



**PEACEBUILDING FUND (PBF)
FINAL PROGRAMME¹ NARRATIVE REPORT**

REPORTING PERIOD: FROM 01.2011 TO 12.2012

<p align="center">Programme Title & Project Number</p> <ul style="list-style-type: none"> • Programme Title: Strengthening National Responses to the Prevention and Management of Sexual Gender-Based Violence • MPTF Office Project Reference Number:³ PBF/SLE/C-4 • <i>Project number: 77296</i> 	<p align="center">Country, Locality(s), Priority Area(s) / Strategic Results²</p> <p><i>Country/Region Sierra Leone</i></p> <hr/> <p><i>Priority area/ strategic results</i> Priority 1. Implementation of peace agreement. Programme Result 1 (PMP): Security sector reforms and judiciary systems put in place and providing services and goods at national and local levels that reinforce the Rule of Law Indicator 1.2 (ROL): # of PBF supported programmes where communities use transitional justice systems to resolve conflicts/disputes without recourse to violence ensuring the respect of Human Rights of women and girls in particular</p>
<p align="center">Participating Organization(s)</p> <p>UNFPA, UNDP and UNICEF</p>	<p align="center">Implementing Partners</p> <ul style="list-style-type: none"> • National counterparts (government, private, NGOs & others) and other International Organizations • UNAIDS <p>The programme is a national multi-sectoral program coordinated by Ministry of Social Welfare Gender and Children’s Affairs (MSWGCA), Ministry of Health and sanitation(MOHS), Ministry of Justice, Ministry of Internal Affairs in collaboration with the Family Support Unit (FSU) of the SLP, Ministry of Local Government and Rural Development (City/District Councils), Ministry of Information and Communication, Ministry of Education, Science and Technology (MEST), Ministry of Finance, Justice Sector Coordinating Office (JSCO), Human Rights Commission Sierra Leone (HRCSL), National Committee on Gender-based Violence (NacGBV), National AIDS Secretariat, International Rescue Committee Traditional/Religious Leaders, Civil Society Organizations</p>

¹ The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Performance Management Plan (PMP) for the PBF, Priority Plan or project document;

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page on the [MPTF Office GATEWAY](#).

Programme/Project Cost (US\$)
Total approved budget as per project document: \$450,000
MPTF /JP Contribution ⁴ : \$450,000
TOTAL: \$450,000
Programme Assessment/Review/Mid-Term Eval.
Evaluation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i>
Evaluation Report - Attached <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i>

Programme Duration
Overall Duration (<i>months</i>) <i>24 months</i> Start Date ⁵ <i>01.01.2011</i>
Original End Date ⁶ <i>31.12.2011</i> Actual End date ⁷ <i>31.12.2012</i>
Have agency(ies) operationally closed the Programme in its(their) system? Yes <input type="checkbox"/> No <input type="checkbox"/>
Expected Financial Closure date ⁸ :
Report Submitted By
<ul style="list-style-type: none"> ○ Name: Isatu kajue ○ Title: Programme Manager Gender and Advocacy ○ Participating Organization (Lead): UNFPA ○ Email address:kajue@unfpa.org

⁴ The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)

⁵ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

⁶ As per approval of the original project document by the relevant decision-making body/Steering Committee.

⁷ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

⁸ Financial Closure requires the return of unspent balances and submission of the [Certified Final Financial Statement and Report](#).

AIG/CID - Assistant Inspector General of the Sierra Leone Police in charge of Crime Services
FSU – Family Support Unit
GBV – Gender based violence
GoSL – Government of Sierra Leone
HRCSL – Human Rights Commission Sierra Leone
IRC – International Rescue Committee
MSWGCA - Ministry of Social Welfare, Gender and Children’s Affairs
NACGBV - National Committee on Gender-based violence
NGO - Non-governmental Organisation
NAS- National AIDS Secretariat
PHU – Peripheral Health Unit
SGBV – Sexual and Gender Based Violence
WICM – Women in Crisis Movement

FINAL PROGRAMME REPORT

Executive Summary

The PBF support has provided services for increased awareness on maternal health, HIV and AIDS, GBV related issues, human rights and harmful traditional practices including FGM/C in communities to ensure the respect of Human Rights of women and girls. Increased access to social and medical services to GBV Victims/Survivors, and livelihood skills developed for self-reliance, has improved the lives of women and girls in communities to make informed decisions on women's rights. The increase in reported cases and referral systems and follow-up on prosecutions is contributing to increased safety for women and girls.

The programme has also led to institutional delivery by pregnant women, and access to supportive services related to GBV response.

Improving Access to Justice in Sierra Leone Project has the priority objective of contributing to Sierra Leone's peace consolidation agenda through supporting initiatives that focus on enhancing access to justice for vulnerable people especially women and children. Within the context of this reporting period, the programme has achieved some significant results especially in the area of strengthening access to justice for SGBV victims/survivors. Specifically, the programme supported the MSWGCA in ensuring completion of a Safe Home in Freetown which is meant to provide temporary shelter assistance to SGBV victims/survivors and also supported 14 CSOs in providing direct support services to victims of sexual violence. This, amongst other things, contributed towards ensuring a total 182 victims of SGBV received medical attention, counseling, shelter and legal assistance which ultimately resulted in 77 convictions for SGBV crimes.

On 19th October, 2012, The Ministry of Social Welfare Gender and Children's Affairs and its partners launched the National Referral Protocol. The protocol was signed by all key line ministries. It will work to build strong linkages amongst implementing institutions and organizations such as the legal, health, education, medical and social services, in order to deal holistically with GBV issues. Additionally, value will be added to services and strategies already in existence, duplication of activities will be reduced and gaps filled. With the commitment of all the relevant line Ministries, this policy will make a difference to every woman, man and child in Sierra Leone.

I. Purpose

Incidents of Gender-based Violence and specifically Sexual Gender-based Violence (SGBV) are increasingly being reported in Sierra Leone. This is evidenced by the findings of the 2008 National Research on GBV in Sierra Leone. The research revealed that approximately two-third of males interviewed did not agree that sexual assault on women is gender-based violence; they also assert that sexual violence is not an abuse. These attitudes and perceptions may provide an indication as to why rape and unlawful carnal knowledge of young girls is still so prevalent in the local communities. Other SGBV realities which are deeply entrenched in local traditions such as FGC/M and early/forced marriages continue to exist in the communities. It is critical that men and boys are sensitized in the promotion of gender equality, women's rights, Reproductive Health Rights, and the prevention of SGBV, HIV Prevention and maternal complications. This facilitated their appreciation of the positive role that women can play in the peace-building and recovery process. These men and boys can then become change agents in protecting the rights of women and girls and sustaining peace in Sierra Leone.

Output

Strengthened response at community and national level for enhanced prevention, prosecution, psycho-social and medical support to victims and survivors of Sexual Violence.

Outcome

Enhanced Prevention, Referral, Protection and Redress for victims/survivors of Sexual Violence

The objectives of this project are:

- To strengthen national referral system for victims of sexual violence through strengthening communities involvement, capacity building of institutions and strengthening data collection within and between institutions
- To strengthen the role of the community in promoting and respecting the sexual and reproductive health and rights of women and girls, through the involvement of community leaders, including engaging men and boys, as change agents and educators in the fight against Sexual violence
- To contribute to an enabling legal environment for the promotion and protection of the rights of women and girls
- To strengthen institutional capacities for prevention, investigation, referral to HIV/AIDS related services and prosecution of Sexual violence cases as well as integration of survivors into communities
- To mainstream HIV/AIDS awareness into all project activities

The United Nations Security Council Resolution 1325 and 1820 on women peace and security and on sexual and gender based violence emphasized the importance of the protection, promotion and participation of women in post-conflict states as a prerequisite to attaining sustainable peace.

List of Implementing Partners

The programme is a national multi-sectoral program coordinated by Ministry of Social Welfare Gender and Children's Affairs (MSWGCA), Ministry of Health and sanitation(MOHS), Ministry of Justice, Ministry of Internal Affairs in collaboration with the Family Support Unit (FSU) of the SLP, Ministry of Local Government and Rural Development (City/District Councils), Ministry of Information and Communication, Ministry of Education, Science and Technology (MEST), Ministry of Finance, Justice Sector Coordinating Office (JSCO), Human Rights Commission Sierra Leone (HRCSL), National Committee on Gender-based Violence (NacGBV), National AIDS Secretariat, International Rescue Committee Traditional/Religious Leaders, Women in Crisis Movement, Civil Society Organizations, with support from UNAIDS, UNICEF, UNFPA and UNDP.

II. Assessment of Programme Results

i) Key outputs achieved

To strengthen the role of the community in promoting and respecting the sexual and reproductive health and rights of women and girls through the involvement of community leaders, TBAs and community leaders were identified, and trained in the promotion of maternal health and GBV prevention. Established community advocacy groups (CAGs) were supported to undertake community outreach programmes through drama, songs and role plays to effectively communicate messages on GBV prevention and response and maternal health related issues. Women community advocacy groups were supported in the promotion of maternal health and GBV prevention and management to undertake high level advocacy.

UNFPA collaborated with International Rescue Committee (IRC) through support to provide direct GBV service in psychosocial counseling, legal and clinical screening and treatment to sexual assault victims in Kenema and Kono Districts.

Trainings were conducted on human rights and reproductive health rights, GBV prevention and held a dialogue forum for the abandonment of FGM/C with women and traditional leaders in Kono and Pujehun

Districts. Care and support was provided to sexual violence victims/survivors, and livelihood skills for vulnerable women in Western Urban and Rural areas.

To strengthen institutional capacities for prevention and referral to HIV services, 120 medical staff, FSU and social workers were trained on referral mechanism for SGBV cases and 120 medical personnel on the administration of PEP treatment to victims of SGBV with support from UNAIDS. PEP kits were procured and distributed to 14 Districts nationwide. Four trainings were conducted for FSU personnel in Makeni, Bo, Kenema and Freetown for officers, in the provinces and Western Area on the new 'SGBV Case Management Guidelines'. First phase targeted a total of 258 including 108 males and 150 females.

The National Referral Protocol developed with support from UNICEF is a framework which clearly defines the roles and responsibilities of the Line Ministries of the Government of Sierra Leone and NGOs on the provision of support services (medical, counselling and legal) to all victims/survivors of Gender Based Violence.

The National Referral Protocol for victims/survivors of GBV promotes a coordinated interagency approach to the response, prevention, implementation and monitoring of GBV. It will work to build strong linkages amongst implementing institutions and organizations such as the legal, health, education, medical and social services, in order to deal holistically with GBV issues. Additionally, value is added to services and strategies already in existence, duplication of activities are reduced and gaps filled. With the commitment of all the relevant line Ministries, this policy will make a difference to every woman, man and child in Sierra Leone.

UNDP supported the enhanced prevention, protection and redress for victims/survivors of SGBV, the programme, through its support to civil society organisations achieved a 65% (from 127 to 210) increase in the number of victims/survivors provided with support services. The required assistance provided by CSOs including support for medical assistance, shelter, transport and legal advice resulted in 77 convictions.

The programme also ensured completion of a Safe Home which is intended to provide temporary shelter assistance and protection for victims/survivors of sexual violence within the Western Area of the country. This reflects a critical step forward towards strengthening the state capacity in responding to the needs of sexual violence through provision of services. Victims will have the opportunity to access the requisite facilities for counseling, rehabilitation and also enable them have a secure home while they wait for their cases to be heard

Output Delivery

- 11 chiefdom advocacy Groups in the Tonkolili District were formed after training with the enhanced knowledge on sexual reproductive health rights and GBV prevention and Management received could now undertake community sensitisations that now address behaviour change and positive attitudes towards a better security and life for women and girls
- In addition, 28 chiefdom advocacy Groups in the Bombali and Bo Districts who were engaged in community sensitization outreach programmes are now championing promotion of safe maternal health and prevention of SGBV and management and are targeting, Paramount and Section Chiefs, TBAs, Religious Leaders, Societal Leaders, Women, Youths and Adolescent School Girls and Boys
- 120 empowered women community advocacy groups from 9 Districts with enhanced knowledge on sexual reproductive health rights and GBV prevention and Management are currently undertaking high level advocacy on maternal health related issues and Gender- Based Violence
- 35 GBV victims who benefitted from response services in the area of feeding, clothing and shelter and 622 GBV victims/Survivors and vulnerable women and capacitated in livelihood skills are now self-reliant and economically empowered with small businesses.

- 88% of 961 of GBV cases reported were rape. Victims/ survivors benefitted from direct service provision; medical examination, prevention of STIs, psychosocial counseling, VCCT and HIV prevention and legal support and now have better and healthy lives.
- 300 traditional leaders, civil societies and ‘sowies’, in 5 districts with enhanced knowledge on Human Rights, sexual and reproductive health rights of women and girls and FGM/C are reducing the incidence of the practice police reprimand those who do not comply with their decision.
- The enhanced knowledge of 120 medical staff, FSU personnel and social workers on referral mechanism of SGBV cases and PEP administration has increased the reporting and prosecution of SGBV cases.
- 14 District Health facilities equipped with PEP kits provide treatment of SGBV to victims
- SGBV Case Management Guidelines published by UNDP in collaboration with the Sierra Leone Police (SLP), providing detailed guidance on the handling of SGBV offences from the reporting stage on to prosecution.
- 14 women-interest CSOs received grants, providing victim direct support such as medication, transportation, shelter facilities and food to victims of SGBV and meeting the cost of prosecution and raising communities’ awareness on SGBV.
- 1 Safe Home for survivors of GBV completed
- 77 convictions for SGBV perpetrators in 2012
- The “National Referral Protocol on SGBV” for child and adult victims of abuse and free medical care for STIs, VCT and PEP is completed and signed by key stakeholders for implementation.

Outcome achievements (with reference to programme results 1 and indicator of PMP ROL):

- The PBF support has provided services for increased awareness on maternal health, HIV and AIDS, GBV related issues, human rights and harmful traditional practices including FGM/C in communities to ensure the respect of Human Rights of women and girls.
- Increased access to and utilization of social and medical services to GBV Victims/Survivors, and livelihood skills developed for self-reliance, has improved the lives of women and girls in communities to make informed decisions and choice on their rights.
- A marked increase has been observed in GBV reported cases and referral systems and follow-up on prosecutions has contributed to conflict resolution and increased safety for women and girls.
- Increased institutional delivery by pregnant women has improved women’s health and security.
- A national document with clear and defined roles for duty bearers who are providing services and protection for the citizens, especially women and girls who are mostly affected by sexual gender-based violence. The referral protocol has a clear pathway through which victims can access services and the duty bearers provide the services with no cost attached.
- In terms of the strategic focus of ensuring enhanced prevention, protection and redress for victims/survivors of SGBV, the programme, through its support to civil society organisations achieved a 65% (from 127 to 210) increase in the number of victims/survivors provided with support services. The required assistance provided by CSOs including support for medical assistance, shelter, transport and legal advice resulted in 77 convictions.
- The programme also ensured completion of a Safe Home which is intended to provide temporary shelter assistance and protection for victims/survivors of SGBV within the Western Area of the country. This reflects a critical step forward towards strengthening the state capacity in responding to the needs of SGBV through provision of services. Victims will have the opportunity to access the requisite facilities for counseling, rehabilitation and also enable them have a secure home while they wait for their cases to be heard.

Support to the Ministry of Social Welfare Gender and Children’s Affairs in terms of construction of the Safe Home in the Western Area was based on a decision by NAC-GBV, the coordination forum for GBV

prevention and response within the MSWGCA. Within the period under review, the originally planned support to organise Judges/Magistrate colloquium was no longer considered a priority by the Judiciary.

- **Delays in implementation, challenges, lessons learned & best practices:**

As anticipated, the 2012 national elections (Presidential, Parliamentary and Local Councils) were a major challenge to the effective implementation of project activities. As a mitigating response and to expedite delivery of project activities, management put in place a comprehensive strategy to ensure that activities took place either before or after the election period. While all possible measures were taken by UNDP the reality was that implementing partners' activities slowed down during the election period, which was expected.

The project was faced with some administrative bottle necks by UNICEF and UNDP as they wanted the PBF funds disbursed directly to them by MDTF and not UNFPA. Reporting lines from agencies was not clearly articulated in the project document.

Joint programmes by agencies must better understand the administrative processes and must agree at the initial stage on how they want to proceed and not after the finalization of the programme. The project was faced with some administrative bottle necks by UNICEF and UNDP as they wanted the PBF funds disbursed directly to them by MDTF and not UNFPA. Reporting lines from agencies was not clearly understood.

Funds were transferred from UNFPA to MDTF to be paid directly to UNICEF and UNDP for project implementation. Although there was a late transfer of funds, it did not delay the implementation plan. All activities planned were implemented within the duration of programme. Persistent efforts were made to receive reports from implementing agencies for consolidation.

As best practice agencies; UNDP, UNFPA, UNAIDS and UNICEF working together, to achieve one key development result in their area of strength and related mandate has proved to be effective in terms of programme delivery. The utilization of financial resources jointly makes no room for duplication of resources for effective service delivery in achieving key development results.

An important lesson learned from UNDP's support to CSOs to provide assistance to SGBV victims is the benefit of using implementing partner CSOs to monitor the performance of justice sector institutions, particularly outside of Freetown. Due to the difficulty in obtaining reliable quantitative and qualitative data on justice service provision in the country it is necessary for all development programmes to come up with innovative ways of gathering information. CSOs based in the field can be used to collect case statistics, conduct court user satisfaction surveys and focus groups, interview and report on justice staff capacity levels, as well as perform random case sampling in order to identify and monitor trends. Under the SGBV Grants UNDP supports 10 CSOs whose work covers 7 Districts and 59 Chiefdoms which makes these CSOs an excellent source of field information, aside from the already crucial work they conduct supporting victims of Sexual violence.

Another crucial lesson learned by UNFPA, UNICEF, UNAIDS, and UNDP is the need to combine support for grassroots advocacy work with support for relevant government institutions to have the required capacity to affect policy change in practice.

The project confirmed the importance of a holistic approach ensuring quality and comprehensive support and services for victims/survivors of GBV. Existing policies and agreed procedures should be followed with

maximum opportunity for the provision of support services to victims/survivors and for prosecution of perpetrators. Key for the success of the programme is a nationally coherent approach to GBV. There is a need to develop a framework for monitoring and evaluation.

Qualitative assessment

Overall the UNDP, UNFPA, UNICEF and UNAIDS implemented activities were successful. The passing of the Sexual Offences Act by Parliament in 2012 is a clear example of the Project's success.

IV Indicator Based Performance Assessment:

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments
Outcome 1⁹ Enhanced Prevention, Referral, Protection and Redress for victims/survivors of SGBV							
Output 1.1: Strengthened response at community and national level for enhanced prevention, prosecution, psycho-social and medical support to victims and survivors of SGBV	<p>Indicator 1.1.1</p> <ul style="list-style-type: none"> Percentage increase in convictions for SGBV related crimes <p>Indicator 1.1.2</p> <ul style="list-style-type: none"> Number of victims being provided services over the period of one year 	5		<p>77 convictions of SGBV perpetrators in 2012 as against 5 in 2011</p> <p>1 Safe Home in Freetown for SGBV victims/survivors</p> <p>65% (from 127 to 210) increase in the number of victims/survivors provided</p>	<p>Safe Home considered by NAC-GBV a priority need for victim /survivors of SGBV than organizing Judges/Magistrates colloquium</p>	<ul style="list-style-type: none"> Final Report on support to CSO Grantees by Consultant Reports of MSWGCA Correspondences between UNDP and MSWGCA Minutes of NAC-GBV 	

⁹ Note: Outcomes, outputs, indicators and targets should be as **outlines in the Project Document/Priority Plan or PMP specific** so that you report on your **actual cumulative achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

	<p>Indicator 1.1.3</p> <ul style="list-style-type: none"> Number and types of Knowledge and technical capacity building programmes provided to peer educators, paralegals etc. 			<p>with support services</p> <p>88% of 961 of GBV cases, Victims/ survivors benefitted from direct service provision</p> <p>120 empowered women enhanced knowledge on sexual reproductive health rights and GBV prevention</p> <p>Enhanced knowledge of 120 Personnel on referral mechanism for SGBV victims/survivors</p> <p>300 traditional</p>		<p>Report of MSWGCA</p> <p>Report of IRC</p> <p>Report of Human Rights Commission</p> <p>Report National AIDs Secretariat</p>	
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	<ul style="list-style-type: none"> Number of victims receiving rehabilitation support 			<p>leaders, civil societies and 'sowies', in 5 districts with enhanced knowledge on Human Rights, sexual and reproductive health rights of women and girls to reduce the incidence of FGM/C</p> <p>622 GBV victims/Survivors and vulnerable women and capacitated in livelihood skills are now self-reliant and economically empowered. With small businesses</p>			

