting investigations in communities, while protecting and promoting of the rights of the survivor and suspect. Explore feasibility of an emergency hotline number and call centre.
7. Strengthen coordinated SGBV case management through the MSWGCA, starting with agreeing consistent classifications of cases with the police, and developing a database for tracking cases. Case monitoring must be strengthened and consistently followed up, with processes for identifying focal points for each case.

8. Focus on clarifying the structure of GBV committee meetings, including standing agenda items such as follow up on action points, and case monitoring, and assisting the Secretary and other note-takers with the correct formulation of action points and improved filing systems. Assess the potential interest of Ministry staff in a regular mentoring programme, focused on improving office administration for better tracking of results and collaboration on case response. They are more likely to be open to making changes if they feel they are being supported in an ongoing way.
9. Support policy change in MOHS towards the adoption of clinical SGBV case management forms (pictograms) and protocols for PHUs, such that nurses can effectively administer treatment and submit evidential statements. Develop a strategy to recognize the legality of certified medical witnesses (including trained nurses) in giving testimony in court.
10. Improve vetting of training materials, including agreed key messages to be included in training, as well as in pre and post-tests. Train staff on basic production and analysis of pre and post-training tests to assess immediate learning outcomes.
11. Continue to utilize radio panel discussions and explore ways of expanding audiences and interactions through radio listening groups. Consider also linking radio to training programmes in order to allow participants share their post-training reflections, and to highlight cases of individuals who benefited from new knowledge.
12. Strengthen future M&E with added behaviour change indicators to monitor, for example:
 - a. level of involvement of women in decisions on rice stocks
 - b. level of involvement of women in planning farms
 - c. level of involvement of men in key domestic chores
 - d. level and form of involvement of women in community conflict mediation
 - e. children's perceptions of parental accord/conflict in the home
 - f. children's perceptions of role of father and mother
13. Thoughts given to mainstreaming gender across the programmes should consider that this approach, which is characterized by the Living Peace method and smaller, targeted training sessions for CSOs and service providers, requires a dedicated and highly skilled team to do the hard ground work of implementing activities that do not fall under any particular silo. It is critical that the capacity of staff members working on promoting gender within the organization remains continually monitored and strengthened as new issues emerge. Ensure Gender remains independently resourced at Concern, with gender-specific outcomes and budget lines. Gender work is resistance work, even in a conducive environment. Ensure staff members holding the flag on gender have strong technical leadership, and that accountabilities for gender results are mainstreamed in programmes and management. Create space for frequent exploration of lessons learned and for querying emerging challenges. Provide mentoring for all staff working on gender issues within their own areas to inculcate responsibility for thorough analysis and vigilance in all aspects of programming and operations.
14. Share lessons learned from this project with other actors working on Gender in Sierra Leone and beyond. Find out about the existence of similarly transformative approaches in the country, and to add to the collective body of knowledge on best practices in promoting prevention and response to SGBV.

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Annex 1. Perceptions of Masculinity Scale Results, Gender Disaggregated, 2015*

Perceptions of Masculinity Scale Results, Gender Disaggregated, 2015*

	Men (n=222)	Women (n=219)	Total (n=441)	p-value**
A man needs to have children to be respected in the community.				
Totally agree	136 (61%)	118 (54%)	254 (58%)	0.07
Partly agree	28 (13%)	21 (10%)	49 (11%)	
Disagree	58 (26%)	79 (36%)	137 (31%)	
When women get rights, they are taking rights away from men.				
Totally agree	72 (32%)	50 (23%)	122 (28%)	0.04
Partly agree	40 (18%)	56 (26%)	96 (22%)	
Disagree	110 (50%)	113 (52%)	223 (51%)	
If someone insults a man, he should defend his reputation with force if he has to.				
Totally agree	43 (19%)	49 (23%)	92 (21%)	0.5
Partly agree	35 (16%)	27 (13%)	62 (14%)	
Disagree	144 (65%)	143 (65%)	287 (65%)	
If a man pays a brideprice for a girl, he owns her.				
Totally agree	138 (62%)	56 (26%)	194 (44%)	<0.01
Partly agree	32 (14%)	43 (20%)	75 (17%)	
Disagree	52 (23%)	120 (55%)	172 (39%)	
A man has the right to have sex with his wife or partner, whether she wants to or not.				
Totally agree	42 (19%)	55 (25%)	97 (22%)	0.02
Partly agree	12 (5%)	24 (11%)	36 (8%)	
Disagree	168 (76%)	140 (64%)	308 (70%)	
It is ok for a man to hit his wife if she deserves it, as long as he doesn't use a stick or weapon.				
Totally agree	18 (8%)	34 (16%)	52 (12%)	<0.01
Partly agree	13 (6%)	29 (13%)	42 (10%)	
Disagree	191 (86%)	156 (71%)	347 (79%)	
A man using violence against his wife is a private matter that shouldn't be discussed outside the couple.				
Totally agree	92 (41%)	86 (39%)	178 (40%)	0.9
Partly agree	39 (18%)	41 (19%)	80 (18%)	
Disagree	91 (41%)	92 (42%)	183 (42%)	
Men need sex more than women.				
Totally agree	70 (32%)	130 (59%)	200 (45%)	<0.01
Partly agree	53 (24%)	53 (24%)	106 (24%)	
Disagree	98 (44%)	36 (16%)	134 (30%)	
Men cannot control their sexual behaviour.				
Totally agree	84 (38%)	160 (73%)	244 (55%)	<0.01
Partly agree	63 (29%)	43 (20%)	106 (24%)	

Disagree	74 (33%)	16 (7%)	90 (20%)	
If a woman asks her husband or partner to use a condom, he should be outraged.				
Totally agree	44 (20%)	74 (34%)	118 (27%)	
Partly agree	20 (9%)	20 (9%)	40 (9%)	<0.01
Disagree	157 (71%)	121 (55%)	278 (63%)	
A man who helps his family with fetching water, cooking, or looking after the children is “uman lappa” (tied to his wife’s apron strings)				
Totally agree	29 (13%)	51 (23%)	80 (18%)	
Partly agree	9 (4%)	9 (4%)	18 (4%)	
Disagree	184 (83%)	159 (73%)	343 (78%)	0.02
It’s not the man’s job to look after the baby (for example feeding the baby, washing the baby, caring for the baby when it is sick, and carrying it for long distances.)				
Totally agree	20 (9%)	44 (20%)	64 (15%)	
Partly agree	15 (7%)	31 (14%)	46 (10%)	<0.01
Disagree	187 (84%)	144 (66%)	331 (75%)	
Fathers should not play games or sports with their children.				
Totally agree	18 (8%)	20 (9%)	38 (9%)	
Partly agree	10 (5%)	6 (3%)	16 (4%)	0.6
Disagree	194 (87%)	193 (88%)	387 (88%)	
A man should have the final word about decisions in his home.				
Totally agree	111 (50%)	150 (68%)	261 (59%)	
Partly agree	48 (22%)	22 (10%)	70 (16%)	<0.01
Disagree	63 (28%)	47 (21%)	110 (25%)	
A strong man keeps his problems to himself.				
Totally agree	87 (39%)	104 (47%)	191 (43%)	
Partly agree	39 (18%)	29 (13%)	68 (15%)	0.2
Disagree	96 (43%)	86 (39%)	182 (41%)	

*Table does not include missing values

**P-values reflect tests of association comparing responses between men and women

Men and women significantly differed on 10 of the 15 questions on the Perceptions of Masculinity Scale. Men were significantly more likely to totally agree that if women get rights, they are taking them away from men, and that if a man paid a brideprice, he owns his wife. Women were significantly more likely to totally agree that a man has the right to have sex with his partner or wife, whether she agrees or not; that it is ok for a man to hit his wife if she deserves it, as long as he doesn’t use a weapon or stick; that men need sex more than women; that men cannot control their sexual behavior; that a man should be outraged if his wife asks him to use a condom; that men who help their families with chores are “uman lappa;” that it is not the man’s job to look after the baby; and that a man should have the final word about decisions in his home.

Annex 2. Perceptions of Femininity Scale Results, Gender Disaggregated, 2015*

	Men (n=222)	Women (n=219)	Total (n=441)	p-value**
Only when a woman has a child is she a real woman.				
Totally agree	89 (40%)	131 (60%)	220 (50%)	<0.01
Partly agree	23 (10%)	9 (4%)	32 (7%)	
Disagree	110 (50%)	78 (36%)	188 (43%)	
A woman has no say in how many children she has.				
Totally agree	48 (22%)	79 (36%)	127 (29%)	<0.01
Partly agree	37 (17%)	29 (13%)	66 (15%)	
Disagree	137 (62%)	111 (51%)	248 (56%)	
It's a woman's responsibility to avoid getting pregnant.				
Totally agree	84 (38%)	152 (69%)	236 (54%)	<0.01
Partly agree	27 (12%)	31 (15%)	58 (13%)	
Disagree	110 (50%)	36 (16%)	146 (33%)	
Women who have condoms are prostitutes.				
Totally agree	41 (18%)	58 (26%)	99 (22%)	0.05
Partly agree	10 (5%)	14 (6%)	24 (5%)	
Disagree	171 (77%)	142 (65%)	313 (71%)	
A woman should tolerate some violence from her husband or partner, rather than to leave the home and cause the family to break up.				
Totally agree	134 (60%)	127 (58%)	261 (59%)	0.1
Partly agree	49 (22%)	37 (17%)	86 (20%)	
Disagree	39 (18%)	55 (25%)	94 (21%)	
Women like to be treated with violence.				
Totally agree	32 (14%)	19 (9%)	51 (12%)	0.2
Partly agree	30 (14%)	34 (16%)	64 (15%)	
Disagree	160 (72%)	166 (76%)	326 (74%)	
A woman who receives microcredit or a loan in her name should hand it over to her husband to manage.				
Totally agree	98 (44%)	64 (29%)	162 (37%)	<0.01
Partly agree	43 (19%)	49 (22%)	92 (21%)	
Disagree	81 (36%)	106 (48%)	187 (42%)	

The leadership of the community should be in the hands of the men.				
Totally agree	68 (31%)	97 (44%)	165 (37%)	0.01
Partly agree	20 (9%)	22 (10%)	42 (10%)	
Disagree	134 (60%)	100 (46%)	234 (53%)	
If a woman refuses sex with her husband, he is entitled to punish her, for example, by withholding money or by physically abusing her.				
Totally agree	11 (5%)	22 (10%)	33 (7%)	0.1
Partly agree	11 (5%)	11 (5%)	22 (5%)	
Disagree	199 (90%)	186 (85%)	385 (87%)	

*Table does not include missing values

**P-values reflect tests of association comparing responses between men and women

Men and women significantly differed on 6 of the 9 questions of the Perceptions of Femininity Scale. Significantly more women totally agreed that a woman is not a real woman until she has a child; a woman has no say in how many children she has; it's a woman's responsibility to avoid getting pregnant; woman with condoms are prostitutes; and the leadership of the community should be in the hands of men. Significantly more men believed that a woman who receives microcredit should hand it over to her husband to manage. Over half of both men and women believe a woman should tolerate some level of violence rather than leaving home and breaking up the family; the majority of both genders disagree that women like to be treated with violence and that a husband is entitled to punish a woman for refusing sex.

Annex 3. Logframe Indicator Results

	<u>2015</u> Men: n=222 Women: n=219 Total: n=441	<u>2014</u> Men: n=210 Women: n=212 Total: n=422	p-value
1. % of women who said they feel safe at home and in their community from sexual violence			
Do you feel safe from physical violence by men in your home?			
Safe	159 (73%)	180 (85%)	0.001
Somewhat unsafe	9 (4%)	11 (5%)	
Unsafe	50 (23%)	21 (10%)	
Missing	1 (.5%)	0	
Do you feel safe from physical violence by men in your community?			
Safe			
Somewhat unsafe	151 (69%)	178 (84%)	0.0002
Unsafe	9 (4%)	1 (.5%)	
Missing	59 (27%)	24 (11%)	
	0	1 (.5%)	
Total safe from physical violence	149 (68%)	170 (80%)	0.0021
Do you feel safe from sexual violence in your community? By this I mean unwanted sexual touching or sex that is forced or pressured.			
Safe			
Somewhat unsafe	155 (71%)	184 (87%)	>0.0001
Unsafe	9 (4%)	1 (.5%)	
Missing	55 (25%)	22 (10%)	
	0	5 (2%)	
Do you feel safe from sexual violence in your home? By this I mean unwanted sexual touching or sex that is forced or pressured.			
Safe	162 (74%)	184 (87%)	0.0007
Somewhat unsafe	9 (4%)	4 (2%)	
Unsafe	48 (22%)	20 (9%)	
Missing	0	4 (2%)	
Total safe from sexual violence	153 (70%)	174 (82%)	0.0016
2. Average score for men and women on scale measuring perceptions of masculinity and femininity (Gender Equity Indicator)			
Mean (SD) (does not include missing values)			
Men	54.5 (9.7)	48.2 (9.9)	<0.01
Women	51.4 (9)	45.9 (7)	<0.01

Total	53 (9.5)	47.2 (8.7)	<0.01
Men			
Low	69 (31%)	111 (53%)	
High	149 (67%)	79 (38%)	<0.0001
Missing	4 (2%)	20 (10%)	
Women			
Low	88 (40%)	101 (48%)	
High	123 (56%)	66 (31%)	<0.0001
Missing	8 (4%)	45 (21%)	
Total			
Low	157 (36%)	212 (50%)	
High	272 (62%)	145 (34%)	<0.0001
Missing	12 (3%)	65 (15%)	
3. % Women reporting that in the past year they have been forced or threatened to have sexual or oral intercourse when they didn't want to			
Yes	13 (6%)	26 (12%)	0.0116
4. % Respondents who say they would report a known incident of sexual or domestic violence in the community to the FSU			
Yes			
Men	201 (91%)	196 (93%)	
Women	164 (75%)	133 (63%)	
Total	365 (83%)	329 (78%)	0.04
5. % Women who say they would report an experienced incident of sexual assault to the FSU			
Yes	39 (63%)	126 (59%)	0.2
6. % Respondents who can correctly answer 6/6 knowledge questions on SGBV offences and the Referral Protocol			
Cases of rape or unwanted sexual touching should be tried by chiefdom authorities or local court.			
Number correct:			
Men	69 (31%)	29 (14%)	
Women	66 (30%)	22 (10%)	
Total	135 (31%)	51 (12%)	<0.0001
Cases of rape or unwanted sexual touching should be reported to the Family Support Unit.			
Number correct:			
Men	215 (97%)	200 (95%)	
Women	205 (94%)	206 (97%)	
Total	420 (95%)	406 (96%)	0.2
An individual who has experienced an incident of serious physical violence in the home, or a pattern of physical			

violence, should report the case to the FSU.

Number correct:

Men	206 (93%)	194 (92%)	
Women	170 (78%)	197 (93%)	
Total	376 (85%)	391 (93%)	0.0002

Sex or any form of sexual contact with a child below the age of 18 is a crime regardless of whether the child has given consent.

Number correct:

Men	217 (98%)	201 (96%)	
Women	207 (95%)	209 (99%)	
Total	424 (96%)	410 (97%)	0.2

It is not a crime to have sex with a girl or boy under the age of 18 if you thought the child was older.

Number correct:

Men	104 (47%)	151 (72%)	
Women	144 (66%)	136 (64%)	
Total	248 (56%)	287 (68%)	0.0002

Any sexual act that is performed with a person who has not given consent is a crime.

Number correct:

Men	219 (99%)	202 (96%)	
Women	208 (95%)	206 (97%)	
Total	427 (97%)	408 (97%)	0.5

There can be no rape inside marriage.

Number correct:

Men			
Women	122 (55%)	83 (40%)	
Total	110 (50%)	88 (42%)	
	232 (53%)	171 (41%)	0.0002

Total all correct answers

Men	35 (16%)	59 (28%)	
Women	29 (13%)	71 (33%)	
Total	64 (15%)	130 (31%)	<0.0001

Annex 4. SGBV Frontline Staff Questionnaire

Good morning/afternoon, my name is _____ from Concern Worldwide. We are carrying out a short questionnaire to find out about the knowledge and beliefs of police officers, social workers and health care workers who may be involved in responding to domestic and sexual violence cases. I am going to ask you for your opinions, and also some true or false questions about responding to cases of abuse. I will not ask you any personal questions. I will also not ask your name or any information that could identify you, and the information you provide will be kept confidential. Please be truthful in your responses. This information will help Concern to assess how effective training has been. The questionnaire should take less than 10 minutes. Do you agree to participate?

Questionnaire Number :
Sex :
Job : a) Health worker b) Police officer c) Social Worker
Have you <i>ever</i> been trained in SGBV Case Management?
Have you participated in any training on SGBV case management <i>since May 2014</i> ?

A. True or false?	True	False	No Response	Comment
1. Women and girls are usually the victims of sexual violence and domestic assault.				
2. Men and boys cannot be victims of sexual violence and domestic assault.				
3. Rape always involves a great deal of physical violence and usually leaves obvious physical injuries.				
4. The only reason an individual is driven to commit an act of sexual violence is because of inability to control sexual desire				
5. Children tend to readily disclose abuse.				

B. Do you agree, partly agree, or disagree with the following statements ?	Agree	Partly agree	Disagree	No Response	Comment
1. It is ok for a man to hit his wife if she deserves it, as long as he doesn't use a stick or weapon.					
2. Adolescent girls provoke sexual abuse through inappropriate dress and sexual behaviour.					
3. Mothers are to blame for sexual abuse of daughters that they fail to adequately supervise.					
4. A man has the right to have sex with his wife or partner, whether she wants to or not.					
5. Men cannot control their sexual behaviour.					
6. It is better for a woman to bear some violence from her husband or partner than it is for her to leave the home and cause the family to break up.					
7. It is women's inappropriate behaviour that provokes physical aggression by her partner.					

C. True or false?	True	False	No Response	Comment
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1. Marriage or betrothal of a child is a crime.				
2. Sex or any form of sexual contact with a child below the age of 18 is a crime regardless of whether the child has given consent.				
3. Any sexual act that is performed with a person who has not given consent is a crime.				
4. There can be no rape inside marriage.				

D. True or false?	True	False	No Response	Comment
1. SGBV cases of rape or unwanted sexual touching should be tried by chiefdom authorities or local court.				
2. Sexual violence cases of rape or unwanted sexual touching, or of domestic violence should be reported to the Family Support Unit of the police.				
3. The police may refer a case of domestic violence for settlement through an alternative dispute mechanism.				
4. When filing the medical report, the health professional needs to indicate whether or not rape, or sexual abuse has been committed.				
5. By law, medical treatment and completion of medical reports for survivors of SGBV is supposed to be free.				
6. Paramount Chiefs must bring any cases of child abuse to the attention of the FSU within 24 hours of their notification.				

Annex 5. Terms of Reference



Terms of Reference for End of Project Evaluation: ENGAGING MEN TO CONTRIBUTE TO SAFER COMMUNITIES PROJECT

1. General Background

Concern Worldwide has been operational in Sierra Leone since 1996, with an initial focus on providing emergency shelter, primary health care targeting internally displaced people through refugee and returnee centres during and immediately post-civil war. Since 2002 the emphasis has moved away from emergency interventions, to rehabilitation and now long term development, transitioning from a short term projects approach to a longer term, more sustainable, programmatic approach. The main programme focus includes health, education and FIM while gender equality, social protection, DRR and HIV and AIDS are mainstreamed in the intergraded programme. Sierra Leone faced the worst Ebola outbreak in history during the project implementation. The outbreak affected all spheres of life from causing closure of all education institutions in the country to over-stretching an already weak health system. As a consequence of the Ebola outbreak, programme implementation had to be revised and project components relating to teachers and pupils were not implemented.

In particular, Concern has been operational in Tonkolili District since 2002, and implements projects related education, health, and Food Income and Market (FIM). The Engaging Men Project is has been implemented in the district since April 2014. Sexual violence is a complex social phenomenon, based in asymmetrical power relationships among men, and between men and women. The Engaging Men to prevent and respond to GBV initiative, part of the Tonkoilili Integrated Programme, has two specific strategies, that of prevention and response to sexual violence. In terms of the prevention strategy the initiation aims to support social transformation of inequitable gender relations by encouraging adults and children, especially young men, to question traditional rigid gender norms, including rigid norms related to manhood that have negative consequences for women and girls, including sexual and gender based violence that also have a damaging impact on the lives of men and boys.

A second strategy of the intervention focuses on the building of capacity of local government service providers, both in health centres and police necessary for the effective and appropriate response to sexual and gender based violence.

The goal is “to reduce sexual violence against women and girls in Tonkolili District, through increased awareness, changed attitudes and an improved referral system.”

Expected results for the project include:

- Increased knowledge and changing attitudes and behaviour of at least 2000 men and 2000 women and 1000 boys and girls in 8 Chiefdoms in Tonkolili District on sexual violence and its impact, relevant laws and the referral pathway

- Effective Monitoring and coordinated response to SGVB by relevant district actors (District Gender Based Violence Committee, the Social Welfare, Gender and Children’s Office, the Ministry of Health, the Police/FSU, PHUs, School Management Committees, CSOs, traditional authorities etc.
- Improved accountability and coordination of stakeholders addressing SGVB and providing support to victims in Tonkolili District.

2. Objectives of the End of project evaluation

The end of project evaluation is required by the donor to give an indication of the success of the project or otherwise. The evaluation findings may be a consideration in making a decision about whether to continue with the project approach or not. It is also in line with Concern PQM&E guidelines to conduct end of project evaluations for projects for purpose of drawing lessons to improve our practice in design and implementation of similar projects. To aid in this purpose the evaluation will therefore respond to the following objectives:

4. To critically review the achievement of the project in terms of attaining its objectives using the evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability.
5. To reflect on the successes, challenges, best practices and key lessons learned during the project period.
6. Suggest key practical targeted recommendations and learning to be considered by Concern Worldwide for future projects and programmes.

Specifically the end of project evaluation will address the following key evaluation questions:

Table 18 - Key Review Questions

Evaluation Criteria	Key Review Questions	Proposed method of data collection
Relevance and quality of design	<ol style="list-style-type: none"> 1. Was the project in line with the needs and priorities of the target group (women and girls) age)? 2. How did the project adapt to respond to the changing context during the Ebola crisis? 	FGD and KII
Effectiveness of implementation	<ol style="list-style-type: none"> 1. Extent to which the outputs and results were achieved in relation to targets set in the logical framework, through comparison between baseline and endline indicator values, taking into account the change in context due to the Ebola crisis. 2. Did the Ebola crisis have any impact on this programme and how did the programme management deal with that impact? 3. A summary of how change came about taking into account the change in context due to the Ebola crisis. 4. Details of lessons learned about how change comes about, what should be done differently in the future and what needs to happen next 5. The effectiveness of the adjustments made to the programme to respond to the changing context due to the Ebola crisis 	Document review FGD
Efficiency of implementation to date	<ol style="list-style-type: none"> 6. Were the resources used effectively and in a timely manner to produce the outputs and results are appropriate compared to the planned budget and activities? 7. Assess the approach of building the capacity of the team to facilitate the 'Living Peace Group' sessions 	Document review (activity and finance report review)
Impact prospect	<ol style="list-style-type: none"> 8. An assessment of project impact should be made, through comparison of baseline and endline values for outcome and impact indicators (using appropriate statistical tests) 9. An assessment of the attribution of any impact to Concern's project should be made 10. An assessment of any unintended impact whether positive or negative should also be made 	Surveys, Document review, FGD and KII
Potential for Sustainability	<ol style="list-style-type: none"> 11. What are the prospects for the benefits of the project being sustained after the funding stops particularly with reference to the local capacity to management the project result? 	FGD, KII and observation

Partnership	<p>12. Assess the partnership process and the partnership relationship between Concern Sierra Leone and the FSUs and other relevant GSL departments, identify what worked well and what did not work well and recommend possible changes.</p> <p>13. Assess the participation of project participants and non-beneficiaries of the project in the project design, implementation, monitoring and evaluation</p>	Document review, FGD and KII
Cross cutting issues	<p>14. Did the project taking due care not to aggravate the susceptibility and vulnerability of the target groups to HIV and AIDS, Violence, Ebola and the power imbalance among the community because of the project?</p> <p>15. How have the project interventions impacted differently men, women and others identified as vulnerable to violence in the programme area.</p> <p>16. What steps were taken to ensure the interests of the most marginalised were taken on board during project planning, implementation and monitoring? How effective was this?</p> <p>17. How did the project adapt to the changing context due to the Ebola crisis and in particular ensure minimal risk to Ebola and contribute to the Ebola awareness raising efforts</p>	<p>Document review, FGD and KII</p> <p>Project monitoring data</p>
Lessons Learned	<p>18. Identify strengths, challenges and weaknesses in the project implementation process and recommend possible changes for future learning.</p> <p>19. Document the lessons learned in terms of the design, implementation, and monitoring of the project, that should be applied for future projects.</p>	Document review, FGD, KII

Methodology

The end of project evaluation will use both quantitative and qualitative approaches to address the key evaluation questions listed above. The consultant will receive from sampling information and Concern data from Household survey, which they will analyse using appropriate software and methodology to provide endline values and information for the indicators in the table below (Table 2). The consultant will then compare the endline findings with baseline values, using appropriate statistical tests, to draw conclusions and taking into account the qualitative information write the end of project evaluation report.

Table 19 - list of indicators and collection methods

Objectives	Objectively Verifiable Indicators	Tool/collection method
Overall Objective: To improve the wellbeing of women and girls in Tonkolili District through ensuring a safer environment at community and family level.	% of women who said they feel safe at home and in their community from sexual violence.	Household survey
Specific Objective: To reduce the sexual violence against women and girls through change in attitude, practice and behaviour of at least 2,000 men and 2,000 women and 1,000 boys and girls towards gender relations and an improved referral system	Average score for men and women on scale measuring perceptions of masculinity and femininity (Gender Equality Indicator)	Household survey
	% women reporting that in the past year they have been forced or threatened to have sexual or oral intercourse when they didn't want to	Household survey
	% respondents who say they would report a known incident of sexual or domestic violence in the community to the FSU	Household survey
	% women who say they would report an experienced incident of sexual assault to the FSU	Household survey
Result 1: Increased knowledge and changing attitudes and behaviour of at least 2,000 men and 2,000 women and 1,000 boys and girls in 8 chiefdoms in Tonkolili District on sexual violence and its impact, relevant laws and the referral pathway	% respondents who can correctly answer 6/6 knowledge questions on SGBV offences and the Referral Protocol (Adults)	Household survey
	Number of male role model network established	Project monitoring data KII's FGDs
	Number of people from the civil society and institutions trained on Engaging Men and Community Conversation.	Project monitoring data
Result 2: Effective monitoring and	Proportion of frontline staff able to correctly answer 6/6	Questionnaire for frontline staff

coordinated response to SGBV ³³ by relevant district actors (Gender Based Violence Committee, the Social Welfare, Gender and Children’s Office, the Ministry of Health, Police, FSUs, PHUs, School Management Committees, CSOs, traditional authorities, etc.)	questions on SGBV offences and the referral protocol ⁹	
	Proportion of simulations where the health care provider demonstrates basic standards of victim-centred response (A ranking).	Secondary data
	Proportion of simulations where FSU staff demonstrate basic standards of victim-centred response. (A ranking)	Observation
	Number of FSU personnel who have received training on basic SGBV case management	Secondary data
	Proportion of FSU staff able to demonstrate victim centred interview technique during the role play	Observation
	Number of FSU personnel who have received training on basic SGBV case management	Secondary data
	Number of PHU personnel who have received training on basic SGBV case management	Secondary data
Result 3: Improved accountability and coordination of stakeholders in addressing SGVB and providing support to victims in Tonkolili District	Number of district GBV committee meetings conducted and with a clearly written and agreed action points with accountabilities and deadlines	Project monitoring data FGDs Secondary data
	Number of action points from district GBV committee meetings tracked and implemented	Project monitoring data KII FGDs

3. Summary of processes to be followed by Consultant

- a) Review all of project documents (Proposal, log frame, baseline report, M&E database and project monitoring reports).
- b) Conduct qualitative data collection through KIIs, FGDs, etc (**Note: CWW will collect the quantitative data collection and give it to consultant for analysis**)

³³ SGBV sexual and gender based violence

- c)* Carry out data analysis (including appropriate statistical tests to compare baseline and endline data on project indicators).
- d)* Prepare draft report which includes the following elements:
1. A stand-alone Executive Summary
 2. Introduction
 3. Methodology
 4. Answered questions/ Findings
 - Problems and needs (Relevance)
 - Achievement of purpose (Effectiveness)
 - Sound management and value for money (Efficiency)
 - Achievement of wider effects (Impact)
 - Likely continuation of achieved results (Sustainability)
 5. Overall assessment
 6. Conclusions, Targeted Recommendations and Management Responses
 7. Annexes to the report, including data analysis report.
- e)* Present findings to Concern and partner staff in a briefing session.
- f)* Consultant receives feedback on the first draft from Concern and partner staff
- g)* Prepare the end of project evaluation report incorporating all the feedback both from the document review and briefing session and submit final report to Concern.

4. Lines of communication

The Evaluators will primarily communicate with the Project Manager, Education Coordinator and Programme Quality and Monitoring Coordinator. However, the evaluators are expected to interact with ACDP, Area Coordinator and Project M&E Advisor in the course of the data analysis, report writing and report review process.

5. Duration

The overall consultancy work as outlined above is expected to take between 4-5 weeks in the months February and March 2015. The consultant is expected to complete the work and submit a final evaluation report to CWW by 14th March 2015.

7: Composition, skills and experience of the review/evaluation team.

Education: The consultant or group of consultants should have post graduate degree in development studies. Preferably the Consultancy Company or the Individual consultant should deploy a multidisciplinary team with a background of, sexual and gender based violence, and gender equality and statistical data analysis qualifications.

Experience: Proven expertise in design and review of programmes focused on gender equality/ GBV and Experience in the Sierra Leone context. Data analysis, and writing up of evaluation reports experience is also key for this exercise.

Programme Participants protection policy

Concern has a Staff Code of Conduct and a Programme Participant Protection Policy which have been developed to ensure the maximum protection of programme participants from exploitation and to clarify the responsibilities of Concern staff, consultants, visitors to the programme and partner organization, and the standards of behaviour expected of them. In this context staff have a responsibility to the organization to strive for, and maintain, the highest standards in the day-to-day conduct in their workplace in accordance with Concern's core values and mission. Any candidate offered a job with Concern Worldwide will be expected to sign the Programme Participant Protection Policy and the Concern Staff Code of Conduct as an appendix to their contract of employment. By signing the Programme Participant Protection Policy and the Concern Staff Code of Conduct candidates acknowledge that they have understood the contents of both the Concern Staff Code of Conduct and the Programme Participant Protection Policy and agree to conduct themselves in accordance with the provisions of these two documents

Logical Framework for Engaging Men to address Sexual Violence

Objectives	Objectively Verifiable Indicators	Means of Verification	Assumptions
Overall all Objectives :			
To improve the wellbeing of women and girls in Tonkolili District through ensuring a safer environment at community and family level.	1. % of women who said they feel safe at home and in their community from sexual violence	<ul style="list-style-type: none"> • Review of secondary data • Baseline and end line 	The commitment of the key actors in the referral pathway to carry out their expected roles
Specific Objectives:			
To reduce the sexual violence against women and girls through change in attitude, practice and behaviour of at least 2,000 men and 2,000 women and 1,000 boys and girls towards gender relations and an improved referral system.	2. Average score for men and women on scale measuring perceptions of masculinity and femininity (Gender Equality Indicator) 3. Average score for boys and girls on scale measuring perceptions of masculinity and femininity (Gender Equality Indicator) 4. % women reporting that in the past year they have been forced or threatened to have sexual or oral intercourse when they didn't want to 5. % respondents who say they would report a known incident of sexual or domestic violence in the community to the FSU 6. % women who say they would report an experienced incident of sexual assault to the FSU	<ul style="list-style-type: none"> • Base line and end line survey including use of Concern Equality Scale. • monitoring report 	<ul style="list-style-type: none"> • Commitment of the community to actively participant in the community conversation and implement agreed action points • The commitment of the key stakeholders and civil society organisations to promote the behavioural change among the target community.
Results			
Result 1: Increased knowledge and changing attitudes and behaviour of at least 2,000 men and 2,000 women and 1,000 boys and girls in 8 chiefdoms in Tonkolili District on sexual violence and its impact, relevant laws and the referral pathway.	7. % respondents who can correctly answer 6/6 knowledge questions on SGBV offences and the Referral Protocol (Adults) 8. Number of male role model network established 9. Number of people from the civil society and institutions trained on Engaging Men and Community Conversation	<ul style="list-style-type: none"> • Questionnaire survey during baseline and end line • Record review of the main actors in the referral pathway. • Regular monitoring reports 	Commitment of the stakeholders in the referral pathway to discharge their responsibilities.

		<ul style="list-style-type: none"> • the pre-test and post-test data during training • Post training follow up monitoring 	
Result 2: Effective monitoring and coordinated response to SGBV ³⁴ by relevant district actors (Gender Based Violence Committee, the Social Welfare, Gender and Children’s Office, the Ministry of Health, Police, FSUs, PHUs, School Management Committees, CSOs, traditional authorities, etc.)	<p>10. Proportion of frontline staff able to correctly answer 6/6 questions on SGBV offences and the referral protocol⁹</p> <p>11. Proportion of simulations where the health care provider demonstrates basic standards of victim-centred response (A ranking).</p> <p>12. Proportion of simulations where FSU staff demonstrate basic standards of victim-centred response. (A ranking)</p> <p>13. Number of FSU personnel who have received training on basic SGBV case management</p> <p>14. Number of PHU personnel who have received training on basic SGBV case management</p>	<ul style="list-style-type: none"> • Questionnaires survey • Key informant interview • Assessment based on a checklist to be prepared based on the standard guideline • Capacity Assessment Tool at the baseline and end line 	Commitment of the duty bears in the referral pathway to discharge their responsibility and implement the action points agreed during the coordination meetings
Result 3: Improved accountability and coordination of stakeholders in addressing SGVB and providing support to victims in Tonkolili District	<p>15. Number of district GBV committee meetings conducted and with a clearly written and agreed action points with accountabilities and deadlines.</p> <p>16. Number of action points from district GBV committee meetings tracked and implemente</p>	<ul style="list-style-type: none"> • Database and map of key actors on referral pathway • Review of the minutes of the GBV committee meeting conducted in 2012 and 2013 • Key informant interview • Questionnaire survey • Key informant interviews with service providers – other INGOs/NGOs/ Government 	Commitment of the GBV committee members to carry our regular meeting on quarterly basis and lead on the coordination of the actors in the referral pathway

³⁴ SGBV sexual and gender based violence

Activities:			
<p>Result-1</p> <p>1.1 Knowledge, Attitudes and Practices (KAP) survey using Gender Equitable Men Scale tool implemented at the beginning and the end of the project</p> <p>1.2 Engaging Men approach, Community Conversations and primary school life skills training rolled out in 8 Chiefdoms targeting 2,000 men, 2,000 women and 1,000 boys and girls</p> <p>1.3 Civil society trained on Engaging Men and Community Conversation approaches and the Gender Equitable Men survey</p> <p>1.4 Manual and toolkit developed for facilitators of Engaging Men sessions and a total of 15 staff of Concern (notably community animators), existing Concern partner organisations as well as selected local civil society organisations are trained as Engaging Men trainers</p> <p>1.5 Teachers/facilitators from the 30 schools trained to address equality issues through the life skills curriculum in schools</p> <p>1.6 A total of 120 male role models (caring for children and respectful of women) identified and trained to be opinion leaders in campaigns and in the Engaging Men approach and Community Conversations</p> <p>1.7 Positive images of men as role models caring for children and respectful of women produced and disseminated</p> <p>1.8 Visual information materials (posters, brochures, and banners) on gender equality (including the GBV referral pathway) produced and disseminated</p> <p>1.9 Radio jingles about gender equality, (S)GBV and the referral pathway produced and aired</p> <p>Result-2</p> <p>2.1 Pre and post project capacity assessment of key actors in the referral pathway conducted (including psychosocial support)</p> <p>2.2 Copies of the Gender Acts and the Sexual Offences Act produced and disseminated</p> <p>2.3 District actors trained on the Gender Acts (Domestic Violence, Devolution of Estates and Registration of Customary Marriage) and Sexual Offences Act and their roles and responsibilities within the referral pathway</p> <p>2.4 Capacity assessment and training of relevant institutions to uphold guidelines (PHU in the</p>		<p>Inputs Required</p> <p><u>Financial</u> £345,516</p> <p><u>Human Resource</u></p> <ul style="list-style-type: none"> • Assistant Country Director Programmes (10%) • Programme Quality and Monitoring Coordinator (10%) • Project Manager (100%) • Area Coordinator (25%) • Gender Equality and Mainstreaming Adviser (80%) • Governance and Empowerment Adviser (70%) • Equality and Advocacy Senior Manager (60%) • Community Animators * 8 (100%) • Senior Programme Support Officer (15%) • Finance Officer (40%) • 1 Driver (100%) 	

<p>adherence of WHO guidelines³⁵; FSU to reinforce UNDP³⁶ guidelines) and in understanding of the Gender Acts (Domestic Violence, Devolution of Estates and Registration of Customary Marriage and Divorce) and the Sexual Offences Act reinforced</p> <p>Result-3</p> <p>17. Mapping of key actors on referral pathway</p> <p>3.1 Project inception workshop organised bringing together key project stakeholders</p> <p>3.2 Quarterly coordination meeting of District GBV Committee re-energised</p> <p>3.3 Creation of mapping of key stakeholders in the referral pathway at district level</p> <p>3.4 Quarterly coordination meetings among the key actors in the referral pathway to review their actions</p> <p>3.5 Support to campaign events by Ministry of Social Welfare and stakeholders in Tonkolili District</p> <p>3.6 Radio panel discussions conducted with participants of relevant authorities such as the Ministry of Social Welfare and representatives of civil society organisations on (their roles and responsibilities with regard to) SGBV prevention/response</p> <p>3.7 National learning workshop held with key project stakeholders held at the end of the project to identify and share good practices and lessons learnt, including from the Engaging Men approach</p>	<ul style="list-style-type: none"> ● Logs/Admin Officer (20%) ● Logs/Admin Manager (10%) 	
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³⁵ WHO Guidelines on responding to intimate partner and sexual violence against women; WHO Clinical and Policy Guidelines, 2013

³⁶ FSU Guidelines on SGVB case management; A reference book for the FSU – UNDP, 2010