

The UN Trust Fund in Support of Actions to Eliminate Violence against Women

Project Document Format

COVER PAGE

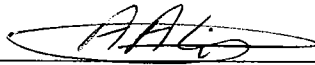
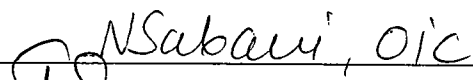
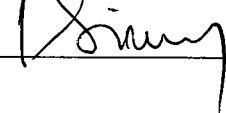
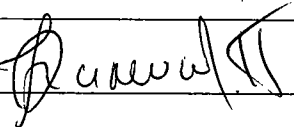
Project Title: Strengthening National Capacities to Prevent Domestic Violence

Duration: January 2009-December 2011 (36 months)

Name of Lead Agency: UNDP on behalf of the UNCT, FYR Macedonia

Name and designation of key contact person: Aferdita Haxhijaha Imeri, Programme Officer, UNDP

Full address of lead agency, including country: Address: 8ma Udarna Brigada #2, 1000, Skopje
include Tel/fax nos. email Tel: (389) 2 3249520
contacts and website Fax: (389) 2 3249 505
<http://www.undp.org.mk>

Name(s) of co-implementing agencies: UNDP 
UNICEF 
UNFPA 
UNIFEM
WHO 

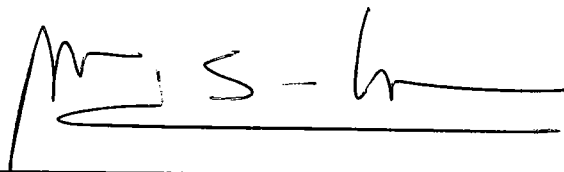
Geographic coverage/location: The former Yugoslav Republic of Macedonia

If earlier recipient of a UN Trust Fund grant, please indicate year and amount of No

funding received:

Budget:	Requested of UN Trust Fund (in US dollars):	\$	957,713
			UN and counterparts matching funds in the amount of US
	Counterpart/Matching Funds (if any):	\$	2,671.010 for complementary activities funded from a bilateral donor sources
	Total Project Budget:	\$	3,628,723

Signed:



(On behalf of UNCT)

1. Executive Summary This project will complement activities contained in a joint UNCT programme on domestic violence funded by the government of the Kingdom of the Netherlands in order to ensure comprehensive, multi-faceted and multi-leveled interventions in support of the efforts of the government and the civil society to improve the national response system to domestic violence through better inter and intra sectoral coordination and enhanced capacities to engage in effective prevention efforts, to create adequate victim support services and to establish mechanisms for measurement of progress in reducing prevalence of DV. Specifically, these projects will:

1. Improve policy-making and implementation: Both projects will support the National Coordination Body in activities aimed at implementation of the National Strategy on DV and in improving the national policy-making and implementation system and coordination. This project will in addition support relevant policy-makers in expanding their capacities through involvement in regional lessons-learned/good practices sharing initiatives, while the project funded by the Dutch government will strengthen the monitoring of policy-implementation and improvement of accountability of all policy-making actors;
2. Support national data collection and dissemination system: This project will support each relevant

institution in installing a data-recording and reporting software and capacity of professional staff to do so, while the development of a national data-collection system (database) and training of staff for its maintenance and management will be funded by the Dutch grant. In addition, a qualitative data and knowledge production will also be supported by this project in order to expand the overall capacity for evidence-base policy-making and implementation;

3. Improve service provision: While the Dutch funds will be used to develop the necessary guidelines, protocols and referral mechanisms in each of the sectors working on protection of the victims and will ensure that relevant staff and professionals of each sector (police, judiciary, health, social services) are trained to use them, this project will support the piloting/establishment of a model of coordinated service provision to the victims at municipal level;
4. Improve prevention through formal education system: Both the Dutch funded project and this project will support initiatives aimed at the mainstreaming of non-violence in the formal education system at both primary and tertiary levels. As the number of teachers in primary schools is very big, the complementarity of the two projects will ensure that critical mass of teachers will be trained in non-violence education. Likewise, they will ensure that violence education is not only piloted at tertiary level education but effectively mainstreamed at all relevant institutions including in retraining of key medical personnel (mental health and emergency services).
5. Improve prevention through awareness raising and BCC programmes: Both projects will support awareness raising and outreach work aimed at improving prevention of DV. While the Dutch funded project will organize three national-level campaigns and assess the need and develop a pilot model for community outreach BCC programme that will be tested in one community, this project will fund the piloting of the tested model in three different communities. Moreover, this project will focus its awareness raising campaign on local level and will hence design and implement targeted local campaigns.
6. Expand legal aid services: And finally both projects will address the lack of legal aid services. While this project will finance the assessment of needs and capacities to establish such services and will implement their establishment in 5 Municipalities, the Dutch project will support activities aimed at awareness raising and capacity-building of the existing legal aid providers (lawyers and barristers) in order to improve the quality of services they provide for the victims.

In addition to the complementary activities/objectives outlined above, it is important to state that both projects will enable a very comprehensive and multi-leveled response system through different activities. The project funded by the Dutch government will establish a programme for employment and vocational training of victims in order to help their empowerment and reintegration in normal life. This project, will also address the needs to

improve the capacity of the police and the judiciary to act upon the cases of DV and provide better victim protection and sanction of perpetrators. And finally, this project will also strengthen the institutional and networking capacities of NGOs to seek accountability and to ensure their financial sustainability which is one of the key condition for their effective work.

The key implementation strategy of the project is based on involvement of all relevant actors, governmental and non-governmental, that will act as national implementing partners and will work in a coordinated manner under the overall guidance of the national Coordination Body on DV. The involved UN agencies will act as lead partners on specific project outcomes and will ensure monitoring of implementation and reporting to the donor. In doing so, they will act in close consultation with the national Coordination Body. Five UN agencies are participating as managing partners in the implementation of this project UNFPA, UNDP, UNIFEM, UNICEF and WHO. These agencies have proven track record and institutional expertise to address the issue of DV. The specific UN support included technical assistance to Government and NGOs to implement CEDAW recommendations, capacity building of professionals, establishment of DV shelters, raising public awareness, curriculum development and the introduction of life-skills based education, conducts research and organize legal education among most-at-risk groups.

In 2007, a joint project was implemented by the five participating agencies. This project included mapping of all relevant actors, their work, the main gaps and challenges of the system, including those related to institutional capacities and coordination. The assessment report that was produced at the end of the project was basis to develop this proposal.

The most recent UN support includes technical expertise to develop the National Action Plan on Gender Equality (2007). It also includes the technical expertise to assess the current legal and institutional DV framework with aim to develop recommendations for legal and institutional reform.

Specific project intervention strategies will focus on three key intervention levels-the State, the community and the individuals. Increased public awareness, legal literacy and community outreach initiatives targeting most-at-risk groups will help preclude the incidence of violence as change at individual and community/group level will be effected and some of the risk factors inducing DV eliminated. By strengthening the capacities of NGO's to advocate and educate against DV and seek accountability from relevant governmental actors, a key missing link in the national response system will be established. Likewise, the establishment of a standardized and quality protection system (adequate safety and social protection net, effective police interventions, effective court procedures, etc.) and its implementation at municipal level, will not only impede repetitive DV cases but will act as detrimental factor for other perpetrators and hence will help reduce the incidence of the problem. By establishing and effective national coordination mechanism and practice, monitoring of trends and incidence will

improve and accountability of each actor for effective and efficient policy implementation will be strengthened.

The proposed project interventions will be implemented at national and local level. Interventions aiming at improvement of inter and intra-sectoral coordination will be implemented at national level while at the same time, those aiming at creating mixed teams of professionals to respond to cases of DV will be piloted in 5 different municipalities. Interventions addressing institutional weaknesses of the NGOs will be implemented at national level as well as those aiming at the improvement of the national data collection and recording system. Activities aimed at community behavior change and awareness rising will target most at risk communities in the interior of the country, focusing on most-at-risk rural and ethnic minority communities. Likewise, awareness raising efforts will also focus on less exposed communities in the interior of the country. And finally, provision of free of charge legal advice services will also focus in the interior of the country as such services are not available there. Identification of the pilot municipalities will be done through an initial assessment of needs.

The project will be implemented over a period of three years. The costs of activities falling under this project that will complement activities funded from other sources amount to 957,713

2. Project context, opportunities and challenges

1) Context /Situation analysis: A number of risk factors influencing prevalence of DV exist in Macedonia: persistence of traditional gender roles; an economy in transition characterized by high levels of unemployment and economic hardship impacting negatively men's social status and affecting their role as breadwinners and heads of households as well as women's economic opportunities which have made them more economically dependent on their family and hence more vulnerable to DV; deterioration of the quality of the social protection system which acts as additional ingredient in the deterioration of the quality of life of the citizens thus creating fertile milieu for increase in violent behavior among family members but also in the inability of the victims of domestic violence to get the required protection and attention; and finally, the post-conflict phase through which the country is going, which allows for easy availability of arms and the escalation of male aggression. According to the latest domestic violence survey carried out in 2006 by the Association for Emancipation, Solidarity and Equality of Women (ESE), every second Macedonian women is victim of psychological violence, every sixth is victims of physical and every tenth of sexual violence at home. However, available data from the centers for social protection run by the Ministry of Labor and Social Policy shows that underreporting is a big problem in the country as in 2006, only 775 new domestic violence cases were reported at the 5 state-run Centers of Social Protection. Out of these 775 victims, 703 were women, 33 men and 39 children. A 2005 survey conducted under the auspices of the MLSP, implemented by the Institute for Social Activities in cooperation with the 27 Centers for Social Welfare (CSW) provided further statistical baseline data on the prevalence of domestic violence in 238 Macedonian households. The results show that municipalities with the highest number of households with family violence were Skopje, Kocani, and Bitola. Data from the Ministry of Interior shows that in 2005, the police

registered 3,570 complaints of domestic violence out of which in Skopje 862 cases, Kumanovo 117 cases, Strumica 85 cases, Prilep 80 cases, and Tetovo 73 cases.

2) Key challenges and gaps: Recent CEDAW and CESCRC reviews of Macedonia's progress in the area of gender equality showed that while there is an increasing political commitment to, and a growing number of constitutional, legal and policy reforms aimed at achieving gender equality, there are still major gender gaps in different spheres of life. Gender-based violence, including domestic violence is noted as one of the key areas where national response needs to be strengthened. The following key gaps and problems in the national policy-making, service delivery and prevention systems have been identified: **a) Coordination challenges among different policy-making and implementing actors in the area of domestic violence-** The national DV policy making and implementation system is very complex and involves many different governmental and non governmental institutions. Victims of DV in the country are entitled to adequate police protection, health, legal and social services. Each of these services is provided by different institution of the system and different sectoral Ministries are in charge of their implementation. Although the existing laws indicate that these institutions should cooperate among each other, the coordination among these sectors is not organized. This a key institutional weakness that needs to be overcome and its resolution requires good understanding of the existing national service provision system. Of particular concern is the absence of coordinated effort among NGOs resulting from their weak institutional capacities and competition for resources. Hence, the country lacks a strong NGO coalition/partnership to act as key accountability mechanism on the one hand, and ensure more efficient DV prevention, on the other. **b) Lack of standardized, coordinated and efficient service provision to victims of DV-** Different assessments of the protection and services provision system in the country point to the following weaknesses that require urgent attention *weak capacity of service providers to detect and refer cases of DV; poor and unstandardized quality of protection/attention services for the victims; and absence of standardized data collection and reporting system; inefficient justice system and legal protection of the victims; and lack of coordinated approach among different service providers when acting upon a case of DV* **c) Insufficient prevention efforts-** Most of the efforts to date have been directed at awareness raising of the general population while non-violence education in the formal system and community-based outreach programmes involving local actors or programmes targeting perpetrators as well as targeted education of most vulnerable groups have been almost if not completely absent. As prevention is key to the elimination of the problem, it is important to address the following key gaps: *lack of non-violence education in the formal system; lack of systematic work with perpetrators of DV; absence of outreach community and potential victims of DV programmes; and lack of general awareness among citizens that DV is criminal act, on the available protection and; attention services for the victims and on the work of NGO's in this area.*

3) Type/scope of VAW addressed: The proposed project addresses domestic violence as one of the most prevalent form of VAW in the country and its focus is both on its prevention and protection of the survivors as it

aims at providing a comprehensive and multi-faceted intervention involving all relevant actors in the country.

4) Implementing actors and their capacities/expertise: The national DV policy-making and implementation system is very complex and involves many different governmental and non-governmental actors. The key governmental institution is the Ministry of Labour and Social Policy (MLSP). The Ministry's activities consist of policy formulation, legal reform, awareness raising, provision of shelter services, skills training and cooperation with the NGOs.. Apart from the MLSP, other Ministries have important policy-making and implementation role in the area of DV, such as The Ministry of Health (MoH), the Ministry of Interior (MoI), the Ministry of Education (MoE), the Ministry of Justice (MoJ) among others. All of them will have a key implementation role in this project. Recently, a National Coordination Body on DV (NCB) consisting of representatives of all relevant Ministries, the Institute for Social Activities and number of NGO's has been created to oversee the implementation of the National Strategy for protection against DV 2008-2011. This Coordination Body is entrusted with a key role of ensuring effective inter-sectoral coordination on all issues and activities that will be undertaken in order to implement the Strategy. The overall project design has been closely coordinated with and approved by the Coordination Body. Therefore, it will act as a lead partner in the implementation of this project.

Other national actors that will be involved in the implementation of the project are selected Municipalities and their governing structures. While the country has seen progress in advancing gender equality issues at Municipal levels, particularly through the establishment of the Equal Opportunity Commissions in municipalities, with at least 10 pilot offices being fully operational, their involvement in ensuring effective protection and prevention of DV at local level has not been optimized. As the country is undergoing a process of decentralization of services and in view of the fact that protection of victims should be exercised effectively at local level, the project will have local service providers as key implementing partners too. They will act as implementing partners within the framework of the MoUs that will be signed with the respective sectoral Ministries as well as the MoUs that will be signed with the selected pilot Municipal governing bodies.

NGO's play important role in the national response system on DV and they will also act as key implementing partners of the project. In view of their weak institutional capacities, lack of collaboration and partnerships among them the project makes sure that in all project components where NGO's will act as implementing partner, a capacity building and institutional strengthening component is included. Ngo's will have lead implementing role in the implementation of activities aimed at a) establishment of legal aid services for the victims of DV; DV prevention (public awareness raising and community behavior change programmes) as well as in conducting rapid assessments and research studies. They will be selected on a basis of competitive bid following strictly established criteria for selection that have been endorsed by the Coordination Body on DV. UN procurement rules will be applied in the tendering procedures.

The five participating UN agencies will act as lead partners on specific project outcomes and will ensure

monitoring of implementation and reporting to the donor. In doing so, they will act in close consultation with the national Coordination Body. Five UN agencies are participating as managing partners in the implementation of this project UNFPA, UNDP, UNIFEM, UNICEF and WHO.

3. Justification .

1) Project objectives and implementation strategy: The overall goal of the project is to support the improvement of the national response system to domestic violence through better inter and intra sectoral coordination and enhanced capacities to engage in effective prevention efforts, to create adequate victim support services and to establish mechanisms for measurement of progress in reducing prevalence of DV.

The project will achieve the following specific objectives:

1. Strengthen coordination and accountability among different policy-making and implementing actors in the area of DV in order to improve policy making and implementation efficiency and effectiveness;
2. Improve knowledge and data collection capacity;
3. Support the establishment of standardized and coordinated service provision to victims of DV at municipal level;
4. Improve police response to cases of DV;
5. Improve the judiciary effectiveness and efficiency in protecting the victims of DV and sanctioning perpetrators;
6. Reduce DV prevalence through education, awareness raising and community intervention.

The objectives of this project are complementary to a project funded by the Dutch government that will be implemented in a synchronized manner with this project in order to ensure comprehensive, multi-faceted and multi-leveled interventions in support of the efforts of the government and the civil society to improve the national response system to domestic violence through better inter and intra sectoral coordination and enhanced capacities to engage in effective prevention efforts, to create adequate victim support services and to establish mechanisms for measurement of progress in reducing prevalence of DV. Both projects will:

1. Improve policy-making and implementation: Both projects will support the National Coordination Body in activities aimed at implementation of the National Strategy on DV and in improving the national policy-making and implementation system and coordination. This project will in addition support relevant policy-makers in expanding their capacities through involvement in regional lessons-learned/good practices sharing initiatives, while the project funded by the Dutch government will strengthen the monitoring of policy-implementation and improvement of accountability of all policy-making actors;
2. Support national data collection and dissemination system: This project will support each relevant institution in installing a data-recording and reporting software and capacity of professional staff to do so,

while the development of a national data-collection system (database) and training of staff for its maintenance and management will be funded by the Dutch grant. In addition, a qualitative data and knowledge production will also be supported by this project in order to expand the overall capacity for evidence-base policy-making and implementation;

3. Improve service provision: While the Dutch funds will be used to develop the necessary guidelines, protocols and referral mechanisms in each of the sectors working on protection of the victims and will ensure that relevant staff and professionals of each sector (police, judiciary, health, social services) are trained to use them, this project will support the piloting/establishment of a model of coordinated service provision to the victims at municipal level;
4. Improve prevention through formal education system: Both the Dutch funded project and this project will support initiatives aimed at the mainstreaming of non-violence in the formal education system at both primary and tertiary levels. As the number of teachers in primary schools is very big, the complementarity of the two projects will ensure that critical mass of teachers will be trained in non-violence education. Likewise, they will ensure that violence education is not only piloted at tertiary level education but effectively mainstreamed at all relevant institutions including in retraining of key medical personnel (mental health and emergency services).
5. Improve prevention through awareness raising and BCC programmes: Both projects will support awareness raising and outreach work aimed at improving prevention of DV. While the Dutch funded project will organize three national-level campaigns and assess the need and develop a pilot model for community outreach BCC programme that will be tested in one community, this project will fund the piloting of the tested model in three different communities. Moreover, this project will focus its awareness raising campaign on local level and will hence design and implement targeted local campaigns.
6. Expand legal aid services: And finally both projects will address the lack of legal aid services. While this project will finance the assessment of needs and capacities to establish such services and will implement their establishment in 5 Municipalities, the Dutch project will support activities aimed at awareness raising and capacity-building of the existing legal aid providers (lawyers and barristers) in order to improve the quality of services they provide for the victims.

In addition to the complementary activities/objectives outlined above, it is important to state that both projects will enable a very comprehensive and multi-leveled response system through different activities. The project funded by the Dutch government will establish a programme for employment and vocational training of victims in order to help their empowerment and reintegration in normal life. This project, will also address the needs to improve the capacity of the police and the judiciary to act upon the cases of DV and provide better victim

protection and sanction of perpetrators. And finally, this project will also strengthen the institutional and networking capacities of NGOs to seek accountability and to ensure their financial sustainability which is one of the key conditions for their effective work.

The implementation of the project is based on a joint programme pass-through modality, involving five different UN agencies, the key governmental institutions and all relevant NGOs in the country. Each project output is structured as a separate sub-project where different government institutions and NGO will act as implementing partners, while UN agencies will have monitoring and reporting. All project activities and interventions will be coordinated through the National Coordination Body. This body will act as key focal point to measure progress in implementation and to advise on project implementation strategy. A Joint Project Steering Committee involving all relevant implementing actors and the UN agencies will be established to provide direct guidance and oversight role.

Each project Output is structured as a sub-project and will be entrusted to one lead UN agency. It will use the following implementation methodologies and approaches:

OUTPUT 1.1 National Multi-Sectoral Coordination Body effectively coordinates policy-making and implementation of the National Strategy for protection against DV- Key implementation method will be provision of a technical support through engagement of a staff member that will provide logistical support and backstopping of the Coordination Body as well as coordinate provision of technical expertise by the international and local expert that will be funded by the project financially supported by the Dutch government. Lead UN agency in charge of this output is UND and the key implementing partner will be the MoLSP.

OUTPUT 1.2. Government capacities to design and implement DV policies and capacity building programmes strengthened- The key intervention strategy is based on provision of technical support by an outsourced expert institution to develop, design and monitor implementation of specific policy guidelines and capacity-building programmes. Lead UN agency in charge of this output is UNICEF and the key implementing partner is MLSP.

OUTPUT 1.3. National unified data collection system for monitoring incidence and trends of DV established- The key implementation method for the achievement of this Outputs is based on subcontracting a technical expertise (IT development company) to develop, install and train staff on a new software application for data recording and sharing. In addition, the implementation of this Output will use sub-contracting of research institutions/individual contractors to conduct three research studies. The subcontracting of technical and research expertise will be done in accordance with the UN procurement procedures. The lead UN agency for this Output is UNFPA which will act in collaboration with UNIFEM and WHO while the key implementing actors will be the respective Ministries. Research studies will be subcontracted to expert institutions on a basis of competitive bid.

OUTPUT 2.1. Police response to cases of DV improved- The key intervention methods to be used for the achievement of this Output are capacity building of police officers that will be appointed to work in the Local Prevention Councils as well as capacity-building of the members of the Police units working in Prevention and Public order and Peace Departments. Another project intervention method that will be used here is the creation of positive relationships between the police and the citizens through implementation of public debates in local communities and establishment of channels for communication/interaction between the local police and the citizens. UNDP will have a lead role in the implementation of this Output while the MoI will be the key national implementing actor.

OUTPUT 2.2.: Free of charge legal aid assistance to victims of DV established- The key approach underlying the implementation of this Output is based on piloting of a model of legal aid service provision in selected municipalities where such services are scarce or unavailable and where a local/regional NGO's that could provide such service exist. Once the model is piloted and tested, a scaling up initiative will be supported through the organization of a national Conference involving relevant actors including NGOs and municipalities. Identification of lessons learned and good practices for scaling up of the model throughout the country will be one of the important approaches used as it will not only raise the awareness on the need to provide adequate service delivery but will also document the experience. The lead UN agency for this Output is UNIFEM while key implementing partners will be selected NGO's on a basis of a competitive bid following UN procurement rules and in accordance with criteria endorsed by the NCB.

OUTPUT 2.3.: Improved coordination among service providers at local level in protecting victims of DV- The key intervention method will be the development and piloting of victims friendly protection practices at local level based on effective coordination among service providers. The model will be implemented in five selected municipalities based on the recommendation of the assessment. The assessment will be undertaken by an expert institution/individual on a basis of public bid following the UN procurement procedures and rules. In order to make this multi-sectoral model of protection effective and efficient awareness raising activities among citizens on the available protection services will also be undertaken in a form of public debates; media campaign and dissemination of materials (flyers, brochures). The lead UN agency in charge of this Output will be UNDP which will work in collaboration with WHO in charge for implementation of the activities involving the health care providers and agreed budget will be transferred to WHO for these activities. The key implementing partners are the selected Municipalities that will work under the overall guidance and monitoring of the respective Ministries and the NCB.

OUTPUT 2.4.: Efficiency of the judicial system to deal with DV cases improved- The key implementing method is based on targeted capacity-building of judges and prosecutors to enact efficiently existing DV legal provisions

and safeguard the rights of the victims as well as sanction perpetrators; The key implementing partner for this Output is the Ministry of Justice and its Academy for Judges and Prosecutors. This body is entrusted with permanent capacity-building of the judiciary. UNICEF will be the lead UN agency in charge of implementation of this Output.

OUTPUT 3.1: Community outreach behavior change programmes targeting most at risk communities and public education campaigns implemented- Following the assessment of communities and the needs for BCC outreach programme that will inform the type of intervention needed as well as its piloting in one municipality, this project under this Outcome will scale up the programmes in the other selected municipalities. Interventions, like community meetings, raising awareness of community leaders, involving men in public debates on violence, gender roles, etc. will be undertaken. These intervention methods will be coupled by targeted awareness raising campaigns implemented at local level that will be adjusted to the norms and contexts of the communities and will use appropriate messages to advocate for behavior and attitude change. The lead UNFPA agency in charge of this Output is UNFPA due to its expertise and experience in working with communities and in using culturally and socially appropriate intervention methods. NGO's selected on a basis of competitive bid will act as key implementing partners.

OUTPUT 3.2.: Non-violence integrated in school/university curricula; educational policy, legislation, and school practice- The key intervention methods that will be used are based on revision of educational guidelines and curriculum development which will be done by experts that will work closely with the Ministry of Education and the Bureau for Development of Education. Capacity-building and sensitization workshop targeting primary education teachers as well selected higher education institutions and colleges will be implemented. Overall coordination and monitoring of implementation of the activities will be entrusted to UNICEF (primary education) and WHO (higher education medical institutions). The key Implementing partners will be respectively the Ministry of Education and the Ministry of health.

OUTPUT 3.3. Networking among CSOs to prevent DV established and their institutional capacities strengthened- The key implementation methods that will be used for the achievement of this output are based on network development, and implementation of networking activities. Likewise, targeted training of NGO's aimed at strengthening of their institutional capacities, including for fund-raising will also be undertaken. Use of new ICTs will be promoted as a means to support networking activities. The lead role in the implementation of this Output will be entrusted to UNIFEM. The key implementing partner will be selected women NGO with proven track record in organizational and networking activities.

2) UN capacity to undertake the project: The UN in the country has a specific strategy and a mandate to work

on the strengthening of the policy-making and coordination capacities of the government as part of its overall efforts to improve governance at all levels. Likewise, UN strategy in the country, based on the current UNDAF framework has a key objective on improving services (access to and quality) to most-at-risk and vulnerable groups, including women and victims of DV. And finally, the UN strategy in the country clearly includes the need to mainstream gender equality throughout all its programmes and projects. In line with these key strategic objectives of the UN in the country, the UN agencies participating in the project identified DV as key cross-cutting issues where the expertise and involvement of a number of agencies is a must. Hence, this project builds not only on the strategic positioning and advantages of the UN agencies in the country but on their specific expertise and experience.

The participating UN agencies have proven track record and institutional expertise to address the issue of DV. The specific UN support to the country included so far a number of relevant activities including technical assistance to Government and NGOs to implement CEDAW recommendations, capacity building of professionals and service providers; support in the establishment of DV shelters, raising public awareness, curriculum development and the introduction of life-skills based education, as well as support in conducting research and organizing of legal education among most-at-risk groups.

In 2007, a joint project was implemented by the five participating agencies aimed at mapping and stock-taking on existing initiatives, gaps and challenges in the national response system to DV. The assessment report that was produced at the end of the project served as a basis for the development of this proposal. Recently the participating UN agencies also supported with technical expertise the process of development of the National Action Plan on Gender Equality (2007). And finally, the UN also commissioned an assessment of the current legal and institutional DV framework with the aim to develop recommendations for legal and institutional reform. In order to share the findings of this assessment, a series of two public debates were organized jointly with the parliamentary Commission for Equal opportunities. The first debate presented the recommendations of the assessment and aimed at reaching consensus on the legal changes needed. The second hearing discussed the role of the Ombudsperson in protecting the rights of the victims through an exchange of experiences with Spain. A third debate is planned on the existing programmes targeting perpetrators and a Dutch expert will present the experience of the country.

UN agencies in the country have significant individual track record on DV as well. As of 2004, in the area of social protection UNICEF provides continuous support to the government and NGOs to implement domestic violence projects. This support includes series of capacity building events including study visit and multi-disciplinary trainings, supported the establishment of all government shelters for victims, national media campaign, conducted studies to inform the policy making process. In the area of education, UNICEF builds on its

past and ongoing work which includes 1) support to curriculum development and the introduction of life-skills based education (LSBE) subject which includes contents for non-violent communication; 2) teacher training on LSBE at national level; 3) development of standards for child-friendly school (SCF) which include standards related to prevention of violence; 4) piloting on CFS standards and 5) national campaign on preventing school violence

WHO has worked in the area of violence and health through support to the Ministry of Health in developing guidance and training health providers to detect and provide support to the victims. UNIFEM has provided technical assistance in support of national implementation of CEDAW commitments and recommendations, including those related to DV, and recently supported study on the costs of DV at a national scale, which measures the expenses that various state institutions and victims bear when faced with domestic violence. UNFPA has supported the NGO sector in legal education and awareness rising on DV among most-at-risk groups (that is Roma community) in the country and it has also partnered with WHO in identifying key policy-making and service provision interventions that should be implemented by the health sector.. UNFPA has also worked on key gender equality issues like reproductive rights, including quality of abortion care and modern contraceptive provision. UNDP has also supported gender awareness capacity-building training in 9 municipalities, targeting municipal officials and EOC members.

3) Project support to relevant laws/policies/plans: The design of this project is based on the newly adopted National Action Plan for Gender Equality (2007) and the National Strategy for Protection against Domestic Violence (2008-2011) which provide a set of overarching objectives and intervention strategies clustered around the following core results: a) improved multi-sectoral coordination; b) mainstreaming of prevention of DV through the education system; c) improved capacities of service providers (judiciary, police, social protection and health care); d) improved outreach work and general awareness of the population; and e) improved knowledge, data collection and recording system; f) improved capacities of the police to prevent and protect against DV; and g) Improved capacities of the judiciary to prosecute cases of DV. All these outputs are related to specific objectives and results of the National Strategy and they have been discussed and agreed upon by the National Coordination Body which has been established and tasked with the implementation of the Strategy. Therefore, the project provides a specific oversight and coordination role to the NCB in order to ensure that project activities correspond and contribute to the implementation of the national Strategy. The planning of the activities under this project is also aligned with the time-lines provided in the Strategy in order to make sure that the support is provided on time and hence the implementation of the Strategy is in line with the national implementation priorities.

4) Use of good practices and up-scaling interventions: While this project aims at up-scaling already initiated

activities in the country both by the UN and other organizations and institutions as explained in the sections above, it also builds upon approaches and models of effective interventions used elsewhere. Among those good practices and models consulted are some pilot models supported by UN agencies in Latin America (Dominican Republic and El Salvador), the Austrian model for effective victim protection as well as some pilot models developed in the USA, including the Minnesota Domestic Abuse Intervention Project. All of these models have served as basic premises upon which the project design has been developed: :

- a) Existing Laws and policies have to be backed by political commitment at highest level and hence provided for with sufficient budgetary allocations for their implementation, including allocations for human resources, technical expertise and training and capacity-building of service providers (Dominican Republic and El Salvador);
- b) Inter and intra sectoral coordination is a fundamental factor for effective implementation of laws and policies and it should be established at highest national level as well as at sectoral level. State funding should ensure networking and coordination activities among all relevant actors in order to provide for comprehensive agency response across the justice system, the social protection system (social services and medical providers) (The Austrian model based on close linkage between legal provisions and protection services and their effective intersect oral coordination; the Santa Clara County Domestic Violence Council, Honorary Commission to end Violence Against Women and National Inter-sectoral Commission to prevent and Fight Domestic Violence, Dominican Republic);
- c) Integrated and well coordinated victim protection services system to ensure victim safety and rehabilitation and offender accountability (The Minnesota Duluth Domestic Abuse Intervention Project as one of the oldest and most respected domestic violence intervention and prevention programs. Dominican Republic has also developed a National Model for attention to Victims based on the concept of Women Friendly police Departments).
- d) A common factor among the majority of the documented promising practices is that they include extensive community coordination and multi-disciplinary approaches to addressing victims of domestic violence to complement the existing intervention-based services.
- e) Monitoring and evaluation of interventions through extensive use of data and information and based on key indicators of progress such as extent of DV prevalence, access and use of services, extent of demand for services not provided to victims and perpetrators, quality of services, existence of informal networks for DV prevention and support to victims, etc.

4. Strategies

The implementation of the proposed project is based on the following strategies:

1. Use the positive national momentum marked by the adoption of key policy documents National Strategy for Protection against Domestic Violence (SPADV) and National Action Plan on Gender Equality

- (NAPGE) to create the required synergies and promote coordinated approach to their implementation;
2. Promote capacity-building for governance at all levels, that is the building of the institutional and individual capacity of relevant state and civil society actors to address and prevent DV effectively and efficiently;
 3. Develop and pilot test at local levels models for protection of the victims based on the best practices worldwide, and
 4. Promote systemic and individual behavior change to enhance awareness and accountability for gender equality in the country.

In order to effectively promote and use such strategy, the project will combine intervention strategies that combine mobilization for action at the highest policy-making levels-parliament and government, and will mobilize community-based and other civil society actors. The project will also pilot and scale up innovative models aimed at ensuring adequate protection of victims by promoting responsible and coordinated action of different service providers. In order to strengthen accountability and measure progress in DV prevention, a unified national knowledge and data producing system will be enhanced. Likewise, the intervention strategies will mobilize men and community/religious leaders as partner in ending DV. And finally, the project strategy will promote the role of NGO's, especially women's NGOs the predominant actors in the civil society sector working on prevention and protection from DV, to advocate for and contribute to change the structural and cultural conditions of gender inequality that sustain domestic and other forms of gender-based violence.

Specific implementation strategies have been elaborated in the section above.

5. Coverage and scope of project

The project will be implemented at both national and local levels. Interventions addressing national gaps and challenges are directed at policy level-policy development and implementation, support in endorsement and application of standards and guidelines and enhancement of inter and intra sectoral coordination. This is so as key policy and coordination gaps are the following:

a) Weak coordination among different policy-making and implementing actors in the area of domestic violence- the national DV policy making and implementation system is very complex and consequently faces determinate challenges in addressing the issue of DV among all sectors involved. Inter and intra sectoral coordination is weak. Victims of DV in the country are entitled to adequate police protection, health, legal and social services. Each of these services is provided by different institution of the system and different sectoral Ministries are in charge of their implementation. Although the existing laws indicate that these institutions should cooperate among each other, a structured and systematic mechanism of cooperation does not exist and the laws do not prescribe penalties for overlooking these. This a key institutional weakness that needs to be overcome and its

resolution requires good understanding of the existing national service provision system. Of particular concern is the absence of coordinated effort among NGOs resulting from their weak institutional capacities and competition for resources. Hence, the country lacks a strong NGO coalition/partnership to act as key accountability mechanism on the one hand, and ensure more efficient DV prevention, on the other.

b) Lack of standardized and efficient service provision to victims of DV- Different assessments of the protection and services provision system in the country point to the following weaknesses that require urgent attention: i) weak capacity of service providers to detect and refer cases of DV; ii) poor and unstandardized quality of protection/attention services for the victims; and iii) absence of standardized data collection and reporting system and inefficient justice system and legal protection of the victims.

c) Absence of non-violence education in the formal education system.

Project interventions directed at national level will reach all relevant national actors-Ministries, government institutions and service providers and NGOs working at national level. Targeted trainings on data producing, improve police protection, efficient criminal and civil court proceedings and non-violent education through the formal system will reach more than 2000 civil servants, service providers and primary, secondary and tertiary level teachers and professors.

And while progress in policy development and coordination and standardization of service provision at national level is indispensable, targeted interventions at local level aimed at improving victim's protection and in raising awareness in communities less exposed to awareness on DV and where risks for its prevalence are higher are necessary. Hence, some project interventions will be directed at local level where free-of charge legal services will be piloted and assistance/protection of the victims through coordinated effort of service providers will be established. The municipalities where free of charge legal services will be piloted are the following: Prilep, Kumanovo, Bitola, Gostivar and Strumica. These municipalities have been selected due to the prevalence rates of DV and because such services are unavailable.

Victims friendly protection system will be piloted on the basis of initial assessment which will point to where the biggest need for such service exist as well as where willingness and preparedness of local service providers to collaborate is the highest.

Community outreach programmes and targeted awareness raising activities will be in the Municipalities with higher number of reported cases of DV as well as where a number of vulnerabilities exist that create a fertile ground for DV, such as higher unemployment and poverty rates, communities where patriarchal and traditional gender and social norms prevail, etc. Additional criteria that will be employed in the selection of the communities where programmes will be implemented is the existence of local NGOs and their capacities to work within

communities.

Public awareness raising activities will also target the needs of most at risk communities and will be tailored to increase their awareness through use of adequately developed messages acceptable to their cultural/social background. It is expected that more than 500,000 people will be reached by these activities.

The key primary beneficiary of this project is the general population of the country, particularly those women and children exposed to DV in their daily lives. However, as the project also provides for targeted interventions at selected communities and municipalities (see section above) specific focus is given to those belonging to vulnerable and most-at-risk groups (women, children and elderly in rural communities and belonging to ethnic/religious minorities) that most often tend to be victims of DV.

Secondary beneficiaries of this multi-actor/intervention project are the national institutions and organization both governmental and non-governmental that have the mandate to deal with the issue and hence ensure their capacity for ownership of the national DV response system and are the main implementing partners of this project. Specifically targeted institutions and their staff members are: MLSP, MoI, MoH and MoJ, as well as judges in criminal and civil courts, NGO's, Macedonian Bar Association, and Municipal Commissions on Equal Opportunities. Secondary beneficiaries will not only be implementing partners but will be subject to intensive capacity building efforts and will participate in piloting of initiatives and models such as women's friendly protection, free-of charge legal assistance, data production, etc.

With the implementation of the proposed project activities, both primary and secondary beneficiaries will have: increased knowledge and awareness of DV; increased commitment for action and coordination; better understanding of the scope, trends and patterns of the problem of DV; better skills to protect and safeguard rights of victims and change of individual and collective perceptions and behavior patterns resulting in perpetration of violence in the family and in the community.

6. Expected results and main activities to achieve them

The overarching objective of the proposed project will be to support the Government and the civil society sector in improving coordination and strengthening their capacity for DV prevention and provision of adequate victim support services. Likewise, the project will strengthen the national capacity for measuring progress and monitoring and evaluation of the effectiveness of DV prevention efforts.

Taking into account the key challenges and gaps identified in the previous section, the Programme will tailor its activities towards achieving three key **OUTCOMES**:

1. Efficient policy-making and improved policy-implementation accountability of all relevant national stakeholders;
2. Extensive and comprehensive protection and support to the victims of DV;
3. Enhanced public awareness and reduced incidence of DV.

Each of these outcomes will result from the achievement of the following programme **Outputs and activities:**

OUTCOME 1

OUTPUT 1.1: National Multi-Sectoral Coordination Body effectively coordinates overall policy making and implementation of the National Strategy for combating DV and other relevant national strategies

The following activities will be implemented for the achievement of this output:

1. Support the National Coordination Body in coordinating policy making and implementation of the National Strategy on DV;
2. Support the work of the National Coordination Body with provision of one national staff/expert;
3. Establish and maintain a web site, including number of discussion forums.

OUTPUT 1.2. The Government capacities to design and implement DV policies and capacity building programmes strengthened;

The following activities will be implemented towards the achievement of this Output:

1. Support the endorsement and implementation of policy and guidelines on identification, documentation and record keeping of DV cases.
2. Support the enhancement of the partnership between MoLSP and expert institution(s) (national and/or international) in planning, implementation and evaluation of capacity building programmes for professionals working with victims of DV (including specialized modules for treating children victims of DV);
3. Provide technical expertise to strengthen MoLSP/ISA capacity for monitoring DV cases and support the establishment of a national accountability mechanism;

OUTPUT 1.3. National unified data collection system for monitoring incidence and trends of DV established

The following main activities will be implemented for the achievement of this Output:

1. Develop software modules for data collection;
2. Train/mentor data producers in each relevant ministry /institution on the use of the software;
3. Conduct 3 research and base-line studies to improve knowledge and data on DV.

OUTCOME 2

OUTPUT 2.1: Police response to cases of DV improved;

This Output will be achieved through the implementation of the following activities:

1. Support the Ministry of Interior in establishment of 6 (out of total 8) Local Prevention Councils (LPC);
2. Conduct number of awareness raising meetings within communities where they will be established on the role and functions of LPC;
3. Conduct capacity building of the members of the 6 LPC;
4. Provide support in awareness raising, mentoring and coaching of staff members of the Prevention Departments of the MoI;
5. Conduct capacity building of staff of the Sector for Public Order and Peace;
6. Facilitate exchange of experiences between technical and managerial staff of the MoI with staff from other MoI in the region;

OUTPUT 2.2.: Free of charge legal aid assistance to victims of DV established

This Output will be achieved through the implementation of the following activities:

1. Conduct capacity and need assessment study for provision of legal aid services to the victims (both of governmental and NGOs providers). Establish national legal aid network and train NGO's and professional associations on legal aid provision;
2. Provide capacity building of licensed legal aid providers (NGO's and Lawyers) to implement the new standards in their work
3. Establish free of charge pilot legal aid services in 5 municipalities where such services are not available;
4. Conduct evaluation of the pilot legal aid services and present the findings at a one- day national conference on lessons learned in order to gain commitment for scaling up of the initiative

OUTPUT 2.3.: Improved coordination among service providers at local level in protecting victims of DV

The following activities will be implemented for the achievement of this Output:

1. Assess five municipalities to serve as locations for developing a pilot coordination model for provision of services to the victims of DV;
2. Pilot the establishment of coordinated victims protection system through formalization of the relations and activities of each of the service providers (police, public prosecution, health and social protection) and improve their capacity to work as coordinated teams;
3. Establish coordination mechanism and protocols for work of the mixed protection teams;
4. Raise awareness at local level on the work/procedures used by the mixed local protection teams

OUTPUT 2.4.: Efficiency of the judicial system to deal with DV cases improved;

This Output will be achieved through the implementation of the following activities:

1. Conduct 8 regional capacity-building workshops for judges from the criminal, civil and investigative courts and public prosecutors;
2. Conduct 1 national conference of judiciary to discuss progress in dealing with DV in the country;
3. Conduct one regional conference of judiciary to exchange experiences and good practices in dealing with DV;

OUTCOME 3

OUTPUT 3.1: Community outreach behavior change programmes targeting most at risk communities and public education campaigns implemented

The following activities will be implemented for the achievement of this Output:

1. Develop and scale up a community outreach behavior change programmes targeting three communities with the highest incidence of DV involving local authorities, NGOs and community leaders to be lead by existing NGO networks;
2. Conduct local public education campaigns on an annual basis to support the BCC and awareness raising work in selected communities.

OUTPUT 3.2.: Non-violence integrated in school/university curricula; educational policy, legislation, and school practice;

The following activities will be implemented:

1. Develop teacher guidelines/ policies and guidelines for mainstreaming non-violence in primary education;
2. Sensitize primary school teachers;
3. Translate to local languages and print the primary education non-violence guidelines
4. Develop training modules for faculty curriculums for higher education targeting students of 7 relevant faculties (Medical faculty, Faculty for Social Work and Policy, Faculty of Psychology, Pedagogy, Faculty for Secondary and Higher Education of Nurses and Midwives, Faculty of Law, Police Academy);
5. Pilot the developed modules for faculty curriculums as training modules in the relevant Universities.
6. Training for the postgraduate students for the emergency health care services
7. Training for the postgraduate students in the mental health area

OUTPUT 3.3. Networking among CSOs to prevent DV established and their institutional capacities strengthened

The following activities will be implemented for the achievement of this Output:

1. Map the existing CSOs working on DV throughout the country;
2. Establish CSOs coordination network, develop a networking modality and joint framework of activities;

3. Establish joint web based discussion forum, newsletter and other publication materials;
4. Conduct capacity building of the CSOs, including for fundraising activities

**** Complete the Logical Results Framework - Annex 1**

6. National Capacity Development

The core capacities that will be advanced by this project are the following:

1. Coordination capacity among policy makers in policy-making and implementation – Such capacities will be enhanced of the members of the NCB on DV (representing all relevant Ministries and NGO's);
2. Coordination capacities among local service providers (police, judiciary, social protection and health care) – Capacity and practice to act in a coordinated manner will be strengthened in the five pilot municipalities;
3. Data and knowledge producing capacities of all relevant national data producing institutions (MLSP, MoI, MoJ, ISA, State Statistical office (SSO));
4. Capacity to provide legal aid and assistance to victims of DV- NGOs from five pilot municipalities will have enhanced their capacity to provide legal aid and assistance to the victims;
5. Capacity of teachers at all education levels to teach and mainstream non-violence in their work- More than 1400 teachers at primary education level would have increased their capacity to teach non violence, recognize potential victims of DV and undertake actions to protect the victim and eliminate the problem;
6. Capacities of NGOs to network, seek accountability and promote non-violence- All key NGOs in the country working in the area of DV that will act as key implementing partners would increase their capacity to implement outreach programmes, would strengthen their networking abilities and would improve their fund-raising skills.

As strengthening of national capacities constitutes an integral part of improving national coordination and response to DV on the one hand, and strengthening of capacities is perceived as individual as much as collective/institutional change, on the other, it is expected that the effects of such change will have a longer term effect. Due to the fact that: a) the NCB on DV is created upon the initiative of the government, b) Local Police Councils and Police Prevention Teams as part of the internal restructuring and reform of the police; c) training of judges and prosecutors as part of the curriculum and work plans of the Academy of Judges and Prosecutors; it is expected that such institutional reform/modernization initiatives will continue after the project termination.

Likewise, curriculum change in the education system is an initiative that will be institutionalized and whose implementation is upon direct oversight and responsibility of the MoE. Data collection capacities and acquired skills of data producers will also have longer term effect as software and data collection/processing practices will become part and parcel of the work/ICT support system of the relevant national institutions.

Improvement of the skills and capacities of NGOs to network and advocate for DV prevention as well as to fund-raise jointly in order to ensure their sustainability, will have a longer-term effect on improving their financial and hence institutional capacities which is one of the key precondition for NGO's to act as relevant partner in the

national DV prevention efforts.

7. Sustainability: As explained in the management plan below, the sustainability of the project will be ensured through permanent efforts to sensitize policy makers and budget officials on the need to provide in the state budget sufficient allocation of funds to enable continuation of the project interventions once it is finalized. The role of the NCB on DV will be crucial in this sense. However, for effective functioning of the NCB, it is crucial to have continued technical and logistical support. Therefore, the project foresees that the government will take over the expenses related to the costs of the staff member assigned to backstop and service the NCB. This staff member will be entrusted to develop project proposals and engage in fund raising activities on behalf of the NCB during 2010 and 2011. The use of such modality is not new in the country and has been already used in the area of trafficking of women where a national Commission and a technical unit to service this commission have been initially established and supported by the international organizations (OECS and IOM) and is now fully sustained by the budget of the MLSP.

The transition to full national ownership of the coordination mechanisms in the area of DV will be initiated in late 2010, when the JPSC would prepare a hand-over strategy. Such hand-over strategy will be based on the positive achievement of the project as well as backed by data and knowledge on how much DV costs the country, on the one hand, and the impact of concerted and coordinated effort on DV prevalence, on the other.

Having in mind the need to ensure sustainability of the interventions and national ownership, the project opted for a national implementation modality based on signing of MoUs between key governmental and non-governmental partners so as to strengthen partnerships and ensure commitment and continuity of activities, irrespective of personnel changes within government or the end of the project period.

Given the fact that this project will provide for a unique opportunity to involve all relevant stakeholders into an effort to implement coherent and multi-sectoral interventions at the same time, it is expected that it will provide a very good practice on how to deal with domestic violence at primary, secondary and tertiary level prevention in order to eliminate the problem and provide for adequate and efficient national response. The successful implementation of the project that will result in an improved response system in terms of sanction, attention and protection and greater collaboration and coordination among different sectors, could provide a good model for intervention to be followed in the country after the termination of this project.

8. Partnerships and National Ownership: Due to the complexity of the project interventions and its complementarity with the other UNCT project on DV funded by the Dutch government, this project has multiple national implementation partners as follows:

OUTPUT 1.1 National Coordination Body effectively coordinates policy-making and implementation of the National Strategy for combating DV - The coordination and oversight of the activities under Output 1.1 will be entrusted to UNDP while the MLSP will be the key implementing agent. A MoU signed between the two will ensure that the overall responsibility for the implementation of the activities under this Output will rest with the national implementing partner, while this UN agency is directly responsible for the timely and efficient management of the implementation of the activities. UNDP will also ensure provision of international expertise and advice whenever needed for the successful implementation of this project Output. The MLSP will be in charge of coordination and servicing of the work of the NCB.

OUTPUT 1.2. Government capacities strengthened to design and implement DV policies and capacity building programmes- The lead UN agency entrusted with oversight and coordination of the implementation of these activities is UNICEF. The lead implementing partners are the MLSP and its Institute for Social Activities (ISA). Through the use of national implementation modality and on the basis of a signed MoU, UNICEF will ensure that provision of technical advice is timely and relevant and that all planned activities are implemented by the partners in a timely and efficient manner. The MLSP and ISA will ensure that all relevant policy revision and implementation is effected on time and through coordination with other relevant line Ministries.

OUTPUT 1.3. National unified data collection system for monitoring incidence and trends of DV established- The leading UN agency entrusted with the coordination and oversight over the improvement of the national data collection system will be UNFPA. The MLSP and ISA will be the key implementing partners. This agency will sign a MoU with the lead national implementing partner for this Output, the MLSP detailing all responsibilities of the implementing partner. UNFPA will ensure quality international UN expertise to support the creation of the new unified data collection and reporting system. Knowledge production related to this Output will be co-shared among different UN and national implementing partners. UNIFEM will be entrusted with the costing study on DV to be performed on local level in the pilot municipalities. This study will be performed on the basis of the already developed methodology in the study on the Costs of the DV conducted on national level in 2007-2008 and supported by UNIFEM. WHO will be entrusted with the study on violence against older women and UNFPA will have a lead role in the implementation of the assessment study on efficiency of the judicial system. National research institutions to conduct the studies will be selected on the basis of competitive bid.

OUTPUT 2.1. Police response to cases of DV improved- The main implementing partner for this Output is the MoI while UNDP will act as key monitoring and coordination agent. As with previous Outputs, detailed roles and responsibilities and timeline for implementation will be elaborated in the MoU signed between these two organizations.

OUTPUT 2.2.: Free of charge legal aid assistance to victims of DV established- This Output will be implemented

by a selected NGO in the country through competitive bid. Proven experience and competencies in providing legal assistance will be considered as strong assets in the selection of the candidate. The UN agency entrusted to oversee and coordinate the efficient implementation of this output will be UNIFEM. UNIFEM will enter into standard cooperation agreement with the selected NGO implementing partner.

OUTPUT 2.3.: Improved coordination among service providers at local level in protecting victims of DV- The key implementing partners for this Output are the selected Municipalities and respective line Ministries who will act as members of the project Boards. As provision of services at local level will fall under the direct responsibility of the local –self governments, the lead UN agency UNDP will sign MoUs with the local governments to ensure their direct involvement, responsibility and accountability for the implementation of the activities contained within this Output. WHO will co-share responsibilities with UNDP in the implementation of activities related to health-care sector.

OUTPUT 2.4.: Efficiency of the judicial system to deal with DV cases improved- The key implementing partner for this Output is the Ministry of Justice and its Academy for Judges and Prosecutors. UNICEF will have the monitoring and oversight role. Timelines and responsibilities for implementation of the activities will also be detailed in the MoU signed by these two organizations.

OUTPUT 3.1: Community outreach behavior change programmes targeting most at risk communities and public education campaigns implemented- The main implementing partners for this output are NGOs that will be selected on a basis of competitive bid. The lead UN agency, UNFPA will provide technical expertise in the design and piloting of this programme and the detailed roles and responsibilities will be defined through MoUs. Prevention efforts will also focus at the level of the general public as citizens in general need to become aware of the fact that DV is a criminal act and that there are a number of services available to the victims. They will be implemented by a number of NGO's in the country based on their experience and capacities. They will be selected on the basis of their offer; however, efforts will be made to include most of them as part of the efforts to strengthen their coordination and networking. UNFPA will act as lead monitoring agent. This agency will sign a MoU for each activity with the lead national partner.

OUTPUT 3.2. Non-violence integrated in school/university curricula; educational policy, legislation, and school practice- The achievement of this output will also require interventions aimed at mainstreaming of non-violence in the educational curriculum of primary schools. This will be done in close collaboration with the Bureau for Education and the Ministry of Education that will act as key national implementation partner. The lead UN agencies entrusted with the achievement of this output will be UNICEF. Activities aimed at curriculum development and training for faculties will be entrusted to WHO based on the TECH VIP multidisciplinary modules, while the main implementing partners will be the Mo Education and the Mo Health.

OUTPUT 3.3. Network of CSOs to prevent DV established and their institutional capacities strengthened. – The realization of this output will be done through an initial mapping of the NGOs working in the field of domestic violence, building and updating similar study carried out by UNIFEM in 2007. The establishment of the Network will be conducted by an NGO that will act as main implementing partner and will have leadership role in

convening, facilitating and maintaining the network. Lead role in the realization of the network is expected to be undertaken by women NGO's, due to their particular interest in combating the DV which is a gender based violence and because of certain's NGOs long-term activity in this filed and their proven experience The selection of NGOs will be done through a competitive bid, using as a main criteria previously demonstrated organizational and coordinative capacities in networking, at both national and local level and established reputation within civil society. The strengthening of the institutional and networking capacities of the NGOs and their ability to fundraise will be entrusted to UNIFEM, the lead UN Agency responsible for monitoring of this output. UNIFEM will place emphasis on ensuring that the network develops mechanisms and modes of operation that allow it to become sustainable and to continue operating beyond the completion of this project

9. Monitoring & Evaluation and Knowledge Management plans

The overall programme oversight will be provided by a Joint Programme Steering Committee (JPSC). This Committee will be established for the specific purpose of ensuring oversight over the programme implementation and will consist of the Principal coordinator nominated by the government, in order to ensure link between the work of the National Coordination Body and representatives of the UNDP, UNFPA, UNICEF, UNIFEM and WHO. Once per year the Joint Programme Steering Committee shall review and adopt the Annual working plans and these meetings will be also attended by the Minister of Labour and Social Policy and the UN Resident Coordinator.

Overall monitoring of implementation will be provided by the lead UN agencies each of them on the specific Output/s with which it has been entrusted. The UN Agencies will provide, through their technical staff members, the Joint Programme Steering Committee and the UNDP as Administrative Agent with the following monitoring statements and reports:

- i) Narrative progress reports for each twelve-month period on progress in implementation of the specific programme outputs/activities that have been approved by the National Coordination Body
- ii) Reports of a regular monitoring visits;
- iii) Reports of periodic coordination and thematic meetings among UN agencies, government and NGOs engaged in the implementation of the programme that are aimed to serve as a forum for monitoring and upraising of the implementation of the project activities;
- iv) Reports of regular Joint Programme Steering Committee (JPSC) meetings that will provide assessment of progress and guidance on revision/rescheduling of activities if and when needed;
- v) Annual financial reports as of 31 December each year regarding expenditures incurred during the year against the funds disbursed to them from the Joint Programme Account by the Administrative Agent.
- vi) A final narrative report, cleared by the National Coordination Body and a financial report, following the completion of the project;
- vii) A final certified financial statement.

National Implementing Partners in turn will be in charge of monitoring of implementation of their respective project activities as outlined in the MoUs signed with the UN agencies. In order to ensure effective coordination of their work and timely implementation of their activities, the implementation of the project activities will be steered by the National Coordination Body. One of the key tasks of this body is to consider achieved progress in the country and to enhance the coordination among different sectors. For that, each implementing partner and managing UN agencies will provide their narrative progress reports to the National Coordination Body through the Administrative Agent.

The National Coordination Body will meet regularly to review the progress of implementation and discuss the bottlenecks that might be identified during the programme implementation. This body is already in function and will continue with its work after the finalization of the project activities.

One project staff will be contracted and his/her role will be to ensure coordination among the institutions participating in implementation of the activities. S/he will be under the supervision of the Principal Coordinator of the National Coordination Body and will report on the regular monthly bases on the achieved progress. It will be her/his responsibility to proceed the regular monitoring reports to the Joint Steering Committee provided by UN Agencies.

The project will use the following evaluation methods and tools:

- a) One external progress evaluation after the first year of project implementation;
- b) One mid-term internal evaluation (after the 1 ½ year of project)
- c) Final impact evaluation to be conducted by international and national evaluators that will assess the effect and the impact of the implemented project and will provide recommendations for actions to be undertaken in the future.
- d) A final audit of the overall project will be implemented;

Specifically targeted internal monitoring and evaluation will be undertaken on:

- outputs aimed at improving services to the victims- this will be done through evaluation questionnaires and focus group throughout the process of implementation of these activities.
- pilot activities and their up-scaling (legal assistance, community outreach, and integrated victim's friendly protection services). These will be conducted at the end of the pilots in order to evaluate their viability, impact and possibilities for their up-scaling throughout the country.

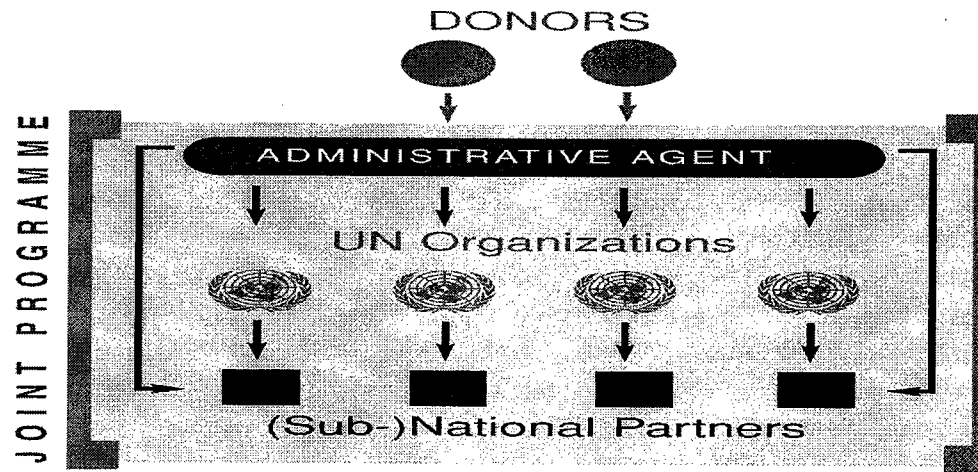
And finally, in order to measure impact and progress in ending DV as well as provide data and knowledge to guide and advocate for policy development and implementation, the project will also conduct 3 base-line researches:

- e) Prevalence and trends of violence among older persons are not covered by current policies/programmes)
- f) DV costing study to advocate for increased prevention rather than response to the problem
- g) Measurement of efficiency, coordination and effectiveness of the judicial system in dealing with cases of DV.

10. Institutional Arrangements, Management and Administration

Management arrangements: The modality for the implementation of this joint project is a pass-through joint programme modality. This modality is the most suitable one for complex, multi-faceted programmes whose implementation and management rests with multiple UN and national partners. The flow of management, implementation and reporting responsibilities under this joint programme modality is indicated in the chart below:

Graphic illustration of fund management for a Joint Programme with Pass-Through Funding



Administrative Agent:

The Participating UN Organizations agreed that the UNDP will serve as Administrative Agent for this joint project, in accordance with the terms and conditions set out in the standard UNDG Letter of Agreement between the donor and the UN AA . Specifically, the Administrative Agent will:

- i) Receive contributions from the Trust Fund;
- ii) Administer received funds received and disburse them to each of the Participating UN Organizations for the outputs and activities entrusted to each of them. For this, UNDP will sign MoUs with each of the managing UN agency.
- iii) Compile financial reports produced by each of the participating UN Organizations into a consolidated report, and distribute such financial reports together with consolidated project reports produced by the Participating UN Organizations to the donor.

iv) Provide final reporting, including notification that the Joint Project has been operationally completed. The Administrative Agent will open a separate ledger account and will transfer funds to each Participating UN Organization in line with the budget set forth in the Joint Project Document.

The modality to implement these separate outputs/activities by each UN agency will be based on a sub-project type which means that each of them will sign separate MoUs with the implementing partner/s for the output/activity entrusted to them and will provide guidance and oversight as if each of them would be a separate sub-project.

The management of the project output/activity by each of the five UN agencies as contained in the joint project document will be done in accordance with the regulations, rules, directives and procedures applicable to it. For that, participating UN agencies will sign MoUs with the national implementing partners for their project outputs and activities as explained above. That is to say that implementation of specific project outputs/activities is perceived as a separate project based on the signed MoU between the UN agency and the national implementing partner in order to make sure that the project objectives are fulfilled. The managing UN agency will apply their rules and procedures in the implementation of the specific output/activity while making sure that the national partner acts as key implementing partner for that specific output/activity. All participating UN agencies have UN contracted staff that will work on the implementation of the project. At least one representative of each organization will be responsible for overall management and implementation of funds. This includes programme and operation staff.

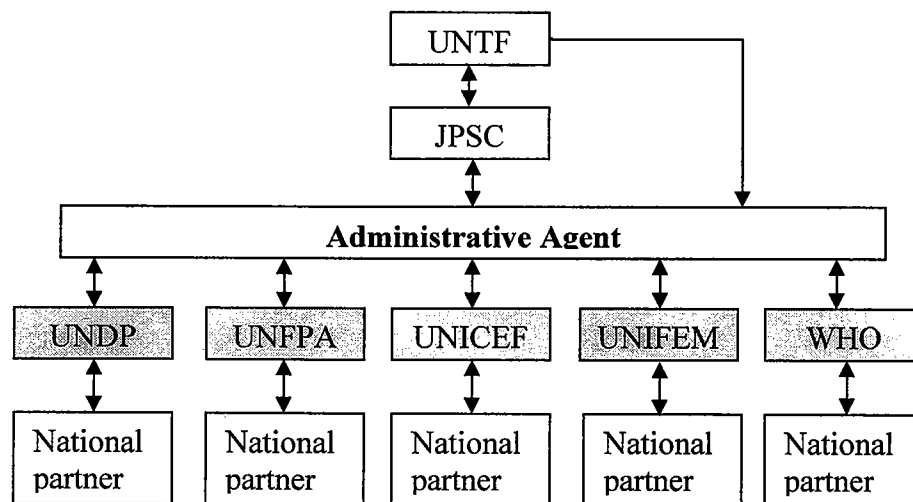
Participating UN Organizations, their capacities and expertise to provide:

The proposed joint project involves five key UN agencies present in the country: UNDP, UNFPA, UNIFEM, UNICEF and WHO. Each of these agencies has already well established partnerships and collaboration with different national partners (as explained in previous sections). Based on their previous experiences working with different partners as well as their mandate and technical capacity, each UN agency has taken over the responsibility to manage the implementation of different project outputs/activities under the pass-through joint modality explained above. UNDP's expertise in the area of governance and strengthening of institutional capacity of national partners has been crucial in entrusting this agency with outputs/activities related to strengthening governance structures and increasing technical capacity of governmental institutions. UNICEF's expertise and experience in working in the area of social protection as well as education has been the lead motive in entrusting this agency with activities aimed at improving standards and practices in provision of adequate social protection services to the victims. WHO's role in working with the health sector and health sector providers in providing adequate attention to the victims as well as in developing guidelines and protocols in the area of health has been the determining factor in the decision to entrust this agency with activities related to capacity building of health

care providers to detect and provide attention to the victims as well as in developing curriculum change guidelines and training of university level professors in relevant faculties. Likewise, UNFPA mandate and expertise to work within communities in eliminating harmful practices arising out of gender inequality and traditional gender roles as well as the expertise in the area of data collection and management have been crucial factor in the decision to entrust activities related to these outputs to this agency. And finally, UNIFEM's expertise in working with NGO's to improve the status of women has also played an important role in the way how the division of tasks and roles within this joint project has been effected.

Administrative/financial arrangements: Financial and administrative arrangements are presented in the chart below.

Chart 1. Cash Flow Management



11. Budget (see templates attached in Annex 2)

In addition to Annex 2.1 and 2.2, Annex 2.3, Annex 3 and Annex 4 are also provided as attachments to this document.

12. Enclosures (as appendices or web links only)

See attached

The UN Trust Fund in Support of Actions to Eliminate Violence against Women

ANNEX I : LOGICAL FRAMEWORK RESULTS FORMAT

Goal: Improve the national response system to domestic violence through better inter and intra sectoral coordination and enhanced capacities to engage in effective prevention efforts, to create adequate victim support services and to establish mechanisms for measurement of progress in reducing prevalence of DV.

Outcome 1: Efficient policy-making and improved policy-implementation accountability of all relevant national stakeholders					Budget			
Output 1.1	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	T o t a l
National Multi-Sectoral Coordination Body effectively coordinates policy-making and implementation of the National Strategy for protection against DV	1.1.1 Support the National Coordination Body in coordinating policy making and implementation of the National Strategy on Domestic Violence (governmental and non-governmental.	<ul style="list-style-type: none"> - National Strategy for protection against DV successfully implemented; - Rules of procedures for the work of the National Coordination Body developed and in use -Annual operational plans developed and implemented; - Detailed budgets for the work of the National Coordination Body prepared and executed. - Policies and 	<ul style="list-style-type: none"> Standards and protocols for multisectoral collaboration between the ministries adopted by government, - Annual operational plans, detailed budgets for the work of the National Coordination body on Domestic Violence adopted by the government. - records of consultations held within the National Coordination Body in development of policies and regulations and 	<ul style="list-style-type: none"> -Unstable political climate and frequent changes of the senior leading positions in involved ministries. -Ability of members of the National Coordination Body to manage regular work responsibilities and the additional ones arising out of their membership in the Coordination Body 	11,732	11,732	11,732	35,196

		regulations addressing DV issues are discussed and agreed among relevant counterparts and implemented accordingly.	their implementation.					
	1.1.2 Engage one project staff member to support the work of the National Coordination Body	Project Staff member contracted.	-Contract signed. Performance evaluations;	-Limited number of qualified applicants.	9,600	9,600	9,600	28,800
	1.1.3 Exchange experience and good practices of work of national coordination bodies at regional level.	-Four study visits in experience exchange undertaken (2 study visit for the members of the NMC DV in the regional countries organized; and 2 study visits hosted by the NMC DV in experience exchange for regional country representatives organized in the country. - regional based cooperation among	- Mission reports; - number of regional events on DV where Macedonian representatives participate and share national experiences and good practices.	- Lack of resources to participate and organize events after the project completion.	10,894	10,894	0	2 1 , 7 8 8

		countries on the issue of DV established and functioning.; -National experiences and good practices among countries in the region shared;						
	1.1.4 Establish and maintain a Web site of the National Coordination Body to serve as a public portal for progress at prevention and combating of DV	Web site developed # of new postings # of forums and discussions; # of persons accessing website -knowledge and understanding of policy makers and other relevant stakeholders on progress in implementation of DV Strategy increased	-Web site available and accessible - Records of website accesses.	— irregular update and maintenance of the website	0	5,000	0	5,000
Output 1.2	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	T o t o a l
Government capacities strengthened to design and	1.2.1. Support the endorsement and	- # and type of guidelines revised and endorsed - # of guidelines	- Official Gazette - Workshops' reports -Reports from implementing	- -Continuous inter-sectoral cooperation on data collection, reporting and record	0,00	27,784	12,000	39,784

implement DV policies and capacity building programmes	implementation of policy and guidelines on identification, documentation and record keeping of DV cases.	and policy disseminated - # of relevant data producers and users trained on the new policy/guidelines; - # of data producers and users Following the new data collection and record keeping guidelines;	partners - Reports from field visits - ISA guidelines - ISA publication and newsletter - Minutes of relevant technical meetings - regular progress reports	keeping; -				
	1.2.2. Support the establishment of partnership between MoLSP and expert institution(s) (national and/or international) in planning, implementation and evaluation of capacity building programmes for professionals working with victims of DV (including specialized modules for treating children victims of DV)	- Partnership between MoLSP/ISA and expert institution established; - Planning, design and implementation of institutional practices for capacity building of DV professionals established;	- Workshops' reports - Reports from implementing partners - Reports from field visits - ISA guidelines - Minutes of relevant technical meetings - regular progress reports - training participants list - # of applications by professional institutions; - contract between government agencies and expert institution/consultant signed	-MoLSP continuous commitment to DV -Continuous inter-ministerial cooperation -Satisfactory performance of external consultants and of other implementing partners and timely delivery of outputs	90,000	0,00	0,00	9,000

	1.2.3 Provide technical expertise to strengthen MoLSP/ISA capacity for monitoring DV cases and support the establishment of a national accountability mechanism.	- code of conduct developed and endorsed - # of workshops/seminars organized to promote the accountability mechanism - monitoring and accountability mechanisms established and functional.	- Workshops' reports -Reports from implementing partners - Reports from field visits - ISA guidelines - Minutes of relevant technical meetings - regular progress reports - annual national report on prevention, and addressing of DV cases produced and widely disseminated by the National Coordination Body.	-MoLSP continuous commitment to DV -Continuous inter-ministerial cooperation -Satisfactory performance of external consultants and of other implementing partners and timely delivery of outputs	0,00	19,000	0,00	19,000
Output 1.3	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	T o t a l
National Unified data-collection system for monitoring incidence and trends of DV established	1.3.1 Develop unified software modules for data collection in the relevant ministries contributing to the establishment of the national data collection system	-Software modules for data collection in the relevant ministries developed, installed and linked to the national data collection system.	Existing software modules within relevant Ministries and institutions; -Ministry records; -public bid documents; -procurement bills	Resistance of the technical staff of the relevant ministries in implementation of the data registering.	30,000	0,00	0,00	30,000
	1.3.2	# of data producers	-Training reports;	Insufficient number	750,00	0,00	0,00	750,00

	Train and mentor data producers in each relevant Ministry/institution on the use of the new software.	in each institution trained; -Improved quality and quantity of available data;	-evaluation reports of new data collection system; - Available data on DV within Ministries and on the unified national data-base;	of technical staff within relevant ministries and institutions .; -Difficulties in measuring the improvement of quality and quantity of data due to inexistence of unified data collection system;				
	1.3.3 Conduct national research on Violence against elderly women	-Research conducted; -research published	-Research documents; -Actual publication	Data limitations	14,000	14,000	0,00	28,000
	1.3.4. Conduct DV costing study	Research conducted; Research published.	Research documents; -Actual publication ; -research dissemination reports	Data limitations lack of adequate technical expertise for conducting of research of this type	14,000	14,00	0,00	28,000
	1.3.5. Conduct study to assess trends, effectiveness and efficiency of the work of criminal/civil courts in cases of DV	Research conducted; Research published.	-Research documents; -Actual publication ; -research dissemination reports.	Difficulties to obtain accurate data due to lack of adequate system for data collection and processing within the courts; - willingness of court officials to provide adequate data; - difficulties to	14,000	14,000	0,00	28,000

				correlate/compare court with data from police, centers for social work and public prosecutors due to different data collection practices/systems;				
Outcome 2: Extensive and comprehensive protection and support to the victims of DV					Budget			
Output 2.1	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	
Police response to cases of DV improved	2.1.1 Support the Ministry of Interior in establishment of 6 (out of total 8) Local Prevention Councils (LPC)	6 local Councils for prevention established	Local councils have regular meetings verified by minutes and meetings materials.	Readiness of local communities to actively participate on local prevention council work	23,568	0,00	0,00	23,568
	2.1.2. Conduct number of awareness raising meetings within communities where they will be established on the role and functions of LPC	# of meetings and public discussions held;	Invitations, notes from the meetings -records/database of assistance and information provided	No risks perceived	4,000	4,000	4,000	12,000
	2.1.3 Conduct capacity building of the members of the LPC to undertake prevention activities	# of trainings organized;- training materials developed' -# of professionals trained to undertake prevention	-Training reports; -training evaluation forms	Insufficient multi-sectoral cooperation practices at local level that may affect negatively the responsiveness of different embers of the LPC	4,800	2.400	0,0	7,200

		measures						
	2.1.4 Provide support in awareness raising, mentoring and coaching of staff members of the Prevention Departments of the MoI	# of meetings organized # of training organized - # of law enforcement professionals trained and mentored; # of complaints against law enforcement professionals by victims of DV filed;	Meeting reports and Minutes;	No risks perceived;	7,200	4,800	0,0	12,000
	2.1.5 Conduct capacity building of staff of the Sector for Public Order and Peace	# of training organized; # of law enforcement professionals trained; # of DV cases handled in accordance to the rules and procedures; # of complaints against law enforcement professionals by victims of DV	-Actual training materials developed, -training reports; evaluation forms; -official records of the MoI	No risks perceived	600	900	0,0	1,500

		filed;						
	2.1.6 Facilitate exchange of experiences between technical and managerial staff of the MoI with staff from other MoI in the region;	# of study tours organized at regional level	-Study reports prepared	Maintaining continuous regional exchange after the prject termination;	0,00	21,520	0,0	21,520
Output 2.2	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	Total
Free of charge legal aid assistance to victims of DV established	2.2.1. Conduct capacity and need assessment study for provision of legal aid services to the victims (both of governmental and NGOs providers)	Capacity and need assessment study conducted	Study published	Limited responsiveness and cooperation of the partners to participate in the study	1,500	0,00	0,0	1,500
	2.2.2 Establishment of five free of charge legal aid services, including capacity building of the selected licensed legal aid providers (NGO's and Lawyers) and awareness raising within the local communities on their existence.	-Training modules developed; #Training workshops delivered; # Of participants trained #5 legal aid service centers established and operating # of awareness raising activities targeting local	-List of participants, -Training packages available -Project reports -documentation of mentoring to 5 local legal aid services - recordings of type of assistance offered to victims by legal aid providers Existence of 5 legal aid service centers; #of victims serviced;	Insufficient capacities of NGO's in smaller towns to establish legal aid services- Reluctance of victims in smaller towns or rural settlements to seek legal aid assistance	1,500	9,600	5,000	26,100

		communities; -# and type of services requested by victims; # and type of services offered to victims by the 5 legal aid services providers - proportion of women who know of existing legal aid services available in the 5 Municipalities;						
	2.2.4 Conduct evaluation of the legal aid services and present the findings at a one-day national conference on lessons learned in order to gain commitment for scaling up of the initiative	Evaluation conducted; National conference organized; Recommendations developed; # of municipalities /NGO's expressing interest to establish such services	-List of participants, -Conference report Media coverage	-No risk perceived	0,00 0	0,000	4,0 0	4,000
Output 2.3	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	Total
Improved coordination among service	2.3.1 Assess five municipalities to serve as locations for developing a pilot	Assessment conducted and report published	Actual report;	No risk perceived	2,000	0,00	0,00	2,000

providers at local level in protecting victims of DV	coordination model for provision of services to the victims of DV;	and disseminated.						
	2.3.2 Pilot the establishment of coordinated victims protection system through formalization of the relations and activities of each of the service providers (police, public prosecution, health and social protection) and improve their capacity to work as coordinated teams;	Memorandums of understanding (MoUs) in five municipalities signed by the respective mayors. # of training delivered; # of local professionals trained'	-MoUs signed. -Training materials developed and available	Possible changes of local government authorities That may affect continuity/scaling up of the model	2,500	0,00	0,00	2,500
	2.3.3 Establish coordination mechanism and protocols for work of the mixed protection teams in the five pilot Municipalities;	-Mechanisms for coordination, procedures and protocols established; # of successfully coordinated initiatives undertaken;	-Existing protocols and procedures; -reports of meetings; -progress reports -- documented records of protection services of each of participating service providers	-- Lack of sufficient quality of the existing victim protection services at municipal level	12,000	20,500	0,00	32,500
	2.3.4 Raise awareness at local level on the available coordinated protection system for victims of DV	- Number of women and men that know of the established coordinated	- Participation lists from the workshops and debates. - Educational materials available.	The level of awareness and the extent to which the available services are used may be	0,00	15,250	2,000	17,250

		<p>protection system</p> <ul style="list-style-type: none"> - Number of workshops and public debates conducted. - Educational materials disseminated. -# of victims of DV using the services of the coordinated protection system 		<p>hampered by the persistence of traditional gender and social norms within smaller urban and rural communities</p>				
Output 2.4	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	Total
Efficiency of the judicial system to deal with DV cases improved	2.4.1. Conduct 8 regional capacity-building workshops for judges from the criminal, civil and investigative courts and public prosecutors	8 regional workshop conducted; # of judges/prosecutors trained;	Workshop reports;	None. Activities will be conducted by the Academy for Judges as part of their 2009/2010 training programme and are already included.	0,00	8,000	8,000	16,000
	2.4.2. Conduct 1 national conference of judiciary to assess the progress they have achieved in dealing with DV in the country	Conference held; # of relevant participants; -stock-taking exercise of efficiency of the judiciary	Conference report and proceedings	No risks foreseen in terms of organization of the Conference. However, the assessment and stock-taking exercise may be affected negatively	0,00	5,600	0,00	5,600

		regarding DV cases undertaken (proportion of cases of DV prosecuted and have resulted in conviction);		by data limitations.				
	2.4.3. Conduct one regional conference of judiciary to exchange experiences and good practices in dealing with DV	Conference held - progress in dealing with DV in the region reported/discussed	Conference report and proceedings	Possible lack of interest of regional counterparts to attend the conference/and or present relevant evidence based assessments	0,00	0,00	11,900	11,900
Outcome 3 Increased public awareness and reduced prevalence of DV					Budget			
Output 3.1	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	Total
Community outreach behavior change program targeting most-at-risk communities and public education campaigns implemented	3.1.1 One national and three local public awareness raising campaigns organized by the CSO	Public awareness campaigns successfully organized at national and local level; -Proportion of people exposed to communication messages of the public campaigns;	Media reports, materials developed (print out, video clips, posters); -random survey reports on general public awareness and acceptance of campaign messages;	No risk perceived	14,000	14,000	14,000	42,000

	3.1.2. Develop and implement a pilot community outreach behavior change programs targeting three communities with the highest incidence of DV involving local authorities, NGOs, men and community leaders to be lead by existing NGO network.	-3 pilot outreach programs implemented; -# number of community meetings organized that address traditional social and cultural gender norms; #of men and community leaders exposed to BCC messages; ; -# of men and community members who perceive DV as criminal offence; # of men and community leaders who believe they can prevent DV; # of trained community leaders to detect and prevent DV. - # of detected and prevented cases of DV;	-Meeting minutes; Meeting reports; -List of participants; -Training reports; - records of DV cases reported and documented by local authorities, NGOs and community leaders	Unwillingness of local and/or religious leaders to engage in prevention work; -Persistence of traditional and patriarchal norms of behavior within the pilot communities; -The success of the outreach programme is based on the existence of good and sufficient NGO outreach capacity and coverage	18,400	4,800	4,800	28,000
Output 3.2	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	Total
Non-violence integrated in	3.2.1 Develop teacher guidelines/	- # of policies and legislation	- School policies, - Education	-the activities will build and	2,000	2,000	2,000	6,000

school/university curricula; educational policy, legislation, and school practice	policies and guidelines for mainstreaming non-violence in primary education	incorporating prevention of violence - # of schools with developed school policies, established mechanism and procedures to recognize and act upon violence - # of school manuals developed on non-violence and gender equality	legislation, - Manuals - Government reports - Project reports	complement the ongoing UNICEF work in education, Child-friendly school Initiative based on child rights; - momentum created in the public and media about the need to address violence in schools - resistance from teachers who are perceiving the current level/practice of violence in schools as giving children too many rights				
	3.2.2 Sensitize primary school teachers	- # of teachers trained - # of reported cases of violence in schools	- Government reports - Project reports		59,000	59,000	3,000	121,000
	3.2.3. Translate to local languages and print the primary education non-violence guidelines	- translated and printed version of the guidelines delivered	- Government reports - Project reports - the guidelines		8,716	0,00	0,00	8,716
	3.2.4 Develop training modules for	Training modules for faculty curriculums	Availability of training modules	Responsiveness of the key counterparts and interest to	7,000	0,00	0,00	7,000

	faculty curriculums for higher education targeting students of 7 relevant faculties (Medical faculty, Faculty for Social Work and Policy, Faculty of Psychology, Pedagogy, Faculty for Secondary and Higher Education of Nurses and Midwives, Faculty of Law, Police Academy)	developed; - proportion of higher education institutions, including nursing and medical schools that include DV in their curriculum;	Decisions for revision of the curriculum for inclusion of DV issues in the curricula	include DV issues in the curriculums				
	3.2.5 Pilot the use of the modules at relevant Universities.	-Number of classes/sessions dedicated to DV issues within one academic year.; Number of faculties including DV as part of their curriculum	Decisions for revision of the curriculum for inclusion of DV issues in the curricula	Responsiveness of the key counterparts and interest to include DV issues in the curriculums	0,00	12,600	0,00	12,600
	3.2.6 Sensitization training based on the developed modules in the advanced training for mental health professionals	#Training workshops delivered; # Of participants trained -# of detected cases of violence by mental health professionals	Invitations, notes from the meetings Training reports; -training evaluation forms Doctors Chamber license of the training	No risk perceived	21,000	0,00	0,00	21,000

	3.2.7 Sensitization training based on the developed modules for the advanced training for the emergency health care professionals	#Training workshops delivered; # Of participants trained - # of detected cases of violence by emergency health care professionals	Invitations, notes from the meetings Training reports; -training evaluation forms Doctors Chamber license of the training	No risk perceived	0,00	21,000	0,00	21,000
Output 3.3	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	Total
Networking among CSOs to prevent DV established and their institutional capacities strengthened.	3.3.1. Map the existing CSOs working on DV throughout the country.	One local consultant engaged. Mapping assessment report produced.	Contract issued. Mapping report. Minutes from meetings with CSOs.	Availability of qualified experts. Willingness of the CSOs to participate in the mapping process. Suggest to delete the second	1,000	0,00	0,00	1,000
	3.3.2. Establishment of CSOs coordination network, develop a networking modality and joint framework of activities, including capacity building for fundraising for CSOs	- # of the CSOs participating in the network. -# of joint initiatives undertaken; -networking modality developed and observed. - # of NGOs trained in fund-raising; -# of NGO's with enhanced fund-	-Declaration signed. -Participants list available; -Rules of procedures and roles and responsibilities of the network; -Existing documents outlining joint framework/platform for work; -Minutes from meetings	Competition among NGO's -Lack of tradition and established practices for coordination/collaboration among NGO's.	19,500	19,500	25,500	64,500

		raising skills	- Training records					
	3.3.3 Establish joint web based discussion forum, newsletter and other publication materials	<ul style="list-style-type: none"> - Number of the initiated discussions and issues. - Number of the newsletter editions and publications issued. -number of people accessing the website and participating in the discussions ; # of people reached through newsletter and other relevant materials 	<ul style="list-style-type: none"> Discussions web based. Newsletter editions and publications issued. - number of website accesses recorded 	Readiness to use modern ICT communication tools.	3,000	1,000	1,000	5,000

(Add as many outcomes and outputs as are relevant to the proposal. There should be fewer outcomes than outputs.)