**SIERRA LEONE**

**PEACEBUILDING FUND**

**PROJECT STATUS REPORT**

**30 JUNE 2012**

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| **Project No & Title:** | **PBF/SLE/C-4 Strengthening National Responses to the Prevention and Management of Sexual Gender-Based Violence** | | | | |
| **Recipient UN Organization:** | UNFPA | | **Priority Sector:** | Democracy and Good Governance | |
| **National Authority:** | Ministry of Social Welfare Gender and Children’s Affairs (MSWGCA) | | | | |
| **Location:** | North, South, and Western Sierra Leone | | | | |
| **Project Cost:** | $ 240,370 | | | | |
| **SC Approval Date:** |  | **Starting Date:** | January 2011 | **Completion Date:** | December 2011 |
| **PBF Outcome and Priority area** | |  | | --- | | **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 | | | | | |
| **Project Description:** | 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 FGM/C 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 health complications. This will enable them to appreciate 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. | | | | |
| **Immediate Objectives:** | * To strengthen national referral system for victims of SGBV 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 SGBV * 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 SGBV cases as well as integration of SGBV survivors into communities * To mainstream HIV/AIDS awareness into all project activities. | | | | |
| **Project Status as at June, 2012** | | | | | |
| **Funds disbursed:** | **$239,852** | | | | |
| **Delivery rate:** | **99.6%** | | | | |
| **Outputs delivered:** | * 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 * 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. * Conducted trainings 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 * Provided care and support to SGBV victims/survivors, and livelihood skills for vulnerable women in Western Urban and Rural areas. * Trained 120 medical staff, FSU and social workers on referral mechanism for SGBV cases * Trained 120 medical personnel on the administration of PEP treatment to victims of SGBV * Procured and distributed PEP kits to 14 Districts nationwide. * Supported four (4) trainings of 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 259 including 108 males and 150 females. | | | | |
| **Achievements and challenges** | 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 practice and police and reprimand those who do not comply to their decision. * The enhancement of 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   **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 son 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.   **Challenges**   * Inadequate/limited funding * Negative male attitude towards FGM/C abandonment   **Addressing the Challenge**   * Resource mobilisation through proposal writing * Male involvement in championing change using innovative strategies | | | | |