

# **Final Evaluation Report**

## **For the**

### **Women and Youth Empowered (WAYE) Project in Fiji**

**Donor: United Nations Trust Fund**

**Co-funded by Medical Services Pacific (MSP)**

**November 2013-November 2015**

**Date of the Report: 30th January 2016**

**Fiji, Central Division, Suva**



**Ms. Natalia Perelygina, Consultant - Final Evaluation**

**Ms. Renata Ram, Professor, FNU - Technical Review,**

**Jennifer Poole, Executive Director MSP Editor**

## TABLE OF CONTENTS

Acronyms .....	3
Executive Summary .....	4
Context of the Project.....	8
Purpose of the Evaluation.....	10
Evaluation Team and Evaluation Process.....	11
Evaluation Methodology.....	13
Findings.....	15
Analysis of Findings	
Relevance.....	36
Efficiency.....	38
Effectiveness.....	39
Impact.....	44
Knowledge Generated.....	45
Conclusions.....	47
Recommendations.....	48

### Annexes:

1. Final Version of Terms of Reference (TOR) of the evaluation
2. Final version of Results Monitoring Plan
3. Beneficiary Data Sheet
4. Questions from data collection instruments
5. Lists documents reviewed and people interviewed
6. Work plan
7. Photos
8. Bio Data of the members of the field Evaluation Team

## **ACRONYMS**

CEDAW Convention to Eliminate all forms of Discrimination Against Women  
CHL Child Helpline Fiji – run by MSP on behalf of MWCPA  
CSO Civil Society Organization  
DVRO Domestic Violence Restraining Order  
ECP Emergency Contraceptive Pill  
EoPE End of Project Evaluation (EoPE)  
ED Executive Director  
EU European Union  
ET – Evaluation Team  
FNU Fiji National University  
FP Focal Point  
FP’s Family Planning Services  
FPF Fiji Police Force  
GV or GBV Gender Based Violence (GBV) or GV  
HIV Human Immunodeficiency Virus  
IEC’s Information Education and Communications Materials  
M&E Monitoring and Evaluation  
MCO Mobile Clinical Outreach or MCO Program  
MOA Memorandum of Agreement  
MOH Ministry of Health (MOH)  
MOU Memorandum of Understanding (MOU)  
MM Market Masters  
MSP Medical Services Pacific  
MSC Most Significant Change Stories  
MWCPA Ministry of Women, Children and Poverty Alleviation (formally MSWWPA) MSWWPA (old Ministry of Social Welfare, Women and Poverty Alleviation.  
NGO Non Government Organization  
OSS One Stop Shop  
PB Primary Beneficiary  
PM Project Manager  
PO Project Officer  
SA Sexual Assault  
SB Secondary Beneficiary  
SOU Sexual Offenses Unit of the Fiji Police Force or SOU Officer’s  
SRH Sexual Reproductive Health  
SSI Semi Structured Interviews  
STI Sexually Transmitted Infections  
UN United Nations Agencies  
UNTF – United Nations Trust Fund  
UN Women UN Women (formerly UNIFEM)  
VAWG Violence Against Women and Girls or VAW  
WAYE Women and Youth Empowered  
WHO World Health Organization

## EXECUTIVE SUMMARY

While Fiji has ratified The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW, 1979) and criminalized rape, women still remain marginalized and discriminated against. In rural areas, men still control women's access to family planning. There are high rates of Gender Based Violence (GBV) and Sexual Assaults (SAs), high rates of Sexually Transmitted Infections (STIs), teenage pregnancies, infanticides and suicides; all evidencing lack of access to reproductive health care services and information.

The UNTF funded program implemented by MSP "Women and Youth Empowered (WAYE)" was launched as a response to the gap in services and education for the victims of or those affected by Violence Against Women and Girls (VAWG). The project started in November 2013 and came to an end in November 2015. The total project budget was 149,851 USD over a two-year period, of which 117,000 USD was granted by UNTF and 32,851 USD was contributed by the Grantee. The funding was granted to help MSP to reduce incidents and health consequences of VAWG through increased public awareness and improved access to Sexual Reproductive Health (SRH) services for 25,150 women and girls in Fiji; and to strengthen the mechanisms for prevention of violence and provision of adequate victim support services. In order to reach the target of 25,150 Primary Beneficiaries (PBs) and 19,100 Secondary Beneficiaries (SBs), an Outreach Team (OT) consisting of a doctor, a nurse, counsellor, community educator, a human rights/child protection advisor and a driver/protocol officer was deployed to 7 communities and 7 markets across Fiji. Also the services of the One Stop Shop (OSS) Clinic model in Suva was strengthened with further MOUs and MOAs signed with partnering agencies.

An evaluator was contracted in December 2015 to conduct an external and independent

evaluation of the project. The objective of the evaluation was to assess the degree to which the goal and proposed outcomes of WAYE were achieved. The evaluation also examined the impact, relevance, efficiency and effectiveness of the Mobile Clinical Outreach (MCO), of the One Stop Shop (OSS) Clinic and of the Information Education and Communications done by the team.

The evaluation was carried out in December 2015- January 2016 in three phases – inception report, data collection in Central and Western Divisions in Fiji, and analysis and report writing. Data were collected through document review, field mission, desk review and semi structured interviews. More specifically, document review included MSP program documentation such as proposal, Monitoring and Evaluation (M&E) framework, annual, baseline and end line reports. Field mission consisted of individual interviews with 5 members of staff at MSP, 124 representatives of the Primary Beneficiaries (PBs), and 23 focal points (FPs). Other stakeholders interviewed were representatives of Ministry of Health (MOH), of Fiji Police Force (FPF) and of other government agencies. Data were analysed using qualitative and quantitative methods. Thematic analysis was applied to the review of documents and interview/focus group responses. Statistical analyses were performed on the results of the survey.

**Essential findings include:**

- WAYE project fitted well within the global framework for advancing gender equality and the empowerment of women.
- The project was done in an effective manner within the planned timeframe and within the assigned resources.
- MSP managed to build a strong and skilful team of professionals and to achieve most targets despite the slow start of the project.

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

- Although not all qualitative targets were reached there appears to be a widespread perception among stakeholders that the program has made a significant contribution to tackle VAWG in the country both at the level of prevention and protection.

- WAYE is in high demand, especially in rural areas. Community members and MOH partners alike would like the Outreach team to visit more often if possible.

- The engagement of multiple stakeholders across sectors and disciplines allowed the development of better mutual understanding and opportunities of joint action and collective solutions.

- Through training WAYE helped some stakeholders to build their capacity to better understand and to better deal with VAWG.

- With the focus on engagement (focal points, FPF, Zone Nurses), rather than simply building awareness, WAYE encouraged members of various sectors to take action to make a difference.

**Key recommendations, pending available funding, include:**

- Expansion of the One Stop Shop clinic model to other major cities in Fiji
- Expansion of the training for first responders to VAWG cases among the police and health professionals

- Further training of the focal points especially in how to respond to violence taking place
- Further training of the direct beneficiaries in how to report violence and the consequences of reporting

- More staff training in presentation skills and behaviour change techniques
- Delivery of joint training sessions with police, lawyers, health professional and social

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016**  
**UNTF & MSP**

service professionals with more advanced knowledge, offer in-house training and exchange programmes

- Training activities that would target attitudes of law enforcement officers that discourage women from reporting cases

- Closer cooperation and information sharing with partnering agencies

To conclude, strong support exists among clients, communities, partners and other stakeholders for the continuation, extension, and expansion of the project. The ET believes that the project should be continued or extended. Yet in order for the program to become more sustainable and for it to have more impact, new training techniques, revised communications approaches , and new skills in responding to VAWG need to be developed in both the implementation partner and their stakeholders. The new project shall be concentrated less on the quantitative targets as Fiji is a small country with such targets hard to reach, and more on the qualitative goals such as behaviour change, knowledge obtained and significant life change stories.

The evaluation team welcomes your feedback and questions on this report and thanks MSP and UNTF for the opportunity to evaluate such an interesting, important, and worthwhile project improving lives across Fiji.

*Respectfully submitted,*

*Natalia Perelygina*

*Independent Evaluation Consultant*

## CONTEXT OF THE PROJECT

For a while Fiji has been recording an increase in violence against women and girls cases with increasing incidences of sexual assault of females under 16 years of age. The Fiji Police Force (FPF) reported 2980 sexual assault cases in 2012. Fiji has high rates of teenage pregnancies (836 cases reported by MOH in 2012) and a correspondingly low contraceptive prevalence rate (35,7%, 2012). Young mothers tend to drop out of school and university, limiting their future economic opportunities. In rural Fiji, men still control women's access to family planning. Abortion is criminalized under the 2009 Fiji Crimes Decree with a few exceptions (however the procedure is associated with a negative stigma). There are high rates of STI's particularly in Central District, Viti Levu and a decreasing health budget for responding to STI's and HIV Aids. There are also extremely high rates of cervical cancers among rural women in Fiji.

Women and children are often forced by poverty to remain in violent situations due to lack of services, information and resources. There is a significant gap in service provision for survivors and for post rape care in Fiji and MSP One Stop Shop is the only dedicated holistic service for survivors and child survivors. There is still a huge stigma surrounding GBV and to admitting to being a victim of sexual assault or a survivor. Many cases still go unreported or are not reported until the victim is an adult. Rural women do not fully understand their rights under the law and do not press for child support. Also, the Fijian courts rarely enforce child support payments. Therefore, women who are not earning an income cannot leave a violent male who is the sole income earner for the family

Women and Youth Empowered project (WAYE) was designed as a response to increase in



violence and the poor support network for victims of VAWG. The main goal of the project was to raise awareness about VAWG, change attitudes towards gender violence, promote gender equality and improve child protection.

### **DESCRIPTION OF THE PROJECT**

The project concept was initially designed and pilot tested by MSP in 2012 and 2013 in markets in Viti Levu. The UNTF funded the 'WAYE' project in 2013.

The total project budget was 149,851 USD over a two-year period, of which 117,000 USD was granted by UNTF and 32,851 USD was contributed by the Grantee. WAYE was launched in November 2013 and came to an end in November 2015.

The idea of WAYE was to combine a clinical outreach model and a "one stop shop" model with a new integrated advocacy approach designed to bring reproductive health care services and information to women in their workplaces and communities; and to bring information and rights awareness to men, boys and traditional gatekeepers in rural communities.

The WAYE project deployed the Outreach Team consisting of a doctor, a nurse, counsellor, community educator, a human rights/child protection advisor and a driver/protocol officer to 7 markets and 7 rural communities annually.

The WAYE project had three main implementation strategies

1. Mobile Clinical Outreach
2. One Stop Shop (OSS)
3. Strategic Communications and Advocacy (Information Education and Communications)

The OSS clinic run by MSP in Suva was designed to serve the survivors of GBV through the

medical, counselling and legal services provided to them. During the community and market visits the Mobile Outreach (MO) WAYE team offered to the community members and market vendors free medical care including consultations and clinical tests (such as, pregnancy tests, blood tests and Pap smear tests), legal advice and counselling. Their education sessions included information about human rights including (child protection, gender rights, gender violence or violence against women and girls), protection (legal rights and laws), reproductive health and rights, family planning, maternal and child health, , wellness and healthy choices. The idea of the project was to ensure that information and health services were taken to the homes and workplaces of women and girls at risk across Fiji, specifically the Central and Western divisions.

The project's goal was to empower 25,150 women and girls in Fiji to practice early health seeking behaviours, to increase their access to sexual reproductive health services, to raise their awareness on family planning and to reduce the long-term health consequences of VAWG.

The project targets for PBs were:

- 12,150 women and girls in 7 markets and 7 rural communities seek early and preventative health care;
- 12,000 Women and girls including 1000 GBV survivors are aware of their rights, are empowered to access services and networks to address issues of VAWG;
- Men and boys in 7 communities are aware of risks to girls and are actively engaged to reduce VAWG in their communities by strengthening gender equality and ensure inclusion;
- Services for survivors of VAWG are improved through strengthened collaboration and networking between CSO's and Government (1,000).

The project target for SBs reached was 19,100 people, including health professionals (50),

uniformed personnel (50), general public at large (18,000).

The project was designed to assist women of reproductive age (12-45) and youth (12-17), who were recognised as the groups especially affected by gender violence and particularly in need of information about family planning, maternal health care and gender rights.

### **PURPOSE OF THE EVALUATION**

This is a mandatory final project evaluation required by the UNTF. The objectives of the current evaluation are:

- a. To evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability and impact, with a strong focus on assessing the results at the outcome and project goals;
- b. To generate key lessons and identify promising practices for learning;
- c. To identify on-going needs or requirements for refresher training or program extension.
- d. To highlight the importance of such services, their appropriateness and usefulness.

The Evaluation report will be submitted to the donor and key stakeholders. The ET team hopes that the evaluation will enable MSP to improve the program design and will strengthen public education initiatives in markets and rural communities. Lessons learnt and promising practices will inform future program designs.

### **EVALUATION TEAM AND EVALUATION PROCESS**

The evaluation team consisted of 5 members:

- 1) Natalia Perelygina – Independent Lead Consultant
- 2) Akanisi Veikoso – Independent Volunteer Translator

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016**  
**UNTF & MSP**

- 3) Sera Tamani - Independent Volunteer Translator
- 4) Sereima Senibici – MSP M&E Officer
- 5) Jovilisi Yaya – MSP Driver/ Security/Logistics

Other MSP staff members involved in facilitating the evaluation included:

- Jennifer Poole – MSP, Executive Director
- Nileshni Devi Prasad – MSP, Program Manager

The evaluation was carried out in December 2015- January 2016 in three phases – inception report, data collection in Central and Western Division in Fiji, and analysis and report writing. The evaluation was based on an approved evaluation matrix and was guided by the United Nations the UNDP’s Handbook on Planning, Monitoring and Evaluating for Development Results (2009). Data were collected through document review, field mission, desk review and semi-structured interviews. More specifically, document review included MSP program documentation such as proposal, M&E framework, annual, baseline and end line reports. Field mission consisted of eight visits to four communities (Navitilevu, Nailaga, Narewa, Naganivatu) and four markets (Rakiraki, Ba, Nausori, Nadi). The locations for visits were chosen given the limited time frame for the evaluation. All 7 communities and 7 markets were called at the initial stage of the evaluation and those who were available for the visit on the second week of the evaluation were chosen. Other visits for interviews included: Fiji Police Force, Criminal Investigation Department, Valelevu Police Station, Nausori Health Centre, Ba Health Centre, and Youth Provincial office in Ra. In the course of five days individual interviews were generated with 124 representatives ( n (female)=95, n (male)=29) of the PBs, 23 focal points (FPs), 4 market managers ( MMs), 5 police officers, 1 provincial officer, 5 zone nurses, and 3 Sex workers.

The evaluation team was accompanied by the MSP driver and the MSP M&E officer to all

field visits. The MSP staff members ensured that the consultant and the team visited communities that had been visited by MSP's Mobile Outreach team (eliminating the confusion that can occur as some villages in Fiji share names). The M&E officer facilitated the meetings with community leaders and MMs. The presence of these staff members at community meetings had no bearing on the survey design. The consultant and team were introduced to community members as independent evaluators, not MSP staff. The team sought at every opportunity to avoid introducing bias via the presence of the M&E Officer; MSP staff presence was used strictly to ensure the evaluation team met with key community members, followed cultural protocols, and had translation assistance as needed. Also the consultant hired two independent translators to assist with the evaluation. The volunteers had previous experience in translating interviews from i-Taukei and English and were native i-Taukei speakers. The translators were also trained by the consultant in conducting interviews so they helped the consultant when it was necessary in interviewing PBs and in collecting the data. Thematic analysis was applied to the review of documents and interview/focus group responses. Statistical analyses were performed on the results of the survey.

### **EVALUATION METHODOLOGY**

The main sources of data were:

1. Individual interviews and multiple-choice knowledge based tests conducted by the evaluation team with the members of the community and market vendors;
2. One on one interviews conducted with the stakeholders (MOH, FPF, MSP staff, Provincial officer);

3. Paper surveys filled in by the patients of the Suva clinic at their convenience.

Randomized control trial method was used for the members of the community and vendors who were present during the evaluation. The total of 124 PBs were interviewed; of those, 3 were sex workers, others came from the following communities/markets: 17 from Naganivatu, 6 from Narewa, 6 from Nailaga, 17 from Navitilevu, 17 from Nausori, 28 from Nadi, 20 from Ba, 10 from Rakiraki. The average age of the interviewees was 47.2 years (range from 24 to 79 years). The average age of women interviewed was 47.52 years. Around 60 per cent of respondents were Fijian and 40 per cent were Indo-Fijian. The interviewees were selected randomly from the community members and vendors present during the evaluation; each interviewee had an individual interview with the evaluation team. Before starting the interview consent to participate in the evaluation had to be received from all participants. Interviews (See Annex) consisted of two parts: 1) Semi structured interview about their experience with MSP; 2) Multiple-choice knowledge-based questions. Out of 124 respondents, 26 replied that they had never seen MSP; therefore their answers to knowledge-based questions were used as a baseline to which other results were compared. This comparison was used to assess the knowledge obtained as a result of the MSP information session.

Other interviewees (23 focal points, 4 market managers, 5 police officers, 1 provincial officer, 5 Zone Nurses, and 3 Sex workers) who represented other stakeholders were interviewed on one to one basis using the semi structured interview design. All participants interviewed were recommended by the MSP team, as MSP knew who had worked with them in the past.

The evaluation process was consistent with the three general ethical principles: Respect, Propriety, and Integrity. Verbal consent to participate in the evaluation was obtained from each

participant before the interview, confirming that it was participants' voluntary choice to take part in the survey and that their decision was based on sufficient information and adequate understanding of both the proposed research and the implications of participation in it. Potential conflicts of interest were identified and dealt with; all participants were treated equally in an honest and objective manner. When collecting the data from the participants all data were kept confidential, anonymous and secure, only needed information was collected.

The main limitations of the evaluation were:

- Timing of the evaluation. Given the extensive nature of the program, this evaluation exercise was not allotted sufficient time to engage in a more thorough desk review.

- Unexpected events during field missions. The field mission was planned for 7-12th January 2016. In one of the communities the visit coincided with « 100 days after the funeral » event, where most community members were present, therefore the attendance for the evaluation was very low.

- Inability to visit all visited locations. Due to the limited time and budget only 8 out of 14 communities and markets were visited

- Language and cultural barrier. Due to the fact that the evaluator was a foreigner, cultural and language barriers may have prevented a full understanding between herself and interviewees. Furthermore, although i-Taukei translators were hired the ET did not manage to find a Hindi translator in time for the field trip.

- The evaluation budget was under resourced for additional translators and did not allow for longer field visits.

- Lack of information. The lack of local statistics for separate communities and the tendency

of communities to keep information hidden made it hard to establish real outcomes of the project.

- Sampling limitations. The main limitation of the sample was its size as some communities/beneficiary groups were presented only by 3-6 participants. Another limitation was the convenience sampling because even though interviewees were chosen at random from the community hall, those who came in for the evaluation may have been the members of the community, who were the most interested in the work done by MSP. Also due to it being the festive post Christmas period the sample might have been affected by the school holidays and festivities taking place in communities, so the sample might not be fully representative of the usual MSP audience in communities which might be reflected in the age of the sample interviewed.

- Also all the representatives of partnering agencies were recommended by the MSP team.

## **FINDINGS**

### **National Statistics**

National statistics are difficult to access in Fiji; as a result statistics were obtained from different sources and might show some discrepancies due to the different calculations techniques. Statistics beyond 2014 were not available for this report, which represents almost one half of the WAYE project timeline; therefore the effects of the WAYE project cannot be fully understood until reports for 2015 are available. Also since the results of the prevention and awareness projects are not immediate it might take a few years for them to be reflected in the national statistics.



**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

Table 1

Indicator	2012	2013	2014	2015
Population	899,735*	914,663**	933,024**	statistics are not available
Women (15-44 years old)	171, 412*	209, 956**	217,434**	
Pregnancy-Related Deaths	33***	32***	31 ***	
Maternal Deaths	12*	4**	9 **	
Estimated Live Births	20178*	20, 970**	20, 249 **	
General Fertility Rate	99.02*	102.9**	99.4**	
Family planning protection rate	35.7*	38.4**	38.3**	
Contraceptive Prevalence Rate	35.7*	38.4**	38.3 **	
Maternal Mortality Ratio	59.47*	19.07**	44.4 **	
Child under 5 mortality rate (0-5years)	20.96*	17.5**	18.0**	
Infant mortality rate (0-12months)	15.86*	13.4**	13.8**	
Perinatal mortality rate (stillbirth and early neonatal deaths)	16.75*	13.5**	12.7**	
Total Mortality		6,936*	6,927**	
STI Incidence (per 100, 000 pop.)	971*	775**	1168 **	
Gonhorrea Syphillis	723*	600**	525 **	
HIV Incidence (rate per 100, 000 pop.)	6.9*	7.0**	7.0 **	
Sources: * Ministry of Health and Medical Services Annual Report 2013; ** Ministry of Health and Medical Services Annual Report 2014, *** The World Bank Organization (online data) <a href="http://data.worldbank.org/indicator/SH.STA.MMRT">http://data.worldbank.org/indicator/SH.STA.MMRT</a>				

### WAYE Statistics

Most of the data was taken from the MSP M&E system. The ET team was greatly assisted by one of the M&E officers to have the data ready for the evaluation. The ET estimated some of the numbers that the ET team had reasons to question; the calculations are provided below.

Table 2 depicts the number of visits accomplished by the MSP team and the population/vendors numbers in those communities/markets. All numbers were confirmed with the Heads of the communities visited and with MMs. The table demonstrates that most communities have been visited at least twice; the two exceptions were the Korociriciri Settlement and Voua Village which were visited only once by the team.

Table 2

Community	*of visits	Population	Market	*of visits	Number of Vendors
Korociriciri Settlement	1	6,672	Suva	2	450 permanent 100 casual Total vendors: 550
Naganivatu Community	2	308	Nausori	2	750 permanent 600 casual Total vendors 1,350
Voua Village	1	340	Sigatoka	2	396 permanent 200 casual Total vendors 596
Narewa Village	3	1,08	Nadi	2	238 permanent 400 casual Total vendors 638
Lovu settlement	1	300	Lautoka	2	290 permanent 250 casual Total vendors 540
Nailaga Village	2	812	Ba	2	255 permanent 250 casual Total vendors 505
	2	347	Rakiraki	2	147 permanent

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

Navitilevu Village				200 casual Total vendors 347
Total community members: 9,859		Total market vendors:		4,526

All statistics and information in Table 3 were provided by the MSP M&E officer and the MSP Program Manager. The numbers reflect that the second year of the project saw a major increase in number of clients accessing mobile OSS services, in number of IEC's distributed, and in number of people accessing the OSS clinic in Suva. The increase was explained by the Program Manager as the time needed for MSP to build and equip a strong team (e.g. to recruit, train and deploy the new Gender/Human Rights/Legal Aid Officer and develop supporting IEC's) and to establish relationships with the Market Managers (MMs) and Heads of villages.

Table 3

Indicator	November 2013- November 2014	November 2014 – November 2015
Number of women and youth who accessed the OSS clinic in Suva	87 female + 8 male youths = 95	260 female + 42 male youths = 302
Number of clients who accessed mobile OSS services	263	4045
Number of opening days of the OSS Suva clinic per week	Weekdays (9 am – 5 pm): 5 days per week	Weekdays (9 am – 5 pm): 5 days per week

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

	Note: Not on weekends but if the clinic gets sexual assault emergency cases after hours, the doctor can be called as well as the clinic team to attend to them.	Current opening days since mid August 2015: Weekdays (9 am – 5 pm) plus Saturday from 9 am – 3 pm.  Note: The doctor is in only on Monday – Wednesday, and Saturday
Number of IECs and products distributed	348	8096
MOUs with supporting partners  Total: 9 MOUs (8 new)	Ministry of Health and Medical Services  Ministry of Women, Children and Poverty Alleviation  Memorandum of Agreement with Fiji Police Force  Empower Pacific  Homes of Hope  Salvation Army	Ministry of Health and Medical Services Ministry of Women, Children and Poverty Alleviation (for Rural Womens Resource Centers)  MOU - MWCPA and the Child Helpline (for the child helpline) MOU with supporting Telecommunications Providers  Ministry of Education  Memorandum of Agreement with the Fiji Police Force  Empower Pacific Homes of Hope  Salvation Army  Dental Students Association, FNU Aspire Network (Youth)
Number of sexual assault survivors accessing /benefitting from MSP's services	85	152

Table 4 and Table 5 list targeted primary and secondary beneficiaries groups, and compare the objectives set by MSP in their proposal, the numbers shown in their final report submitted to

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

the UNTF and the calculation method used by the ET to estimate the numbers of beneficiaries reached.

The key assumptions of the calculations done by the ET for the primary beneficiaries:

- Based on the interviews around 25 % of female community members and around 25% of female vendors were able to meet the MSP team during their visits.
- 2 visits (on average) were made to the communities and to the markets
- Community members and vendors rotated/changed from one visit to another as vendors change markets and also they work only on some days. Also community members often migrate from villages to towns and back therefore they are double counted (multiplied by 2).

According to the calculations made by the ET incorporating all the assumptions, MSP team reached 30% of the primary beneficiaries targeted.

Table 4, Primary Beneficiaries

Target Group	Objective	MSP final report	Calculated by ET as	Evaluation calculations
Indigenous women	12,000	12,704	Women visited in communities (Community population* 25% * 2(on average))	Community populations x 0.25 x 2 9,859 x 0.25 x 2 = 4,929 women
Women and girls in general	12,000	12,704	Women reached in markets (total vendors in all markets *25% who met MSP * 2)	Vendors total x 0.25 x 2 4, 526 x 0.25 x 2 = 2, 263 women and girls

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

Survivors of violence	1,000	186	Number of sexual assault survivors accessing /benefitting from MSP's services (Based on M&E internal system records.)	85+152 = 237
Sex workers	150	63	Reached through markets (Based on M&E internal system records.)	63
Total number of primary beneficiaries	25,150	25,657	IW+ WGG+SV+SW	7,492

The key assumptions of the calculations done by the ET for the secondary beneficiaries:

- The intercom was used in all markets and the intercom capacity allowed to reach 25% of the vendors
- The vendors who were reached by the intercom had 2 customers at the time who were also able to hear the message spread by MSP using the intercom
- The vendors and customers rotated from one visit to another
- There were two visits in each market and each community on average
- Each person who received first hand information relayed it to at least 2 people in their household or in their community.

According to the calculation made by the ET incorporating all the assumptions, MSP team reached 145% of the secondary beneficiaries targeted.

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

Table 5, Secondary Beneficiaries

	Objective	MSP final report	Calculated by ET as	Evaluation calculations
Community at large	18,000	17742	<p>Families /friends of women reached directly and customers in the market:</p> <p>Market (M): (Total vendors x capacity/hearing x buyers @ time x times visited)</p> <p>Community (C):</p> <p>Total settlement population x % attended sessions x family members they spoke to about the session x # times visited)</p>	<p>Market (M):</p> <p><math>4,526 \times 0.25 \times 2 \times 2</math></p> <p>= 4,256 people</p> <p>Community (C):</p> <p><math>9,859 \times 0.25 \times 2 \times 2</math></p> <p>= 9,856 people</p> <p>Community at large:</p> <p>M + C + number of IECs distributed:</p> <p><math>4,256 + 9,856 + 348 + 8,096</math></p> <p>22,556 secondary beneficiaries</p>

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

Health professionals	50	50	zone nurses and their colleagues plus at least 2 family member who benefited from the information (Based on M&E internal system records)	50 +50*2  150
Men and boys	1,000	4978	Present during the outreach (Based on M&E internal system records, not verified by the ET)	4978
Uniformed personnel	50	30	police officers who have been trained by MSP (Based on M&E internal system records) plus at least 2 family members who benefited from the information)	30 + 30*2  90
Total number of secondary beneficiaries	19,100	22800	Community at large + H/Professionals + men & boys + uniformed personnel	27,774



## **Qualitative Findings from Interviews**

### *Focal points*

23 focal points were interviewed by the ET using a semi-structured interview method. The main goal of the interviews was to check how long focal points have been assigned for, how they understand their responsibilities and how well they were trained in what needs to be done if they become aware of the violence taking place.

Around 50 per cent of respondents defined MSP as a provider of information and education about gender rights. Thirty five per cent of focal points responded that the main services that MSP offered were medical and clinical services. On average focal points have been assigned for around 10 months, from the longest of one focal point being assigned for 4 years and 60 per cent of them being assigned only in the last 6 or in the last 3 months. Most focal points understand their responsibilities as “counselling” (as mentioned by the focal points) women if they see that women have been abused or are in abusive relationship, to promote family planning, to recommend who to contact (police or MSP). Also the majority of focal points talked about the importance of looking out for the signs of abuse in children. Yet, when asked about their plan of action if they became aware of VAWG taking place, some respondents did not know what to do and the majority would follow the village protocol which is speaking to the Head of the village first, even though they realise that in most cases the case will not be taken further. Only 6 respondents (market vendors) answered that they would talk to third parties (police or MSP); all the rest agreed that it is better to keep the matter private and within the community. Thirty per cent mentioned MSP as a potential organisation to contact. Only one respondent contacted MSP after

being assigned as a focal point. However, one must consider that the training to gender Focal Points and the development of child protection systems is new in Fiji. Focal points who responded that they knew of violence taking place but did not report it named fear of being named as the reporter and fear of interfering “as violence in families is something that is traditionally considered to be normal” as main reasons for not reporting. There was also an element of mistrust in governmental organisations that would take care of the issue further (police and social welfare). As one of the focal points explained: “even abusive parents take a better care of the child than social welfare services”. This truth of this statement could not be verified by the ET, as the assessment of the effectiveness of government social services to respond to at risk children, is beyond the scope of this evaluation.<sup>1</sup>

All respondents agreed that there were important changes that took place in their community /market after the visit by MSP. The main changes highlighted were: better awareness about healthy lifestyle, as clinical tests and clinical check ups were done by the MSP team; less swearing and verbal abuse inside families directed at children and directed at women; more respectful treatment of women; less negligence of children; and more awareness about child abuse. All focal points requested for the continued services by MSP and for more frequent (ideally quarterly) visits. All respondents asked for the medical services as a part of MSP package.

The tests also revealed the gap in the knowledge provided to focal points. Most FCs were not aware that women and men have equal rights in Fiji, they also mentioned that the main reason for contacting MSP would be a case of teenage pregnancies, not VAWG. The above demonstrates that although a great job has been done with assigning focal points and making

---

<sup>1</sup> The Fiji Government has established a national Child Helpline to aid in the swift referral of child cases, but the social welfare department remains massively under sourced. MSP runs the Child Helpline under contract.

them aware of such issues as human rights, child abuse, gender rights, reproductive rights and family planning, further training of FPs is needed.

#### *Market managers*

Four MMs were interviewed by the team for the purpose of this evaluation. They were asked for the information about their markets, about the work done by MSP, and about the organisation of visits. They were also asked to share any feedback they had received from the vendors.

From the words of the respondents, the markets were visited at least two times and each time with a range of visits from 2 to 3 hours to over 6 hours.<sup>2</sup> MSP came in different groups on one occasion. A MM noted that in their first visit, MSP were accompanied by the doctor and the nurse, yet the second visit was for the educational purposes only. The medical team was set up in the office and did clinical tests, such as blood tests, blood pressure, weight check, pap smears. At the same time the educational team was going from vendor to vendor talking about MSP, the services that they offer and also they provided educational information about: child rights, child abuse, violence against women, human rights. Focal points were assigned by MSP. Intercom was also used to read out information about MSP. Posters with the information about Child Helpline were hung all over the markets, so people have the phone number always at hand.

---

<sup>2</sup> The MSP M&E activity sheets note most OT visits lasting between 5-6 hours. This was verified in the presentation to MSP OT.



*Photograph 1 & 2:  
Awareness in Markets.*

The respondents agreed that the second visit helped vendors to understand such topics as child abuse and VAWG better.

One of the MMs has referred 2 cases to MSP since their last visit– one when an underage boy was working in the market to pay for his school and another case when children were neglected in the market and were not looked after by their parents.

They all believe that the amount of violence taking place in the market has decreased since then; that women became more vocal and more open about issues and problems existing in their families. As one of the MMs said: “women understood that everyone has similar issues and started talking more openly about their problems”. All MMs would like WAYE project to continue.

The MMs suggested the following ideas for MSP visits:

- Idea of coming again and making a conversation on intercom –Q&A session- FPs could collect anonymous questions and MSP team could participate in the talk show on the intercom with the focal point asking questions and the MSP team answering them. One MMs mentioned: “talking to vendors while they are working and taking them away from their job might not be the most productive way of educating them’. However, as many of the vendors travel long distances and leave home early and return home late, so they don’t have time before or after work to

attend clinics or to attend education sessions. In addition, markets are also open on weekends so the WAYE specifically targeted these women in their workplaces.

- Training FPs more and giving them ID cards as they are often asked what right they have to interfere.

- One on one sessions would be great so vendors can come with their own problems

MSP team was asked to always come together with the medical/clinical team. According to MMs it is the medical services that attract vendors the most as often they do not have chance to access those free clinical services elsewhere. According to the MSP Project Team, they normally deploy a full Outreach Team consisting of the Medical Staff and the Rights Staff.

#### *Fiji Police Force*

Five representatives of Fiji Police Force were interviewed by the evaluation team. The main objective of the interviews was to assess the effectiveness of the partnership between MSP and FPF.

All respondents were aware of the MOU between two organisations and have been working with MSP since they started performing their functions in the FPF (around 3 years on average). Some of the officers interviewed were present at the SRHR training conducted by MSP specifically for the Fiji Police and the Sexual Offenses Unit at the Police Academy in Nasesse, Suva. It was evident from the interviews that the majority of FPF officers know MSP due to the OSS Suva clinic, where FPF officers bring the victims of sexual assault for medical forensic services, counselling and legal support.. They all highlighted that what they most appreciated in working with MSP was that the clinical team could service their victims in a timely manner. All respondents noted that MSP services were highly beneficial as often in sexual assault cases

victims are very traumatised and it is hard for them to stay in the general hospital waiting to be seen by the doctor as usually the waiting time is long and also they do not want to be seen in the hospital and to be known to be the victims. They all appreciate the fact that by using MSP victims can stay confidential and also the fact that victims can be seen by the counsellors, as the victims of sexual crimes are often very sensitive victims to deal with. All interviewees believe that MSP offer great services to victims and also to their families. As one of the officers noted: "MSP counsellors help families to cope with the situation and help them to rebuild their lives". All police officers would like MSP to continue their services and for the project to continue.

Police officers came up with the following ideas for the future partnership:

- As most of the cases seen by the SOU department are defilement cases (e.g. defilement of minors ) – they would like to work closer with MSP and to organise visits to schools with MSP. From the words of one of the officers: "not many children/ youth are aware of the age when it is legitimate to engage in sexual act". Noting that, MSP already has a MOU with the Ministry of Education to provide awareness on Child Protection in Schools.

- They would like to work closer together and go to outreach trips together so they understand better the work done by MSP

- SOU investigators would like to get more training in dealing with victims

- Requested for the team to be able to go to cases outside Suva especially cases concerned with child abuse

They would want MSP to be available 7 days per week as most mentioned that on some days Thursday, Friday and Saturday the doctor is not available in the clinic so they are not able to bring in victims. According to MSP, they have recently increased the Medical Staff

cover to include Thursdays and Saturdays (which is subject to funding availability).

- They asked for some counselling for the SOU officers as they say that that would help them to deal more effectively with cases as they sometimes have difficulties dealing with the most grave cases (may be one hour per week could be given to the SOU department)
- FPF interviewees would like MSP to be based in other parts of Fiji
- New idea for awareness would be to teach children and their parents about the dangers of internet as police officers see a huge increase in crime initiated online.
- The response from MSP was that they require more resources to address the ongoing requests for more service provision nationally.

#### *Zone nurses*

Five zone nurses were interviewed by the team. Zone nurses sometimes accompanied the MSP team during their outreach programs to do the general check ups for the vendors and for the community members; therefore, the reason for the interviews was to get their feedback on the work done through WAYE and to understand how effective the partnership between MSP and MOH was.

All zone nurses believe that MSP do a great job in helping them educating people about family planning, general health, in wellness training and especially in bringing pap smear tests to the communities and markets where “for most people those tests are done for the first time”. Also it was noted by all of the nurses that the fact that MSP have their own transport helps them to reach the communities they cannot reach themselves, as they do not have the transport available for their health centres. They said that MSP is in great demand by communities. Also

they highlighted that as a result of increased awareness they see more women coming for pap smear tests.

Suggestions made by nurses:

- It would be great to do outreach trips together more often, yet it was noted that trips have to be scheduled in advance as sometimes they were informed too late about the trip so they were not able to join the team. They asked for a 3-6 months plan of trips, as then they will be able to schedule the shifts in the health centres accordingly

- Two respondents asked for better communication, as sometimes they were not informed about the work done by MSP in the locations that they are responsible for

- They asked for the presentations to be translated into Hindi as for now they are in i-Taukei and English only.

- More posters shall be hang in hospital especially in waiting areas detailing all the services that MSP offers; as one of the nurses noted: “women would definitely use services if they knew the whole range and the fact that those services were free, normally we do not have time to recommend women to go to the MSP clinic”.

- They would like MSP to raise more awareness about breast cancer

- One of their ideas was to introduce peer aid as the young generation has to be educated by someone who can communicate with them on equal terms

- In order to strengthen the cooperation it would be great for MSP to come to the general meeting with all the nurses (Nausori HC, each Friday from 9-12) so they can catch up on what's happening and on plans and on what kind of help MSP or HC needed.



*OSS Suva Shop/ Clinic clients*

The patients of the clinic were asked to fill in the survey questions at their convenience. Out of 12 participants in the survey, 6 were of the Itaukei ethnicity, 3 were Fijians of Indian descent, 1 was Rotuman and 2 were Australian nationals. The main reason for the survey was to establish how those clients found out about the OSS clinic, what services they were offered and how they rated the services provided. Five respondents indicated that they found out about the clinic through friends or family, three respondents were referred by the police, two indicated that they got to know about the clinic through the media; one was referred from the Child Helpline. Seventy five per cent of the respondents were offered counselling; six respondents indicated that they were offered legal advice; eight respondents received medical services. All respondents agreed that the services provided were useful; they mentioned that there was no waiting time and that the MSP staff members were very friendly. All respondents said that they would come back for more services and that they would recommend the OSS clinic to other people in similar circumstances

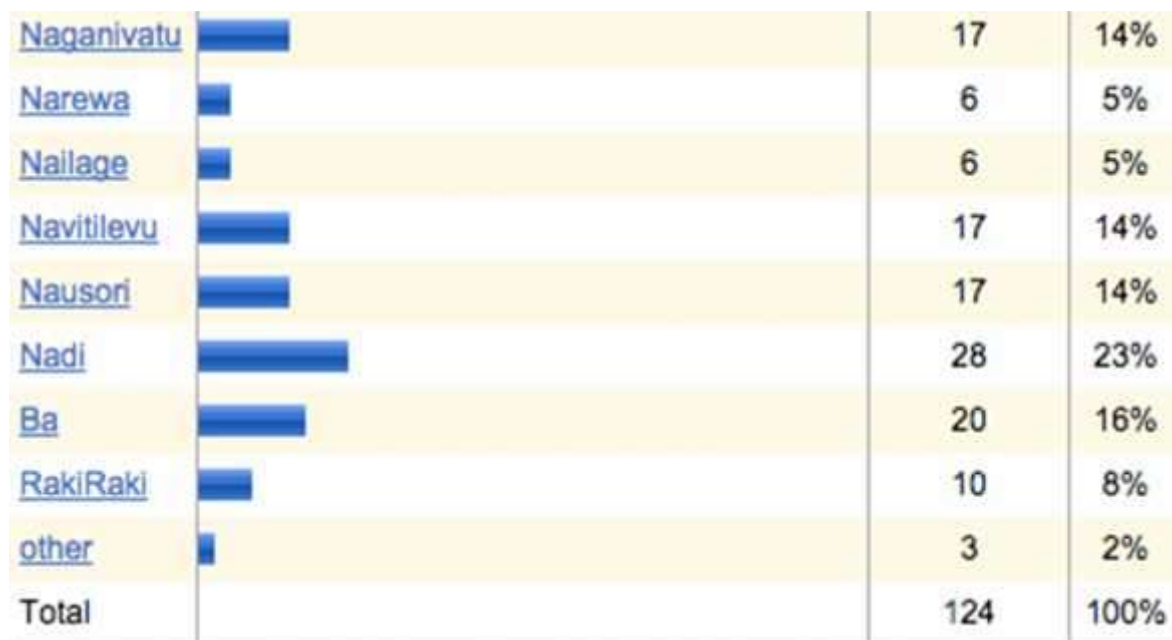
Some suggestions given by the clients:

- More facilities for scanning, x-rays, ECG, and blood tests;
- To have a bigger clinic and more counsellors;
- More advocacy to the public about MSP and its services;
- To expand similar services to other locations;
- To improve accessibility as door bell did not work.

*Direct Beneficiaries*

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016**  
**UNTF & MSP**

The total of 124 (n (male) =28, n (female) = 95) market vendors and community members were interviewed. The average age of the interviewees was 47,2 years (range from 24 to 79 years). The evaluation team also interviewed 3 sex workers. Figure5 demonstrates the geographical locations where the interviews were conducted.



Interviews consisted of questions about MSP and a multiple-choice knowledge-based test.

The main reasons for the interviews about MSP were:

- To confirm that PBs were reached by the MSP team;
- To confirm how many times PBs have met the MSP team;
- To find out if PBs received any information/ education during the MSP visits and what that information was about;
- To confirm that clinical services were provided to the public during the MSP visits;
- To ratify if PBs found the information provided by MSP useful and beneficial for their

market/ community.

The purpose of the knowledge-based questions was to establish how the information provided by MSP was received, whether it was absorbed and if it led to behavioural changes. Out of 124 interviewees 20% reported that they had never seen MSP (“non-present” respondents); their responses to knowledge-based questions were used as a baseline to estimate the effectiveness of the education sessions held by MSP with other participants (“informed” respondents).

In general 67 per cent of respondents believe that the volume of violence has increased in the last two years and most of them name the negligence by parents, the lack of control over kids and drinking as the main reasons for the increase. They see further education, higher awareness about rights, more knowledge about punishment for violence and abuse, harsher punishment, stricter police officers, more education of parents and young couples, as main ways to decrease violence. 86 per cent of respondents had met MSP at least one time. Of those who had previously met MSP 60 per cent were present at or remembered the education session held by MSP. Sixty one per cent of respondents said that the main topic of the education was reproductive rights and VAWG combined. Nineteen per cent of respondents remember it to be about legal rights, and 16 per cent - about family planning. Around 66 per cent said that they had access to clinical services and obtained various clinical tests such as Pap smear, blood pressure, and blood tests. Around 60 per cent said that they have either learnt more about contraceptives or obtained some contraceptive from MSP. 99 per cent of respondents agreed that their community /market benefited from the visit by MSP and 100 per cent would like MSP to continue their services. The main benefits highlighted by DBs were:

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016**  
**UNTF & MSP**

- Provided medical services helped to become healthier
- Information provided about general health gave a good understanding of what needs to be done to become healthier
- Health checks were brought directly to the community where people do not usually get their health checked as it is hard for them to get to medical centres/ hospitals
- “Providing clear information about the laws regulating our lives helped us to make right choices”
- Information about child abuse helped them to deal with children in their families and many talked to other people in their communities about how it is best to treat children
- People find out about how to recognise signs of child abuse
- Information about family planning and contraceptives helped to make choices within the family
- Education sessions allowed women to share their experiences in family
- “We have learnt more about family planning and more about different contraceptives available”

Recommendations by the DBs and main themes from interviews:

- To come more often as vendors in markets rotate, quarterly visits is the most popular request
- To come for a more extended period of time – the whole day or for a few days in a row
- To always to come with the medical team
- Earlier notices of visits, plan for 6 months, may be before the visit it would be good to put posters in the market informing about the visit time and date

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016**  
**UNTF & MSP**

- The suggestion from sex workers was for the counsellor to come on a more frequent basis and to make visits less official

Results of the knowledge-based questions:

- From those who were not present at the education session by MSP 56 per cent answered that women and men do not have equal rights in Fiji, and 16 per cent believed that the equality “depends on the situation”. Out of those respondents who saw MSP in the last 6 months, still 44 per cent answered that the rights were unequal and 13 per cent answered that the equality depended on the situation.

- Out of those who had never visited an education session by MSP 57% believed that family planning was mainly about planning when to have children. Most of those who had met MSP before were able to say that family planning included sexual education, reproductive rights, use of birth control and planning when to have children.

- 60% of the “non present” respondents versus 45% of “informed” respondents knew that gender equality is the view that all genders, including men and women, should receive equal treatment, and should not be discriminated against based on their gender.

- All respondents knew that parents are the party who is primarily responsible to make sure the child rights for life and food are protected.

- 58% of the “non-present” interviewees knew that VAWG includes sexual violence, physical violence psychological violence, and abuse of children in families.

- In the group of those who have seen MSP in the last 6 months, 79% responded correctly by including those options.

- 2 per cent of those who had seen MSP would not take any measures if they saw VAWG

taking place. Out of those who had never seen MSP, 8 per cent answered that they would not get involved in any way as they would think that violence did not concern them.

This showed that MSP outreach and awareness is having some impact at increasing awareness and empowerment.

Interviewees named the following factors as the main reasons for not reporting violence:

- Fear of getting involved;
- Feeling of having no right to report - "I thought the situation was not that serious and that police have more important cases to deal with";
- "I was not sure who was right and who was wrong in the argument";
- "I thought that someone else would take care of the situation" ;
- "I did not want to press charges against my own family";
- "We are a small community – we are all like a family so we can't report each other";
- "I was afraid that others would find out that it was me who reported"
- "If it does not concern my family – I have no right to interfere"
- "I was not sure what reporting crime to the police would mean to me and to the perpetrator"

Photograph 3: MSP Talking to Children in Markets



### Most Significant Life Change Stories

The below stories were provided by MSP.

Story 1: I am a 38year old mother of 2 children and have been a market vendor for a long time. This is the only source of income me and my husband have to benefit my family. I have been

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

appointed as the focal point for MSP and i am honoured. The MSP team helped me understand the importance of being the focal point of contact. After being appointed i went out of my way to one of the mothers who is a market vendor herself and has been bringing her daughter to the market and keeps her under the table. The daughter is supposed to be in school and she is here in the market everyday with the mother. This has been bothering me a lot knowing that the girls need to be in school. When I asked the girl's mother why her daughter was in the market she never bothered to answer me than I asked the little girl why she is not in school, and she said if my brother go and i will go to school. I called the child helpline number and the lady advised me to talk again to the MSP team who were currently in the market, the lawyer will assist me in what to do. I went to talk with the MSP lawyer and she sorted out the matter. I felt really good afterwards knowing that i just helped a child go back to school. Thank you MSP for this opportunity. Market Vendor.

Story 2: I am a 29 years old i-taukei male, single and am unemployed. I live in the village and assist women in the community who have been going through domestic violence by listening to them when they talk about their problems. I do not have enough information to know what to do about these women and how to help them further. When the MSP team came into our community and talked to us i gathered a lot of information like learning about Domestic Violence Decree and the DVRO which would be very useful to all women who go through Domestic Violence, i also learnt about the Child Welfare Decree and about Child Protection and i also learnt about services that MSP provides like clinical and the helpline that i could even call if i need to refer women and children to and all other services that MSP offers and could bring back to us when we need them. The information given by the MSP team has increased my understanding

and has also empowered me to do more than just listen to the women, I now know the proper authorities and stakeholders and the 1325 helpline that I can refer these women and children too in future. Thank you MSP for these eye opening experience and the opportunity to be your focal point and contribute to the way forward in helping women who have go through violence. Tomasi.

## PERFORMANCE ANALYSIS

### Relevance

**To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls? To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?**

Based on the finding by the ET it seems that the design of the project was successfully aligned with the national policy framework for the reduction of VAWG. In fact the project was designed to work in collaboration with both governmental and non-governmental service agencies to strengthen services for women and girls at risk. MSP established the VAWG network, which includes a range of formal and informal partners and agencies which provide services and resources for women and children at risk of gender violence, teenage mothers and survivors of sexual assault. MSP established the “ One Stop Shop” model to provide a wider package of services for survivors including clinical services (post rape care), counselling services, social support, referrals and legal advice. MSP mobile outreach team took education and clinical services to markets and rural hubs introducing market vendors and community members to



concepts of equality, rights and child protection. The findings show that WAYE project fitted well within the global framework for advancing gender equality and the empowerment of women.

**To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?**

MSP through its interventions responded to the needs of women affected by or survivors of VAWG and started building the capacity of duty bearers by increasing their skills and improving their abilities to interact with survivors of VAWG. FPF officers attended a workshop held by MSP focused on working with the perpetrators and with the post-rape victims. Interviews with a broad range of respondents show that, MSP has successfully started paving the way for responding adequately to the needs of women affected by or survivors of DV. The interviews in particular, showed that funds channelled through MSP helped community members and market vendors to have an idea of the procedures to follow to seek protection from VAWG. Therefore, based on the research done by the ET it appears that the support provided by WAYE was essential in filling the gaps in capacity building for both the government and the civil society. This is also confirmed by the fact that little other support is available in the same area of action by other international actors despite the need. It is worth noting however that further training is needed.

### **Efficiency**

**How efficiently and timely has this project been implemented and managed in accordance with the Project Document?**

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

The ET did not conduct an examination of the financial management aspects of the project; as UNTF has booked to conduct a financial audit. Also, the team only reviewed the impact and results during the timeframe of the project. Overall the timeframe for producing outputs was realistically designed, considering resources. The majority of activities were completed within a reasonable time frame. However, the ET gathered some relevant observations on some challenges experienced.

- In line with the commitments made by MSP, the MO team made 28 outreach visits within 24 months of the project, visiting 7 markets and 7 communities. Although most communities were visited at least once, Korociriciri and Lovu Settlements were visited only one time.

- Also the annual reports demonstrated that the project had a slow start with 263 clients assessing the OSS clinic in the first year and the number increasing to 4045 in the second year

- Besides the interviews established that the majority of visits took place in the second year of the project.

- Based on the data provided Pre and Post Knowledge, Attitude and Practices (KAP) Questionnaire were introduced only in the second year of the project.

- The assignment of focal points was largely brought in only in the last year of the project (the survey of the focal points demonstrated that out of 24 focal points interviewed the average duration of the assignment was 10 months).

The project took time to identify and recruit staff who have both technical skills and also experience in community education

It is important to note that that despite the slow start most targeted outcomes were achieved.

### **Effectiveness**

**To what extent were the intended project goal, outcomes and outputs achieved and how?**

On the basis of the analysis of the data collected, it appears that the results achieved by WAYE are congruent with commitments in the proposal.

On the output level the analysis showed that

- Women and girls in 7 markets and 7 rural communities have improved health outcomes due to the clinical tests offered by MSP. They also know more about family planning.

- Team is equipped and fully set up for future visits

- Formal agreements have been renewed and signed with partners; the partnership with the FPF appears to be the most effective one.

- Appropriate IECs were developed and distributed in communities and in markets.

- Public awareness was raised about VAWG and its negative consequences.

- Gender Focal Point were appointed in 7 markets and 7 rural communities

- Suva based clinic provided survivors with security to obtain a full range of post rape care

- In Suva Clinic survivors and clients receive adequate counselling and on-going psychosocial support

On the outcome level:

- Men and boys in rural communities were present during the education sessions so they were engaged in the project and through being assigned as focal points they are taking an active part in strengthening gender equality.

- Women and girls in 14 locations have been informed about their rights

A common theme in interviews with stakeholders was that achievements in building

capacities and raising awareness regarding VAWG have been noted due to the implementation of WAYE. The engagement of multiple stakeholders across sectors and disciplines allowed the development of better mutual understanding and opportunities of joint action and collective solutions. Due to proactive engagements of different agencies (focal points, FPF, Zone Nurses), rather than simply building awareness WAYE encouraged members of various sectors to take action to make a difference.

**To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?**

The goal of the project was to empower 25,150 women and girls to practice early health seeking behaviours, to increase their access to sexual reproductive health services and access to social services.

The primary beneficiaries targeted by the project included:

- Female sex workers (150),
- Indigenous women from ethnic groups (12,000),
- Women and girls in general (12,000),
- Women and girls, survivors of violence (1,000).

Evaluation demonstrated that all those target groups have been reached by the project. According to the calculations by the ET, however, the project reached only 40 per cent of the targeted number (7,492 primary beneficiaries). The lower number of PBs achieved was explained by the ED as the result of the budget being cut in half as the budget in the original proposal MSP had submitted was for 200,000 USD.

As for the secondary beneficiaries, the project target was to reach 19,100 people, according to the ET; the project reached 27,774 secondary beneficiaries, or 140 per cent of the target number. Thus, the project exceeded the initial target beneficiary estimates for SB's.

**To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.**

- The project helped to improve the referral protocol for the victims of the VAWG by working closely with FPF and MOH, which is evident from the interviews conducted with the police force. As FPF officers stated in their interviews MSP Suva clinic helped the victims of VAWG to undergo medical checks in a timely manner and allowed them to stay unknown thanks to the highly confidential nature of the services offered by MSP.

- Indigenous women, market vendors and community members are now familiar with human rights, aware of VAGW; know about reproductive rights and child protection policies. They are also empowered to speak out about DV. Most respondents to the interviews mentioned positive changes taking place in their community as the result of the visit by the WAYE project team. They mentioned that they noticed that there was less violence taking place in their community, that children were treated better by their parents, that education sessions allowed women to share their experiences in family.

- Women and men in 7 communities and 7 markets were offered health checks and free clinical tests (such as pap smear, blood and blood sugar tests) improving their health outcomes.

According to people interviewed the majority agree that information provided about general health gave them a good understanding of what needs to be done to become healthier

**What internal and external factors contributed to the achievement of the intended project goal, outcomes and outputs? How?**

- The main factor that made the project successful was the existence of the OSS clinic in Suva. Judging from the interviews, to most of the stakeholders and partnering agencies MSP is known by the clinic and the services it provides to the victims of VAWG and victims of sexual abuse. By combining medical, counselling and legal services under one roof, the OSS clinic in Suva provides a unique all-inclusive package to women and girls in need.

- The strong and professional MSP team was another factor that made the project successful. Interviews conducted with the members of staff demonstrated that all employees participating in the project were very passionate about the WAYE project throughout the whole two-year period. They all have a strong belief that this project made a large difference to the communities around Fiji. The whole team worked very hard to achieve goals and to improve the lives of women and youth in Fiji.

- The fact that MSP had MOUs in place with FPF and MOH helped the project to be supported by the duty bearing agencies and for some patients to be referred to the Suva OSS clinic. The MOUs also allowed increasing the capacities of the police and health specialists through joint trainings. Strengthened cooperation led to swifter responses for clients of VAWG to the OSS.

**What internal and external factors contributed to the failure of the intended project goal, outcomes and outputs? How?**

- According to the Executive Director and the Project Manager the factor that made the project challenging and gave it a slow start was the time needed to build a strong and competent team and the time needed to find a reliable program manager and legal officer. Also, it took time to build relationships, develop and test education and training materials and to develop formal partnerships under the MOU's

- The limited budget also did not allow the outreach team to make multi-day trips, as there was no budget to stay overnight in hotels.

- The limited budget meant that the OSS clinic in Suva was not able to put the Doctor on for more than four days a week. Thus, the Doctor was unavailable on Thursdays, Fridays and Sundays.

- The fact that the budget was very tight also did not allow having a program manager dedicated specifically to this program, which made the coordination of outreach trips and the communication within the project harder. It has also been mentioned that having only one car and only one team (the OT was shared with another project), especially having resources for only one doctor, proved to be hard, as if the doctor was on the outreach trip then the Suva based OSS could not be fully operational and could not receive SOU referred patients on that day (although counselling was offered on 7 days per week);<sup>3</sup>

- The poor communications infrastructure in Fiji resulted in difficulties scheduling and

---

<sup>3</sup> MSP coordinated with the FPF so that SOU clients were brought to MSP at times when the Gynaecologist was available. Clients have 72 hours to obtain the PEP and 5 days to access Emergency Contraception. However counselling is available for 7 days a week.

organising visits;

- Most market vendors are over 30 years old, which might have made it harder to target youth. As the interviewed sample showed the average age of the respondents for the markets and communities together was around 47 years, however it might be the result of the limitations of the sample (e.g. day time and holidays) and might not be representative of all women that MSP were able to reach.

- The biggest challenge faced by the MO team in markets was educating vendors while vendors were working and servicing clients. The team tried talking to vendors in groups but understandably for all vendors their business stayed their priority and their attention was easily lost. As one of the MMs noted: “may be educating market vendors while they are working is not too productive”. This will be a challenge for MSP to consider in future programs, as vendors also do not have time before or after work as most have to travel in from rural areas.

- The biggest challenge for the team in communities was to make sure that the turn up numbers were high and that the visits did not clash with other events taking place in communities.

- Due to high illiteracy and poor organisation in markets and communities it was challenging for the team to organise the pre and post questionnaires with most respondents never handing the questionnaires back in. That made the process of collecting the data hard for the M&E department. The M&E file shows 188 Pre and Post Questionnaires for the WAYE project (reported in the Endline Report).

- During their visits team covered many topics. In markets, for example, in a space of 20 minutes per group of vendors the following topics were discussed: Child protection, Legal rights,



Family planning, Reproductive Health and Rights, Gender Rights, Gender violence or violence against women and girls, Wellness or Healthy Choices. Judging from the interviews the amount of information was overwhelming for the DBs and made it harder for them to understand the topics and to get to know them in depth.

- The fact that most locations were visited twice a year was perhaps not enough to allow the focal points to have a strong training and to make a bigger difference in their communities and markets. As it has been demonstrated through interviews most of the FPs were not aware that women and men have equal rights in Fiji and most could not say what they would do if they became aware of VAWG taking place. It is important to highlight that the cultural influence makes understanding and internalizing gender equality a complicated process in Fiji.

- Only one training session was done with the FPF during the period of the WAYE project, which familiarised officers with MSP and SRHR and strengthened the link between two organisations. The one days training agenda was approved by the FPF. However, police have asked MSP for additional training on how to deal with victims and training on counselling traumatized victims.

Judging from the desk review the target numbers for the direct beneficiaries in the proposal submitted by MSP were too ambitious which made achieving the quantitative goals difficult. The MSP Director has responded, that the MSP M&E unit included a wider range of target groups in their calculations for Direct Beneficiaries. Such as those who receive IEC's and who are in group and public education sessions and receive direct communication over the microphone (market intercom). Those groups were considered as SBs by the ET.

### **Impact**

**What are the unintended consequences (positive and negative) resulted from the project?**

The three main unintended positive consequences of the WAYE project:

- As a result of the general medical examination conducted in communities and in markets, majority of interviewees adopted healthier life styles and healthier diets.

- As the education sessions included child abuse and child protection topics, many respondents agreed that it helped them to improve relationships with their own children and to use physical force less. Also it made people more aware of potentially hidden cases of child abuse and most of them said that they now are on a constant look out for child abuse cases.

- The project raised the awareness of the general public about the Child Helpline (1325), the number that children and general public can call if they become aware of the violence against children taking place.

### **Knowledge Generation**

**Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?**

- The promising practice demonstrated by this project is the practice that recognises the need to include multiple agencies in prevention and interventions to VAWG ( FPF and MOH).

- Engagement of general public and assigning focal points in market and communities contributes to the global ownership of VAWG initiatives and allows for general buy-in among the public.

- The OSS model where victims of VAWG can access medical, counselling and legal services is the promising practice that can be taken to other countries. The system is ideal for offering the services needed by the victims of the sexual assault and perfect for internal referrals.

- The system of training and referrals through partnering agencies developed by WAYE can be expanded nationally and internationally especially in countries where the victim support system is not provided by the government.

**What are the key lessons learned that could be shared with other practitioners on Ending Violence against Women and Girls?**

1. The most effective approach to ending VAWG is the integrated approach, one that recognizes the need to include multiple agencies in interventions and preventions stages of fighting with VAWG. An institutionalised agreement for cooperation allows for a more targeted and efficient involvement.

2. Capacity building of the partnering agencies is linked directly to the improved outcomes for the victims and survivors of VAWG; by training FPF on how to deal with the victims, on how to handle information about them, on how to work with the families of the victims, the outcomes of the education are more sustainable and results in more beneficiaries reached.

3. Administration of a program joint with other agencies and a program that is hugely reliant on the relationship with the gatekeepers (market managers and village heads) requires a well organised staffing structure, appropriate training among agencies and a dedicated program manager and resources for such. It also requires a communication plan developed for 6 to 12 months in advance (and resources for such).

4. In a country with poor communication infrastructure and understaffed duty bearing organisations sound planning and communication scheme has to be developed prior to the project start to prevent miscommunication, ensure more efficient schedule planning, secure buy-in from the counterparts, and build institutional memory within the partnering agencies and also memory in the community.

5. For the message to be better understood by the target audience especially by the general public, the message needs to be more specific, which would give people more depth and better understanding of the matter.

6. Rather than concentrating on the quantitative measures and quantitative targets for the PBs and SBs. Projects like this one can concentrate on the quality of the training done with partnering agencies and quality of knowledge obtained by the PBs. When raising awareness about child abuse and empowering people to act in case of VAWG it is necessary to teach them how to respond to such situations, how to report violence and about the consequences of reporting.

## **CONCLUSIONS**

- WAYE project fitted well within the global framework for advancing gender equality and the empowerment of women.

- The project was done in an effective manner within the planned timeframe and within the assigned resources.

- MSP managed to build a strong and skilful team of professionals and to achieve most targets despite the slow start of the project.

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016**  
**UNTF & MSP**

- There appears to be a widespread perception among stakeholders that the program has made a significant contribution to tackle VAWG in the country both at the level of prevention and protection.
- WAYE is in high demand, especially in rural areas. Community members and MOH partners alike would like the Outreach team to visit more often if possible.
- The engagement of multiple stakeholders across sectors and disciplines allowed the development of better mutual understanding and opportunities of joint action and collective solutions.
- Through training WAYE helped some stakeholders to build their capacity to better understand and to better deal with VAWG.
- With the focus on engagement (of key focal points, FPF, Zone Nurses), rather than simply building awareness, WAYE encouraged members of various sectors to take action to make a difference.
- The program has played a major role in initiating critical dialogue to allow stakeholders to become more aware of gender equality and VAWG in the country
- The addition of general medical services offered at markets and in communities is a great way to promote child helpline as well as a great way to attract people to education sessions.
- Engagement of general public and assigning focal points in market and communities contributes to the global ownership of VAWG initiatives and allows for general buy-in among the public
- The project resulted in additional health benefits and additional awareness raised about child abuse and child protection.

- The project had a short time frame to undertake Behaviour Change and to deliver empowerment and to build the capacity of both Focal Points and other service Providers, however, the foundations have been built under this project.

### **RECOMMENDATIONS**

The OSS Clinic model in Suva, the most successful part of the project from the point of view of the ET, can be expanded to other major cities in Fiji, yet more funding is needed to ensure the availability of the doctor in the clinic 5 or 7 days per week.

Another recommendation that can be made as a result of the evaluation is that further training is needed for all stakeholders:

- First, on the level of partnering organisations: delivery of joint training sessions with police, health professionals, lawyers, and social service providers will increase capacities for dialogue, and will clarify roles and responsibilities of various agencies. It needs to be clear for all parties that protecting VAWG victims happens through a network of interrelated activities in which all relevant government agencies need to take part.

- Training for first responders to VAWG cases among the police, health professionals and SOS lines needs to be more advanced, cooperation needs to be closer. Harmonization among agencies in the form of information sharing, joint planning, joint dialogues and joint reviews of operations will lead to more efficient service delivery. Monthly meetings to share joint achievements and to discuss forecast activities will ensure that all agencies are on the same page, the increased knowledge of the program will increase proactivity among agencies.

- The training activities that are really necessary are those that would target attitudes of

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016**  
**UNTF & MSP**

law enforcement officers that discourage women from reporting cases. Helping to change those attitudes would give women more trust in institutions and will truly empower them to seek help in cases of VAWG.



Photographs 4 & 5: MSP Training Fiji Police Force Officers in SRHR and Trainers with the Evaluator.

- Focal points should be given the necessary knowledge and expertise to make their participation and the contribution more effective. These people already have the knowledge of their communities and they know those people who need help. Now they need to be trained in the laws guarding human rights and gender equality, in more depth. FPs shall be given the plan of action, taught how to ask appropriate questions, taught how to effectively resolve conflicts, they shall be given the protocol that needs to be followed if they become aware of VAWG. That will truly empower them and will help them to understand the role that they are to perform.

- In order to see more significant life change stories PBs need not just be told what they are not allowed to do, but they need to be educated about how to do things better. What was evident from interviews is that they are often told that physical violence and verbal abuse are unacceptable ways of bringing up children; yet they are never offered alternative ways of parenthood/ disciplining children. Women are advised of their rights yet they are not explained the consequences of utilizing them. People are told to about VAWG but are not given alternative ways to deal with it or explained consequences of reporting/process of reporting/ confidentiality/

and so on.

- Staff still require further training in community presentation skills and behaviour change techniques for the vast range of stakeholders they deal with.

- Visits are suggested to be longer, more frequent and on the more personal side (for sex workers). Visits in markets and communities can be scheduled in advance with families or vendors having a timetable for sessions. People will be more open to talk about their problems and although the numbers of PBs will be lower, the change can be more significant and might result in more SBs reached and more lives changed.

To summarise, the ET team believes that the project should be continued or extended in 2016. The team did a great job considering the budget of 149,851 USD was for two years and had to support a team of 7 people (including a Doctor, Nurse, Educator, Counsellor M&E, Male Peer Ed/Driver, Finance, Administration and Management. It should be noted that the budget only partly covered these salaries and that MSP was fully funding the role of the Gender/HR/Legal Aid Officer, who was key in delivering the EAW content on the project. It cannot be more evident that the project was under sourced in terms of salary provision and resources for training. Regardless of the budget challenges, the project team delivered outputs and the project has had significant impact.

The momentum has been gained: the doors have been opened to MSP in communities and markets; trust has been built; the strong team is functioning; FPs have been indicated; relationships have been built with government agencies and first respondents to VAWG. Yet for



the project to be more sustainable, for it to have more impact and to successfully reduce and to respond better to VAWG; improved training techniques, new materials, new communications plan, and new skills need to be developed in all stakeholders.

According to MSP, for stage two of the project they would need financing for a fully resourced WAYE project team including 7 full time staff:

1. Project Manager
2. Doctor
3. Nurse
4. Protection Officer (Lawyer/Human Rights/Gender)
5. Counsellor
6. Education and Training Officer (dedicated to developing training workshops and materials)
7. M&E Officer

It is important to note, that Finance, Administration & Communications staff also support these activities and projects. MSP also mentioned that their services would be strengthened by the procurement of a dedicated Van for carrying the full project team and counterparts such as Zone Nurses and Community Police (SOU officers), Social Welfare Officers and medical equipment to the field.

## ANNEX 1

### Terms of Reference

<b>Consultancy Summary:</b>	Evaluation of the United Nations Trust Fund (UNTF) to End Violence Against Women – Fiji Project “Women and Youth Empowered” (WAYE)
<b>Mission Station:</b>	Suva, Fiji with travel to project locations across Fiji
<b>Consultancy Duration:</b>	Technical support required over a 1 month period
<b>Start Date:</b>	Available Period: November 2015 to January 2015

## Final Evaluation of the United Nations Trust Fund to End Violence Against Women (UNTF) Project- Women and Youth Empowered “WAYE” Project.

### 1. Background and Context

Medical Services Pacific (MSP) is a Fijian registered non-government organisation (NGO) established in August 2010 in Fiji to enable Pacific women and adolescents to have greater access to quality health care services. MSP designed the project, ‘Women and Youth Empowered by access to information to protect their rights and access to services to protect their health’ also known as the WAYE project. It was designed to address the high rates of gender violence in Fiji, including the sexual assault of minors and to provide specialized clinical post rape care services. WAYE is a 2 year program which commenced in December 2013 and ends on 30<sup>th</sup> November 2015.

Across the Pacific, there has been significant progress in achieving sexual and reproductive health goals embedded in international frameworks and commitments. However, despite this women still struggle to achieve equality. Most Pacific island Countries (PICs) suffer from poverty, vulnerability to climate change and endemic gender based violence. There is low contraceptive prevalence rate (below 50%) across the region with high rates of STIs. Rates of Cervical cancer are significantly high in Fiji with an estimated incidence of 51.3 per 100,000. <sup>4</sup> The Pacific has a large youth population and associated high rates of teenage pregnancies. There is a significant youth bulge in most PICs and there are increasing cases of depression and suicide among young people.

The status of women is low in the Pacific and there are high rates of domestic violence. With recent reports noting over 80% of women have experienced gender violence. MSP baseline report noted over 90% of participants interviewed had experienced domestic or gender violence. The Fiji Government released data that over 685 cases of sexual assault in 2014. MSP has seen over 300 cases of sexual assault in the post rape care clinic over the past three years with the majority of clients being under the age of 18 years. Women and girls are vulnerable to sexual assault and are at risk of having an unplanned pregnancy or an STI and require access to medical services, information and social support networks.

#### 1.1 Description of the project that is being evaluated

- a) Name of the project and the organization  
Women and Youth Empowered by Medical Services Pacific

---

<sup>4</sup> Ministry of Health ‘Reproductive Health Police’ page 7. MOH 2011

- b) Project duration, project start date and end date
- c) years commencing on 1 December 2013 and ending 30<sup>th</sup> November 2015
- d) Current project implementation status with the timeframe to complete the project  
The project has been running for 21 months and is near completion
- e) Description of the specific forms of violence addressed by the project  
Family - Violence, non partner violence, intimate partner violence, sexual violence, physical and emotional violence. Community - Violence – non partner and intimate partner violence.
- f) Main objectives of the project  
25,150 women and girls in Fiji empowered and practice early health seeking behaviours increasing their access to sexual reproductive health services and access to social services, reducing the long term health consequences of VAWG.  
Expected Outcome: Women and girls in markets and rural communities are empowered and have greater access to quality SRH services and experience greater safety.
- g) Description of targeted primary and secondary beneficiaries  
Female sex workers, Indigenous women and girls, adolescents, youth and elderly.

### **1.2 Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities.**

**Goal:** 25,150 women and girls in Fiji empowered and practice early health seeking behaviours increasing their access to sexual reproductive health services and access to social services, reducing the long term health consequences of VAWG.

**Goal Outcome:** Women and girls in markets and rural communities are empowered and have greater access to quality SRH services and experience greater safety.

- 12,150 women and girls in 7 markets and 7 rural communities seek early and preventative health care
- 12,000 women and girls including 1000GBV survivors are aware of their rights, are empowered to access services and networkers to address issues of VAWG.
- Men and boys in 7 communities are aware of risk to girls and are engaged to reduce VAWG in their communities by strengthening gender equality by ensuring inclusion (*e.g. of women in dialogue, planning or leadership discussions*).
- Improved services for survivors through strengthened collaboration and networking between CSO's and Government which increases opportunities for justice, health care, social services and coordination to reduce incidents of VAWG.

#### **Program Outcomes:**

- 21,150 women and girls in 7 markets and 7 rural communities seek early and preventative health care
- 12000 women and girls including 1000 GBV survivors are aware of their rights, are empowered to accessed services and networks to address issues of VAWG
- Men and boys in 7 communities aware of risks to girls and are actively engaged to reduce VAWG in their communities by strengthening gender equality and ensuring inclusion.

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

· Improved services for survivors of sexual assault through strengthened collaboration and networking between CSO's and Government which increases opportunities for justice, health and social services.

**1.3 The geographic context, such as the region, country and landscape, and the geographical coverage of this project.**

Viti Levu, Fiji

**1.4 Total resources allocated for the intervention, including human resources and budgets (budget need to be disaggregated by the amount funded by the UN Trust Fund and by other sources/donors).**

\$4000 USD or approximately \$8050 FJD from the UNTF project budget. MSP will contribute in kind and cash support to cover the costs of attending MSP support staff, some transport, volunteers, administration, internet and accommodation in Suva to the value of approximately \$1000 FJD as needed.

<b>Budget FJD</b>	<b>FJD</b>
Airfare & Deployment	
Document Review & Preliminary work	
<i>Preparation of Research and Evaluation Tools &amp; Materials</i>	
Inception report and Evaluation Plan presentation	
<b>Transport and Field Accommodation</b>	
Local Transport	\$ 800
Accommodation for travel to Western Division	\$ 800
Consultant Per Diems for travel to West (70X8days)	\$ 700
Other travel per diems	\$ 300
<b>Reports Due:</b>	
(1)Draft Report Findings	
(2) Final Report and Presentations	
Contingency, Printing & Volunteer Per diems	\$ 200
<b>Consultant Fee (25% paid after submission of draft report, 50% paid upon final report and 25% paid on submission/clearance of report by donor)</b>	<b>\$ 5,250</b>
<b>Fee 250 FJD per day X 21 days</b>	
<b>Total</b>	<b>\$ 8,050</b>

**1.5 Key partners involved in the project, including the implementing partners and other key stakeholders.**

The consultant will interview:

- The MSP Senior Management Team, the Project Manager, the Clinic Manager, followed by the Outreach Team, Clinical Team and other project team members.
- Representatives of government including the Ministry of Health, the Fiji Police Force and the Ministry of Women, Children and Poverty Alleviation.
- Market Vendors, other vendors, women (children, adults elderly), youth and sex workers in markets
- Men and women and gender focal points in 7 Communities including indigenous women and elderly women.
- UN Women

## **EVALUATION PURPOSE AND OBJECTIVES**

### **2 Purpose of the Evaluation**

The evaluation is being conducted to assess the impact of the project. It is being undertaken while there is still a few months to action some of the findings. The assessment will enable MSP to improve program design and strengthen public education initiatives in markets and rural communities. Feedback will improve access to clinical services for survivors of sexual assault in the post rape care program. The Evaluation report will be submitted to the donor and key stakeholders. Lessons and learning will inform ongoing program design.

#### **2.1 Evaluation Purpose Statements**

- To assess the degree to which project goal and objectives were achieved.
- To assess the impact of the project in mobile outreach in 7 Markets and 7 communities
- To assess the impact of the One Stop Shop against stated objectives
- To assess the degree that gender was considered during the project
- To assess the impact of the gender focal points in improving security for women and girls
- To examine the changes that resulted and impact on women and youth who benefited from doing the project.
  - To identify any gaps or needs for training or return visits by mobile outreach team
  - To document the lessons learned and record opportunities and gaps
  - To provide recommendations for project development and improvement.
  - To examine key cross cutting issues
  - To assess impact on reducing Violence Against Women and Girls
  - To assess health impacts such as improved women's health, reduced unplanned pregnancy, increased access to contraception etc.
    - Success of coordination with stakeholders
    - To assess the work of MSP and how it contributes to the overall work of other players in Fiji in the Ending violence against women field.
      - To assess the added value of the work that MSP does
      - To assess collaboration between service providers and key stakeholders on information and data sharing to strengthen services or reduce VAWG.

#### **2.2 Why the evaluation needs to be done**

This is a mandatory final project evaluation required by the UN Trust Fund to End Violence against Women.

**2.3 How the evaluation results will be used, by whom and when.**

The evaluation findings will be used by management to more effectively tailor interventions to end VAWG in Fiji.

**2.4 What decisions will be taken after the evaluation is completed**

- The management team will review the findings and recommendations.
- Where necessary immediate changes can be made to improve ongoing efficiency and effectiveness.
- Changes which require any policy revision will be discussed with the MSP board.
- Findings that may require refresher visits will be shared with donors to attract additional funding.
- Recommendations for project extension will be utilized to access additional funding to extend the services as needed.

**2.5 Scope of Evaluation:**

To assess the impact of the UNTF funded WAYE project in Viti Levu, Fiji.

- Timeframe: this evaluation needs to cover the entire project duration.
- Geographical Coverage: 7 Markets and 7 Communities in Viti Levu.
- Target groups to be covered: this evaluation needs to cover the target primary and secondary beneficiaries as well as broader stakeholders.

Beneficiaries to be interviewed include:

- The MSP Senior Management Team, the Project Manager, the Clinic Manager, followed by the Outreach Team, Clinical Team and other project team members.
- Representatives of government including the Ministry of Health, the Fiji Police Force and the Ministry of Women, Children and Poverty Alleviation.
- Market Vendors, other vendors, women, youth and sex workers in markets
- Men and women and gender focal points in 7 Communities including indigenous women and elderly women.
- UN Women

**2.6 Objectives of Evaluation:**

The overall objectives of the evaluation are to:

- a. To evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability and impact, with a strong focus on assessing the results at the outcome and project goals;
- b. To generate key lessons and identify promising practices for learning;
- c. To identify ongoing needs or requirements for refresher training or program extension.
- d. To highlight the important of such services, their appropriateness and usefulness.

**UNTF WAYE Project Goal or Objective:**

25,150 women and girls in Fiji empowered and practice early health seeking behaviours increasing their access to sexual reproductive health services and access to social services, reducing the long term health consequences of VAWG.

**Expected Outcome: Women and girls in markets and rural communities are empowered and have greater access to quality SRH services and experience greater safety.**

- 12,150 women and girls in 7 markets and 7 rural communities seek early and preventative health care
- 12,000 women and girls including 1000GBV survivors are aware of their rights, are empowered to access services and networkers to address issues of VAWG.
- Men and boys in 7 communities are aware of risk to girls and are engaged to reduce VAWG in their communities by strengthening gender equality by ensuring inclusion (*e.g. of women in dialogue, planning or leadership discussions*).
- Improved services for survivors through strengthened collaboration and networking between CSO's and Government which increases opportunities for justice, health care, social services and coordination to reduce incidents of VAWG.

**Evaluation Instructions:**

**3.1 Instructions**

The evaluation must be conducted in accordance with the principles outlined in the UN Evaluation Group (UNEG) 'Ethical Guidelines for Evaluation' <http://www.unevaluation.org/ethicalguidelines>. The evaluation report should follow the United Nations Trust Fund to End Violence against Women 'Guidelines for Baseline/Endline Data Collection and format for Final External Project Evaluations.

MSP contracted evaluators may also refer to the OECD Development Assistance Committee (DAC) guidance for evaluating projects. Importantly, MSP Evaluations should follow the ethnics noted by DAC. Specifically, the "DAC Guidelines and Reference Services " Quality Standards for Development Evaluation" <sup>5</sup>. In addition, Evaluators can refer to the Active Learning Network for Accountability and Partnership in Humanitarian Action (ALNAP) Quality Proforma <sup>6</sup> criteria for an evaluation at <http://www.alnap.org/resource/10400.aspx>. Researchers working with children or child data should refer to ethical guidelines which consider child rights and abide by MSP Child Protection protocols. Also see World Health Organization (2003). *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*. [www.who.int/gender/documents/violence/who\\_fch\\_gwh\\_01.1/en/index.html](http://www.who.int/gender/documents/violence/who_fch_gwh_01.1/en/index.html)

More resources on ethical resource can be found on page 14 of this document.

Prior to field work, the evaluator must consult with the relevant additional documents, prior to the development and finalization of data collection methods, tools and instruments. The key documents include (but not limited to) the following:

- MSP Project Management Manual 2010

<sup>5</sup> <http://www.dfat.gov.au/aid/how-we-measure-performance/ode/Documents/dac-quality-standards-quality-evaluation.pdf>

<sup>6</sup> [http://www.alnap.org/resources/quality\\_proforma.htm](http://www.alnap.org/resources/quality_proforma.htm) and <http://www.alnap.org/resource/10400.aspx>

- World Health Organization (2003). *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*. [www.who.int/gender/documents/violence/who\\_fch\\_gwh\\_01.1/en/index.html](http://www.who.int/gender/documents/violence/who_fch_gwh_01.1/en/index.html)
- Jewkes, R., E. Dartnall and Y. Sikweyiya (2012). *Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence*. Sexual Violence Research Initiative. Pretoria, South Africa, Medical Research Council. Available from [www.svri.org/EthicalRecommendations.pdf](http://www.svri.org/EthicalRecommendations.pdf)
- Researching violence against women: A practical guide for researchers and activists November 2005  
[http://www.path.org/publications/files/GBV\\_rvaw\\_complete.pdf](http://www.path.org/publications/files/GBV_rvaw_complete.pdf)
- World Health Organization (WHO), 'Ethical and safety recommendations for researching documenting and monitoring sexual violence in emergencies' 2007, [http://www.who.int/gender/documents/OMS\\_Ethics&Safety10Aug07.pdf](http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf)

### 3.2 Evaluation Ethics

Ethical guidelines are critical when carrying out research on vulnerable groups and individuals and particularly those impacted by violence, conflict, or intimate partner violence, sexual assault, emotional violence or other abuse. MSP has a code of conduct, core values and ethics related to providing confidential clinical and counselling services for those survivors of sexual assault or domestic violence. MSP policies can guide evaluators to ensure no harm will come to beneficiaries during the evaluation process. However the evaluator must comply with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation'<sup>7</sup>.

The evaluator should abide by the MSP Code of Conduct and related policies. The evaluator will particularly comply with the MSP Child Protection Policy and the MSP Clinic Procedures Manual relating to confidentiality for clients. The evaluator will note and refer to the MSP Human Resource Manual, the MSP Program Management Manual and the MSP Communications Policy. The MSP Senior Management Team can assist with a briefing on various policies as required. MSP Volunteers also have to sign the MSP Code of conduct agreement, and must have a police clearance and also sign off on the child protection policy and had an awareness session on child protection with an appointed MSP officer.

The evaluator will seek to minimize harm resulting from data collection process to participants, clinical clients, beneficiaries, researchers/data collectors and others during the course of the evaluation. The evaluator will refine an ethics statement in the Expression of Interest to undertake the evaluation. This statement will reflect aspects of working with children, sex workers, youth, women, clinical clients and others vulnerable to gender violence.

The evaluator will ensure that in all instances, during the evaluation that the following principles are adhered to:

- Informed consent
- Protection of children
- Privacy and confidentiality – of clients/patients
- Anonymity and confidentiality – of informants
- Dissemination of findings (accountability both up and down)

---

<sup>7</sup> United Nations Evaluation Group (UNEG), 'Ethical Guidelines for Evaluation', June 2008. Available at: <http://www.unevaluation.org/ethicalguidelines>.



The consultant will ensure separate payments are made to any independently hired external researchers/data collectors, enumerators, field workers or translators. External researchers must be trained on ethnics and codes of conduct around this task.

It is imperative for the evaluator(s) to:

- Guarantee the safety of respondents and the research team.
- Apply protocols to ensure anonymity and confidentiality of respondents.
- Select and train the research team on ethical issues.
- Provide referrals to local services and sources of support for women that might ask for them.
- Ensure compliance with legal codes governing areas such as provisions to collect and report data, particularly permissions needed to interview or obtain information about children and youth.
- Store securely the collected information.

**MSP Code of Conduct and Conflict of Interest Policy.**

The consultant will abide by the MSP Code of Conduct and sign off on the MSP Conflict of Interest Policy. Specifically, the consultant will commit to and honour the confidentiality of MSP data, documents and policies. The consultant will not release any MSP documents, data, records or strategies externally. Reports will be submitted to the MSP Senior Management Team and/or to the Board for approval. The Consultant will declare in advance any roles on boards or memberships of NGOs, faith based groups, national bodies, networks, political affiliations or other agency positions that may pose a conflict of interest or be a risk or a market competitor (competing for the same funding) of MSP.

## **METHODOLOGY**

### **4.1 How will the evaluation be undertaken?**

The evaluation exercise will entail a combination of a comprehensive desk review, document analysis and inception report; followed by consultations with key stakeholders; and in situ discussions with a sample of 4 villages and 4 markets in Central and Western Viti Levu. The evaluation will be participatory in nature and will make use of focus groups and semi structured interviews. MSP will at all times prioritize the involvement of female team members and ensure a gender balance when interviewing community representatives. Both qualitative and quantitative approaches shall be applied and data will be triangulated. A number of other tools and approaches will support the evaluation.

Tools and Approaches include:

**Semi structured Interviews based on check list:**

A set of questions (developed with support of the M&E Unit) will be developed on certain topics that will be posed to a target audience and followed by additional questions and conversations.

**Knowledge Skill Test:**

A set of questions that determine the level of knowledge or skills in project participants.

Focus Group discussions with a relatively small number of selected people about certain topics which has a specific purpose.

**Case Study:**

A technique based on interviewing an individual or group about a specific topic, where the information is gathered based on some guiding questions that enable the capture of specific details or stories to support learning. Case studies create learning opportunities from project activities.

**Evaluation form and paper and online Surveys:**

A set of questions that determine the participants' opinions, attitudes, and understanding once a project activity is complete.

**Monitoring and Evaluation Matrix or Plan**

Review of the M&E matrix or plan to identify evidence caches and to compare results against commitments and targets.

**Risk analysis matrix:**

Review the risk matrix against evaluation findings and context.

**Gender analysis matrix:**

Review the gender matrix (or design of gender impact tool for WAYE) to determine relevance and impact on improving women's health, empowerment, security (reducing VAWG) and inclusion overall.

**Specific Activities**

**5.1 Activities**

1. Consult with the Senior Management Team of MSP regarding TOR
2. Consult with the Clinic Manager in scheduling the assessment of clinic program
3. Literature review (evaluation guideline, ethics, policy and research procedures. Key documents)
4. Presentation of Inception report with proposed Evaluation Schedule and tools
5. Consult with Ministry of Health stakeholders
6. Consult with FPF SOU stakeholders
7. Consult with Ministry of Women, Children and Poverty Alleviation representatives
8. Consult with Market vendors and Gender Focal Points
9. Consult with community representatives
10. Review Baseline and Endline reports
11. Review Narrative and M&E Reports and M&E Reports
12. Prepare case study on project
13. Present the final report and case study to the MSP SMT team
14. Present final findings to other stakeholders such as the MOH or UNW in Fiji
15. Where opportunity aligns, be prepared to build the capacity of local staff

**Key Deliverables**

**6.1 Deliverables**

1. Desk Review of Project Documentation and-Inception Report (with literature reviewed, schedule, tool list, matrix's and Annex -proposed in-country field trip budget)

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

2. Draft Evaluation Report, which a case study, data analysis, the current findings and recommendations and presentation to MSP SMT for feedback.
  3. Final Evaluation Report with case study and photographs.
  4. Powerpoint presentation with findings and the Case study to be presented to key stakeholders.
- Financial acquittal of field expenses

**6.2 Key deliverables of evaluators and timeframe**

Note, MSP was awarded an extension to submit the evaluation report by the end of January 2016

	<b>Deliverables</b>	<b>Description of Expected Deliverables</b>	<b>Timeline of each deliverable (date/month/year)</b>
<b>1</b>	<b>Evaluation inception report</b> English	<p>The inception report provides the grantee organization and the evaluators with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset.</p> <p>An inception report must be prepared by the evaluators <u>before</u> going into the technical mission and full data collection stage. It must detail the evaluators' understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of: proposed methods, proposed sources of data and data collection/analysis procedures.</p> <p>The inception report must include the literature review undertaken, proposed schedule of tasks, activities and deliverables, designating a team member with the lead responsibility for each task or product.</p> <p>The structure must be in line with the suggested structure of the annex of TOR.</p>	1/1/2016
<b>2</b>	<b>Draft evaluation report</b>	<p>Evaluators must submit draft report for review and comments by all parties involved. The report needs to meet the minimum requirements specified in the annex of TOR.</p> <p>The grantee and key stakeholders in the evaluation must review the draft evaluation report to ensure that the evaluation meets the required quality criteria.</p>	12/1/2016
<b>3</b>	<b>Final evaluation report</b>	<p>Relevant comments from key stakeholders must be well integrated in the final version, and the final</p>	28/1/2016

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

		report must meet the minimum requirements specified in the annex of TOR.  The final report must be disseminated widely to the relevant stakeholders and the general public.	
<b>4</b>	<b>Presentation to MSP</b>	Power point Presentation of Findings and Case study to key stakeholders	29/1/2016
<b>5</b>	<b>Dissemination to UN and partners</b>	Report – findings dissemination with local partners	30/1/2016

**General Activities**

- Review of primary documents including the project design document, the M&E plan and the budget, narrative and financial reports and relevant M&E reports.
- Review of secondary documents which guide MSP 's work: Such as the 'Interagency Guidelines on Child Protection', and the MOH Guidelines for Medical Practitioners dealing with Intimate partner violence (to be provided by MSP) and the MOH Reproductive Health Guidelines and strategic plan.
- Review of key MSP policy documents
- Meetings with MSP staff and confirmation of Evaluation Team
- Preparation of Work Plan and field travel schedule and booking meetings
- Interaction with the MOH staff members at Province and district level
- Coordination with Market Manager and Vendor groups.
- Coordinate field visits to communities and lead discussions with women and youth on human rights, reproductive rights and ending VAWG and awareness of available clinical services.
- Assessment of the One Stop Shop service
- Case Study from key witness and beneficiary of project
- Training of support staff as needed

**Activity Schedule:**

**7.2 Time Frame – One Month**

Activity Detail	Wk1	Wk2	Wk3	Wk4
1. Consultation with MSP on the project and review of project documentation, policies and related literature, Desk Review with Inception report.				
2. Planning and scheduling field visits and meetings. 3. Training Evaluation Team				
3. Meetings: Conduct consultation with key stakeholders, MOH, MWCPA, local Government, partners and other members engaged in the program.				
5. Travel to the field to conduct evaluation activities and consult with Market Managers, market vendors, women, youth and sex workers in the targeted villages & communities.				

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

6. Ensure Risk matrix and gender analysis is included and assessed				
4. Assessment of the One Stop Shop /post rape care services				
5. Data analysis and follow up on any gaps. Working with MSP M&E Unit, the SMT, Protection Officer/Legal Aid and clinic manager.				
7. First draft evaluation report submitted to MSP Senior Managers (SMT)				
8. Final draft and presentations to SMT				
9. Final Version – Powerpoint of Findings and Case Study presented to Key stakeholders				
10. Final draft Submitted to Donor				
11. Sharing Findings, Dissemination of Report, and presentation to local partners.				

**7.3 Evaluation Questions**

<b>Evaluation Criteria</b>	<b>Mandatory Evaluation Questions</b>
<b>Effectiveness</b>	<p>1) To what extent were the intended project goal, outcomes and outputs achieved and how?</p> <p>2) To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?</p> <p>3) To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.</p> <p>4) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?</p> <p><b>Alternative questions in case of project focusing at the policy level</b></p> <p>5) To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why.</p> <p>6) In case the project was successful in setting up new policies and/or laws, is the legal or policy change likely to be institutionalized and sustained?</p>
<b>Relevance</b>	<p>1) To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?</p> <p>2) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?</p>
<b>Efficiency</b>	<p>1) How efficiently and timely has this project been implemented and managed in accordance with the Project Document?</p>
<b>Sustainability</b>	<p>1) How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?</p>
<b>Impact</b>	<p>1) What are the unintended consequences (positive and negative) resulted from the project?</p>
<b>Knowledge Generation</b>	<p>1) What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?</p>

	2) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?
--	--

### 7.3 MSP Draft Questions

Questions will be refined in consultation with the Evaluator and team in country.

- 1) To what extent were the intended project goal, outcomes and outputs achieved and how?
- 2) To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels?
- 3) How many beneficiaries have been reached?
- 4) To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.
- 5) Where the Gender Focal points were operating, how effective are they in creating safe spaces for women and children. How could this be improved?
- 6) Was the human rights program effective in explaining gender rights, laws and resources to protect women and girls, and offering free legal advice? If not, how could this be improved?
- 7) Did the project improve access to Justice for survivors?
- 8) Did target groups access legal advice in the field or in the clinic?
- 9) Did target groups access the one stop shop post rape care services?
- 10) Did target groups access counselling and how?
- 11) Did target groups access the mobile clinic in rural areas and markets?
- 12) Was the mobile outreach team in the field long enough and often enough to make positive change in the lives of women and girls?
- 13) Did the program provide gender rights awareness and did this strengthen the role of women and girls, improve the status of women and improve security of women and girls?
- 14) Was the program design appropriate?
- 15) Did M&E matrix focus on the correct indicators to track impact and effectiveness of the project?
- 16) Did the project face challenges regarding reducing VAWG and providing services for at risk groups?
- 17) What could we do better to improve services or the program?

Other questions maybe added by the Consultant Evaluator during team planning meetings. We suggest that not more than 20 questions or the equivalent of one hour per interview is considered due to the time frame to ensure confidentiality for the beneficiaries and partners being interviewed.

## Qualifications and Experience

### 9.1 Consultant Required Experience

A senior evaluator is required to lead the evaluation of the 2 year UNTF WAYE project. They shall have at least 2 years experience as a consultant and in conducting external evaluations, with mixed-methods evaluation skills. In addition, they will require expertise in gender and human-rights based approaches

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016**  
**UNTF & MSP**

to evaluation and issues of violence against women and girls. Specific evaluation experience is required in the sector of ending violence against women and girls (VAWG). Evaluators must have experience in collecting and analysing quantitative and qualitative data. With good team leadership skills and a track record of successful evaluations, publications and presentations to both local staff and high level representatives.

**Education Required**

University degree in Health, Development Studies, Science, Gender, Anthropology, Social Sciences or Population and Statistics. Postgraduate qualifications must be relevant to the development sector.

**Experience Required**

- Extensive work experience in the development sector in at least two countries including a Pacific nation.
- At least three years of postgraduate professional experience in overseas development programs, with evaluation experience.
- Gender analysis expertise, ideally in Pacific Island settings, designing and undertaking Gender assessments and analysis; and mainstreaming Gender in project design/implementation/monitoring
- Experience monitoring health programs in developing contexts
- Experience with post rape care programs, or domestic violence programs or VAWG policy.
- Experience with social work programs dealing with protection issues
- Experience in human rights and child protection
- Experience in project design, monitoring and evaluation or research
- Experience evaluating United Nations Projects or UNTF projects
- Experience in cross cultural capacity development, including conducting professional trainings (e.g. M&E standards or gender or risk assessments)
- High level computer expertise, including word processing, spreadsheets, powerpoint and other social science software; and
- Strong verbal and written communication skills (cross cultural communications experience).

**Language**

- Fluency in both oral and written English at professional level is required
- Spoken knowledge of Fijian is useful but not essential \*
- Fiji Hindi useful but not essential.\*

\*Translators will be available

The consultant will need to be available for an immediate start in Fiji between the months of November 2015 to January 2016

**9.2 Evaluation Team Composition and Roles and Responsibilities**

The Evaluation will be led by the international consultant as Lead Evaluator. She/he will be provided with an in-country support team consisting of 3 national employees of MSP including the M&E Officer to assist with preparing the tools and surveys and supporting data entry and analysis, a counsellor or education officer to assist with translation and coordination in the field and a driver. Local staff will offer translation services if needed, unless the consultant wishes to recruit an independent translator (on

their own budget) or we can find a volunteer as a translator (although they will need to have a police clearance). The budget is not large enough to cater for the hire of additional team members.

MSP has a volunteer code of conduct and volunteers may not assess confidential internal documents held by MSP. MSP does not allow 'non contracted' persons nor non medical professionals to review confidential case data as our clients can be medical clients, counselling clients, or legal aid clients and their information is confidential. This is part of the service that we offer and we must maintain the trust of our clients. This also ensures security for high risk and high profile cases.

MSP can assign other support staff at the consultants request to assist with the planning, coordination and field logistics. All MSP staff have signed code of conduct and child protection policies have police clearances and are permitted to work with children. Our volunteers must also follow the same protocols.

### **Management Arrangement of the evaluation**

Medical Services Pacific (MSP) will manage the evaluation. MSP was established as a regional non government organization (NGO) in August 2010 with Fiji as the Head Quarters.

### **Mission Statement**

**MSP exists to provide quality and accessible sexual and reproductive health care and social services for women, youth and children; and to build resilience, knowledge and skills among vulnerable groups who are coping with environmental, economic and human security challenges in the Pacific region.**

### **MSP Strategy:**

Working in the health sector, MSP is a pro-choice, rights-based organization supporting women and youth to have the right to choose the number and spacing of their children. MS believes that **empowered women** who have choices and access to information and health care choices are more resilient and better able to respond to economic threats or natural disaster such as climate change.

### **Who we serve:**

- 1. Youth, age 15-25<sup>8</sup>**
- 2. Women of reproductive age and their partners 15-50**
- 3. Children, age 0-14<sup>9</sup>**
- 4. Poor and vulnerable populations in both urban and rural communities**

### **Gender Empowerment Focus:**

MSP programs will seek to **improve the rights of women and girls** through improved access to information and education, strengthened health and social services, improvements in livelihoods and economic opportunities and by strengthening their access to justice through the provision of information and resources to address the legal barriers that are preventing gender equality, equity and access.

MSP health programs are designed to **remove financial barriers for women and girls** so they can access free or affordable health and social services. Providing proper incentives for health workers and delivering family planning programs that address the real needs of women and girls. Supporting and delivering quality sexual and reproductive health services in partnership with key stakeholders in the Pacific Islands and Asia Pacific region.

---

<sup>8</sup> MSP selected the term youth to include both adolescents and older youth. Youth in Fiji are considered to be between 15-35.

<sup>9</sup> In Fiji, Children are considered to be between 0-18 years under the Welfare Decree. However, in contrast, the Fiji Crimes Decree 2009 considers children as between 0-13 years, while the age of consent for sexual relations is consider to be 16 years of age.



**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

MSP Programs **improve social accountability by raising awareness** among communities about their rights and access to resources and autonomy. We create spaces to allow women and youth to meaningfully engage with local leaders, local governments including specialised Police units (Sexual Offenses Unit SOU) responding to sexual assault and Gender Based Violence (GBV) and local health care workers to improve health, human security, reduce Violence Against Women and Girls (VAWG), and ensure better reproductive health outcomes leading to reductions in rates of maternal and child mortality.

**Health and Social Services:**

The MSP health and social service model has 3 main phases or components designed to respond to VAWG. MSP projects are designed to address and respond to VAWG and intimate partner violence (addressing the needs of vulnerable women, youth and children) in each of three phases noted as: Primary Prevention, Secondary Prevention and Tertiary Prevention. **Primary prevention** approaches aim to prevent violence before it occurs. The Women and Youth Empowerment (WAYE) project supports the primary prevention strategy as it provides awareness through mobile clinical outreach in rural communities and rural markets. Secondary Prevention aims approaches focus on the more immediate responses to violence, such as the mobile clinic and the one stop shop clinic. Tertiary prevention approaches focus on long-term care in the wake of violence. The WAYE project also supports the Tertiary approach as the One Stop Shop which includes ongoing counselling and also supports legal advice for survivors and those impacted by gender violence.

The MSP Senior Management Team (SMT) will review the inception report, draft report, case study and final report and provide and release the necessary resources and contact details for key stakeholders. Management will also make sure key staff are available as per schedule for interview. Management will also ensure security and safety of the evaluation team while in the field. MSP will provide the vehicle for transport where ever possible or arrange a hire vehicle if needed.

MSP M&E Unit will make baseline and endline data available to the consultant evaluator and can undertake specific data capture requests for the purpose of assessing UNTF EVAW project.

Name of Group	Role and responsibilities	Actual name of staff responsible
<b>Evaluation Team</b>	External evaluators/consultants to conduct an external evaluation based on the contractual agreement and the Terms of Reference, and under the day-to-day supervision of the Evaluation Task Manager.	External evaluator
<b>Evaluation Task Manager</b>	Someone from the grantee organization, such as project manager and/or M&E officer to manage the entire evaluation process under the overall guidance of the senior management, to: <ul style="list-style-type: none"> <li>• lead the development and finalization of the evaluation TOR in consultation with key stakeholders and the senior management;</li> <li>• manage the recruitment of the external evaluators;</li> <li>• lead the collection of the key documents and data to be share with the evaluators at the beginning of the inception stage;</li> </ul>	Darisha Datt M&E Officer/Manager will be the Task Manager for the evaluation.

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

	<ul style="list-style-type: none"> <li>• liaise and coordinate with the evaluation team, the reference group, the commissioning organization and the advisory group throughout the process to ensure effective communication and collaboration;</li> <li>• provide administrative and substantive technical support to the evaluation team and work closely with the evaluation team throughout the evaluation;</li> <li>• lead the dissemination of the report and follow-up activities after finalization of the report</li> </ul>	
<b>Commissioning Organization</b>	Senior management of the organization who commissions the evaluation (grantee) – responsible for: 1) allocating adequate human and financial resources for the evaluation; 2) guiding the evaluation manager; 3) preparing responses to the recommendations generated by the evaluation.	Senior Management of Grantee Organization, Jennifer Poole, Executive Director and Nileshni Devi, the Program Manager
<b>Reference Group</b>	Include primary and secondary beneficiaries, partners and stakeholders of the project who provide necessary information to the evaluation team and to reviews the draft report for quality assurance	Jennifer Poole, Executive Director, Program Manager, Nileshni Devi, M&E Officer, Ima Senibici and Clinical Manager, Sr Lulu Wakelin.
<b>Advisory Group</b>	Must include a focal point from the UN Women Regional Office and the UN Trust Fund Portfolio Manager to review and comment on <u>the draft TOR and the draft report</u> for quality assurance and provide technical support if needed.	Luisa Vodonaivalu, UN Women, Roshika Deo, Shabina Khan, Alice Ruxton or UNTF ERAW delegate.

## Financials

### 10. Invoices and Payments

Payment will be based on deliverables and will be made in three instalments. MSP will pay 25% of the budget up front to enable rapid deployment and desk review. The following payment of 50% will be made after receipt of preliminary findings of the evaluation and in connection with the quality and performance of the work. The remaining 25% will be paid after the final report is submitted and presented. MSP shall pay for the expenses reasonable incurred as per the agreed upon budget; and based on actual costs and receipts.

### Budget for the Action in FJD

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

<b>Budget FJD</b>	<b>FJD</b>
Airfare & Deployment	
Document Review & Preliminary work	
<i>Preparation of Research and Evaluation Tools &amp; Materials</i>	
Inception report and Evaluation Plan presentation	
<b>Transport and Field Accommodation</b>	
Local Transport	\$ 800
Accommodation for travel to Western Division	\$ 800
Consultant Per Diems for travel to West (70X8days)	\$ 700
Other travel per diems	\$ 300
<b>Reports Due:</b>	
(1)Draft Report Findings	
(2) Final Report and Presentations	
Contingency, Printing & Volunteer Per diems	\$ 200
<b>Consultant Fee (25% paid after submission of draft report, 50% paid upon final report and 25% paid on submission/clearance of report by donor)</b>	\$ 5,250
<b>Fee 250 FJD per day X 21 days</b>	
<b>Total</b>	<b>\$ 8,050</b>

## Annexes

### Annex 1 – Reporting Template

Other Annexes will be provided when consultant is finalized.

Including:

- Reporting Template
- M&E Template - Evaluation Matrix Final version of Results Monitoring Plan [see Annex 4B for the template] please provide actual baseline data and endline data per indicator of project goal, outcome and output
- Beneficiary Data Sheet [see Annex 4C for the template] please provide the total number of beneficiaries reached at the project goal and outcome levels.
- List of Key stakeholders to be consulted

Other Annexes for the Report will include:

1) **Key stakeholders and partners to be consulted**

- A list of key stakeholders and other individuals who should be consulted, together with an indication of their affiliation and relevance for the evaluation and their contact information will be provided once the consultant is contracted.
- A suggestion of sites for visiting will also be provided upon arrival.

2) **Documents to be consulted**

Data sources and documents may include (but not limited to):

- Relevant national strategy documents

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

- Strategic and other planning documents (e.g. project documents)
- Baseline data of the project (i.e. Results Monitoring Plan and Baseline Report)
- Monitoring plans, indicators and summary of monitoring data
- Progress and annual reports of the project
- Reports from previous evaluations of the project and/or the organization, if any.]

- 1) **Required structure for the inception report** Background and Context of Project
- 2) Description of Project
- 3) Purpose of Evaluation
- 4) Evaluation Objectives and Scope
- 5) **Final version of Evaluation Questions with evaluation criteria**
- 6) **Description of evaluation team**, including the brief description of role and responsibilities of each team member
- 7) **Evaluation Design and Methodology**
- 8) **Literature Review**
  - a. Description of overall evaluation design [*please specify the evaluation is designed from: 1) post-test<sup>10</sup> only without comparison group; 2) pre-test and post-test without comparison group; 3) pre-test and post-test with comparison group; or 4) randomized control trial.*]
  - b. Data sources (accesses to information and to documents) & literature review (List in Annex is acceptable)
  - c. Description of data collection methods and analysis (including level of precision required for quantitative methods, value scales or coding used for qualitative analysis; level of participation of stakeholders through evaluation process)
  - d. Description of sampling (area and population to be represented, rationale for selection, mechanics of selection, limitations to sample); reference indicators and benchmarks, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.)
  - e. Limitations of the evaluation methodology proposed
- 9) **Ethical considerations:** a) Safety and security (of participants and evaluation team); and b) Contention strategy and follow up
- 10) **Work plan with the specific timeline and deliverables by evaluation team** (up to the submission of finalized report)
- 11) Annexes
  - a. **Evaluation Matrix**
  - b. **Data collection Instruments** (e.g.: survey questionnaires, interview and focus group guides, observation checklists, etc.)

---

<sup>10</sup> "Test" means project/intervention in this context.

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

- c. List of documents consulted so far and those that will be consulted
  - d. List of stakeholders/partners to be consulted (interview, focus group, etc. )
  - e. **Draft outline of final report** (in accordance with the requirements of UN Trust Fund
- 3) **Required structure for the evaluation report**

**Structure of Inception Report**

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

**ANNEX 2**

Final Version of Results Monitoring Plan

A. Statement of Project Goal, Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data  Please provide actual baseline data per indicator	E. Timeline of baseline data collection  For each indicator listed in column B, when was BASELINE data collected? Please specify month/year.	F. End line Data  Please provide actual end line data per indicator	G. Timeline of end line data collection  For each indicator listed in column B, when was end line data collected? Please specify month/year.
<p><b>Project Goal: 25,150 women and girls in Fiji empowered and practice early health seeking behaviours increasing their access to sexual reproductive health services and access to social services, reducing the long term health consequences of VAWG.</b></p>	<p><b>Indicator 1:</b> # women and girls who have improved health outcomes and seek preventative care and support services.</p>	<p>Monthly Monitoring, observation, semi structured interviews, focus groups, MSC Stories, clinical records, client satisfaction forms, IECs. Annual review of Government reports, (police SOU records &amp; statistics of cases and outcomes), MOH annual data, MSP project reports, ad hoc medical articles.</p>	<ul style="list-style-type: none"> <li>85% of women of childbearing age (15-39) are not using some form of family planning method.</li> <li>38% of women have never had a pap smear</li> <li>54% of men had little or no knowledge on the types of contraception available</li> </ul>	<p>October 2013- May 2014</p>	<p>Out of the total 6,896 clients reached 4,938 were females of which 393 were below the ages of 24 while 4,545 were above the age of 25years, of the total 1,958 males reached 266 were below 24 years while 1,692 were above 25 years old.</p> <ul style="list-style-type: none"> <li>34% female were below 24years while 66% were above the age of 25years.</li> <li>36% males were below 24years of age while 64% were above the 25years of age. A total of 4,076 clients directly accessed clinical services. Of the total clients accessing clinical services 2,992 were female clients while 1084 were male clients.</li> </ul>	<p>September- November 2015</p>
	<p><b>Indicator 2:</b> # of MSP sexual assault clients referred by FPF SOU who choose to proceed with prosecution.</p>	<p>Annual Review of Project reports, clinical records &amp; MSP counselling statistics. Annual Review of MSP monitoring reports, MOH and FPF SOU statistical data. Annual Review of court statistics &amp; newspaper articles on court outcomes for the period.</p>	<p>N/A</p>			
	<p><b>Indicator 3:</b> # men and boys in 7 markets and 7 communities engaged to reduce incidents of VAWG</p>	<p>Review of MSP Project reports, field observation, interviews, monitoring reports. MSP, MOH and FPF statistical data. MSSWPA report or Media/newspaper articles listing zero tolerance villages. Gender Focal</p>	<ul style="list-style-type: none"> <li>100% of all respondents believe violence is an issue in Fiji.</li> <li>61% of believed that violence was increasing in the community.</li> <li>75% of women and 63% of men have experienced violence.</li> </ul>	<p>October 2013- May 2014</p>		

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

		Point interview. IEC materials.	<ul style="list-style-type: none"> <li>• 80% of women who experienced violence didn't seek help afterwards.</li> </ul>			
<b>Outcome 1: 25,150 women and girls in 7 markets and 7 rural communities seeking early and preventive health care.</b>	<b>Indicator 1:</b> Women and girls access clinical services	Monthly review of MSP Project reports, clinical records, client satisfaction forms, monitoring and evaluation reports, Financial reports. Annual review of MOH reports, Media and Communications evidence..	N/A		<ul style="list-style-type: none"> <li>• 67% of women of childbearing age (15-39) are now using some form of family planning method.</li> <li>• 80% of women have now had a pap smear test</li> <li>• 67% of men have more knowledge on the types of contraception available</li> <li>• 59% of women have more knowledge on the purpose of pap smear testing</li> </ul>	September-November 2015
	<b>Indicator 2:</b> MSP outreach team equipped, trained and deployed to access 7 markets and 7 rural communities annually.	Quarterly Review of MSP Project reports, client satisfaction forms, monitoring and evaluation reports, financial reports. Field observation, IECs distribution reports. MOH reports. Media and Communications evidence.	N/A			
	<b>Indicator 3:</b> Integrated services achieved through meetings and formal MOU's with MOH, FPF and MSWWPA	Review of Project reports, Meeting Minutes, Monthly M&E report of client referral records. VAWG Referral Group minutes. Current signed MoUs and MOA. NCCC, VAWG and Womens Network meeting minutes.	<ul style="list-style-type: none"> <li>• 98% of respondents believe family planning is important</li> <li>• 85% of women of childbearing age (15-39) are not using some form of family planning method.</li> <li>• 38% of women have never had a pap smear</li> <li>• 54% of men had little or no knowledge on the types of contraception available</li> </ul>	October 2013- May 2014		
<b>Outcome 2: Women and girls including 1000 GBV survivors are aware of their rights, are empowerment to access services and networks and address issues of VAWG</b>	<b>Indicator 1:</b> Communications plan established to controls information sharing, monitors public materials, and coordinates knowledge management.	Review Communications Plan. Review Project reports. Review media and Communications evidence. Participant lists for IEC development.	N/A		<ul style="list-style-type: none"> <li>• 13% believed that violence has decreased in the community.</li> <li>• 71% of women and 29% of men went for help after experiencing violence</li> <li>• 29% of women and men went</li> </ul>	September-November 2015
			N/A			

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

	<p><b>Indicator 2:</b> Youth friendly IEC's developed, tested and distributed.</p>	<p>Review of IECs including drafts, pre-tests feedback, meeting minutes.</p>			<p>for help to the Police</p> <ul style="list-style-type: none"> <li>• 21% went to the community member</li> </ul>	
	<p><b>Indicator 3:</b> 12,000 women and girls access information, social services, legal services and referral services.</p>	<p>Monthly Client sheets evidence direct FP and SOU SA clients. Monthly M&amp;E reports evidence all services provided. Client feedback sheets and pre and post knowledge tests. Numbers of IECs distributed, numbers of beneficiaries assisted etc. Number of referred clients.</p>	N/A		<ul style="list-style-type: none"> <li>• 2% called the Child Helpline</li> <li>• 23% went to family member and neighbours.</li> </ul>	
<p><b>Outcome 3: Men and boys in 7 communities aware of risks to girls and are actively engaged and reduce VAWG in their communities by strengthening gender equality and ensuring inclusion.</b></p>	<p><b>Indicator 1:</b> # Men and boys able to identify human rights, VAWG and child protection issues.</p>	<p>Review of MSP Project reports. Observation of information session and pre and post knowledge questionnaires. MSC stories. Monitoring reports. Observed Gender focal point. Gov't report on Villages Zero Tolerance compliance.</p>	<ul style="list-style-type: none"> <li>• 100% of all respondents believe violence is an issue in Fiji. For those who perceived violence to be increasing:</li> <li>• 61% believed that violence was increasing in the community.</li> <li>• 43% believe that domestic violence is increasing,</li> </ul>	<p>October 2013- May 2014</p>	<ul style="list-style-type: none"> <li>• 22% did understand the meaning of consensual sex.</li> <li>• 60% of women of childbearing age had increased knowledge of contraceptive methods available.</li> <li>• 52% of men and women had increased knowledge of contraceptive methods available.</li> </ul>	<p>September- November 2015</p>
	<p><b>Indicator 2:</b> Youth input and production of appropriate IEC materials to raise awareness on gender equality to reduce VAWG.</p>	<p>Review of Project documentation. Meeting minutes, Focus Group Discussions, Pre and post test results, IECs materials. Review of Monthly Reports including M&amp;E and narratives..</p>	<ul style="list-style-type: none"> <li>followed by 19% for sexual violence and 18% for physical</li> <li>• 50% believe that females are most affected by violence,</li> <li>followed by 37% for children.</li> </ul>	<p>October 2013- May 2014</p>	<ul style="list-style-type: none"> <li>• 59% of women had increased knowledge on the purpose of pap smear tests.</li> <li>• 99% of men and women had increased knowledge on the importance of family planning.</li> </ul>	
	<p><b>Indicator 3:</b> Gender Focal point in 7 villages increases awareness on gender equality and improve reporting on VAWG in communities.</p>	<p>Observation of gender focal point. Community Awareness Session pre and post knowledge questionnaires. TOR for gender Focal Point. improved reporting of VAWG at community level, signed zero tolerance. Project reports. Monitoring and field visits.</p>	<ul style="list-style-type: none"> <li>• 75% of women have experienced violence</li> <li>• 80% didn't seek help after a violent incident</li> </ul>	<p>October 2013- May 2014</p>	<ul style="list-style-type: none"> <li>• 75% believe child abuse is a problem in Fiji.</li> <li>• 58% of respondents had more knowledge on why it was important to protect children.</li> <li>• 67% of respondents had more knowledge how to identify child abuse</li> </ul>	



**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

<b>Outcome 4: Improved services for survivors through Strengthened collaboration and networking between CSOs and Government which increases opportunities for justice, health care, social services and coordination to reduce incidents of VAWG.</b>	<b>Indicator 1:</b> # clients accessing the "one stop shop" or referred.	Review of Project documentation. MSP clinic sheets, client statistics & referrals. MSP counselling reports. Review of MSP project & M&E reports. Review of MOUs with service partners.	N/A		A total of 9 MOUs were signed, 397 women and youths accessed the OSS clinics in Suva, 228 clients were referred for medical services, 4,308 clients accessed SRH services	September- November 2015
	<b>Indicator 2:</b> # clients accessing legal advice and psycho social support from MSP increase women's access to Justice	Review of Project Documentation. MSP clinic sheets, client statistics & referrals. MSP counselling reports. Review of MSP project & M&E reports. Meeting minutes. MOU's with service partners.	N/A			
	<b>Indicator 3:</b> Strengthened coordination around VAWG among women's service providers.	Review of Project Documentation. Client statistics & referrals. Review of MSP project & M&E reports. Meeting minutes. MOU's with service partners.	N/A			
<b>Output 1.1: Women and girls in 7 markets and 7 rural communities have improved health outcomes and feel empowered to use family planning.</b>	<b>Indicator 1:</b> Clients receive adequate reproductive health care		N/A		4 in-house training VAWG and HR approaches,	September- November 2015
	<b>Indicator 2:</b> Number of clients receiving family planning		N/A		MSPs Wellness Officer conducted one in house training with the staffs on SRH and family planning.	
	<b>Indicator 3:</b> % Clients receiving follow up care.		N/A		62% of clients received follow up care	
<b>Output 1.2: Outreach sessions are planned and the mobile medical team is equipped and prepared to provide SRH services and information.</b>	<b>Indicator 1:</b> Numbers of clients visiting clinic in rural villages and settlements.		<ul style="list-style-type: none"> <li>85% of women of childbearing age (15-39) are not using some form of family planning method.</li> <li>38% of women have never had a</li> </ul>	October 2013- May 2014	3638 clients accessed clinical services in rural villages and settlements	September- November 2015
	<b>Indicator 2:</b> 14 field clinics in rural areas and settlements.			October 2013- May 2014	7 return visits to communities were done to empower women and	

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

			pap smear • 54% of men had little or no knowledge on the types of contraception available		community at large.	
	<b>Indicator 3:</b> 14 visits to markets.			October 2013- May 2014	7 return visits to markets were completed to empower market vendors	
<b>Output 1.3: Formal Agreements are renewed and arranged with key government service agencies to integrate WAYE services with national health and social welfare systems.</b>	<b>Indicator 1:</b> MOU signed with MSWWPA		<ul style="list-style-type: none"> <li>• 85% of women of childbearing age (15-39) are not using some form of family planning method.</li> <li>• 38% of women have never had a pap smear</li> <li>• 54% of men had little or no knowledge on the types of contraception available</li> </ul>	October 2013- May 2014	MSP signed MOU with the Ministry of Health, Ministry of Education, Heritage and Arts, Ministry of Women, Children and Poverty Alleviation, MOA with the Fiji Police Force, MOU with the Dental Student Association FNU	September- November 2015
	<b>Indicator 2:</b> MOU signed with FCDP		N/A	October 2013- May 2014	n/a	
	<b>Indicator 3:</b> MOU Signed with a CSO such as Mental Health Champes, Fiji Disabled Society.		N/A			MSP has signed MOU with the following CSOs - Empower Pacific, Homes of Hope, Aspire Network and Salvation Army
<b>Output 1.4: Meetings with Zone Nurses provide refresher on SRH and consolidate support systems</b>	<b>Indicator 1:</b> 7 meetings		N/A		more than 7 meetings were conducted with zone nurses to consolidate the support system	
	<b>Indicator 2:</b> Zone Nurses engaged in follow up of clients		N/A		approximately 14 zone nurses were engaged in follow up care for clients	
	<b>Indicator 3:</b> Police engaged in rural outreach		N/A		approximately 20 police officers were engaged in rural outreach	
<b>Output 2.1: Communications Policy provides guidelines on ethnics and information sharing in regards to reporting, public awareness and media.</b>	<b>Indicator 1:</b> Communications Plan		N/A		MSP Communications Plan already in existence, was revised in 2014.	
<b>Output 2.2: Staff and youth engaged in the development of appropriate youth focussed IECs which are pre tested</b>	<b>Indicator 1:</b> Focus Groups to develop youth friendly IEC's		N/A		3 Focus group discussions were carried out to develop the youth friendly IEC materials	
	<b>Indicator 2:</b> Pre-Testing of IECs		N/A		Pre Tested the IEC with 1 community and 1 youth group.	

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

	<b>Indicator 3:</b> Youth friendly IECs designed and distributed		N/A		Approximately 2 youth friendly IEC were designed and approximately 8044 materials were distributed	
<b>Output 2.3: Public awareness through outreach raises awareness on the negative consequences of VAWG and the importance of early health seeking behaviour.</b>	<b>Indicator 1:</b> 14 awareness sessions on Family Planning (FP)		<ul style="list-style-type: none"> <li>• 19% of men and women had little or no understanding of the importance of family planning</li> </ul>	October 2013- May 2014	99% of men and women had increased knowledge on the importance of family planning	September- November 2015
	<b>Indicator 2:</b> 14 awareness sessions on VAWG		<ul style="list-style-type: none"> <li>• 21% of men and women didn't know abusing women and children was against their human rights</li> </ul>	October 2013- May 2014	65% of men and women became aware that abusing women and children were against their human rights	
<b>Output 2.4: Engaging in national level dialogues to end VAWG through a participatory policy process</b>	<b>Indicator 1:</b> Attendance at NC C meeting		N/A		MSP attended approximately 5 NCC meetings and is an official member of NCCC since 2010	
	<b>Indicator 2:</b> Attendance at National VAWG taskforce		<ul style="list-style-type: none"> <li>• 21% of men and women didn't know abusing women and children was against their human rights</li> <li>• 38% of men didn't know abusing women and children was against their rights</li> <li>• 100% of all respondents believe violence is an issue in Fiji.</li> <li>• 61% of all respondents believed that violence was increasing in the community.</li> <li>• 43% of all respondents had little or no understanding of who might abuse children.</li> <li>• 79% of men had little or no understanding why it was important to protect children</li> <li>• 69% of men had little or no idea how to identify child abuse</li> </ul>	October 2013- May 2014	MSP has attended 6 National VAWG taskforce meetings with stakeholders.	September- November 2015
				N/A		

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

	<b>Indicator 3:</b> Attendance at ad hoc Gender & VAW Policy Group Meetings				MSP was part of the 5 ad Hoc Gender & VAW Policy group meetings.	
<b>Output 3.1: Information sessions with men and boys undertaken in rural communities engage them to support gender equality and to reduce VAWG in their communities</b>	<b>Indicator 1:</b> 1000 men and boys aware its unlawful to hit a woman or a child		• 38% of men didn't know abusing women and children was against their rights	October 2013- May 2014	1958 men and boys were empowered through awareness that it was unlawful to hit a women	
<b>Output 3.2: Gender Focal Point appointed in 7 markets and 7 rural communities advocates for improve conditions and protection for women and girls</b>	<b>Indicator 1:</b> 14 Gender Focal points aware of gender equality and provide support to reduce issues of VAWG		• 38% of men didn't know abusing women and children was against their rights	October 2013- May 2014	57 gender focal point were aware of gender equality and are able to provide support.	
	<b>Indicator 2:</b> Youth engaged in, design, review and pre and post testing of IECs for VAWG		• 38% of men didn't know abusing women and children was against their rights	October 2013- May 2014	Approximately 30 youths were engaged in design, review and pre and post testing of IECs for VAWG	September- November 2015
<b>Output 4.1: Integration of services in a One Stop Shop model provides survivors with security to obtain a full range of post rape care increasing client satisfaction and client retention.</b>	<b>Indicator 1:</b> One stop shop provides integrated health, psychosocial services, legal advice and referrals		N/A		Approximately 637 accessed psychological services and legal advice and over 400 clients were referred between partner agencies.	
	<b>Indicator 2:</b> Post rape health care includes, STI counselling and Testing,		N/A		327 clients accessed post rape health care services.	
	<b>Indicator 3:</b> Post rape health care includes support for unplanned pregnancy		N/A		119 clients accessed post rape counselling.	
<b>Output 4.2: Survivors and clients receive adequate counselling and on-going psychosocial support</b>	<b>Indicator 1:</b> Number of counselling and support services provided to survivors		N/A		approximately 237 clients accessed counselling and support services.	
	<b>Indicator 2:</b> Number of clients who feel they have improved mental health.		N/A		n/a	
	<b>Indicator 3:</b> Improved health outcomes of # returning clients.		N/A		n/a	
<b>Output 4.3: Women and girl survivors feel safe and have increased access to information, legal advice and are able to obtain justice</b>	<b>Indicator 1:</b> % survivors who feel they have received all services required		N/A		59% of survivors received accessed and received services.	

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

	<p><b>Indicator 2:</b> % survivors who feel they have received adequate legal advice.</p>		<ul style="list-style-type: none"> <li>Only 30% of female sexual violence victims sought help from the police</li> <li>Only 20% of female violence victims sought help from the police</li> </ul>	October 2013- May 2014	59% survivors received accessed received services.	of and	September- November 2015
	<p><b>Indicator 3:</b> % survivors who feel they can proceed to take the case to court.</p>		N/A		n/a		

**ANNEX 3**

Beneficiary Data Sheet

Beneficiary group	The number of beneficiaries reached	
	At the project goal level	At the outcome level
Female domestic workers		
Female migrant workers		
Female political activists/human rights defenders		
Female sex workers	<b>150</b>	<b>63</b>
Female refugees/internally displaced/asylum seekers		
Indigenous women/from ethnic groups	<b>12000</b>	<b>4929</b>
Lesbian, bisexual, transgender		
Women and girls in general	<b>12000</b>	<b>2263</b>
Women/girls with disabilities		
Women/girls living with HIV and AIDS		
Women/girls survivors of violence	<b>1000</b>	<b>237</b>
Women prisoners		
Others (specify)		
<b>Primary Beneficiary Total</b>	<b>25150</b>	<b>7492</b>

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

Civil society organizations (including NGOs)	Number of institutions reached		
	Number of individuals reached		
Community-based groups/members	Number of groups reached		
	Number of individuals reached		
Educational professionals (i.e. teachers, educators)			
Faith-based organizations	Number of institutions reached		
	Number of individuals reached		
General public/community at large		<b>18000</b>	<b>22556</b>
Government officials (i.e. decision makers, policy implementers)			
Health professionals		<b>50</b>	<b>150</b>
Journalists/Media			
Legal officers (i.e. lawyers, prosecutors, judges)			
Men and/or boys		<b>1000</b>	<b>4978</b>
Parliamentarians			
Private sector employers			
Social/welfare workers			
Uniformed personnel (i.e. police, military, peace-keeping officers)		<b>50</b>	<b>90</b>
Others (specify)			
<b>Secondary Beneficiary Total</b>		<b>19100</b>	<b>27774</b>

**ANNEX 4**

**Questions from data-collection instruments**

**Confidentiality Notice (altered depending on the data collection method)**

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

*We are an independent evaluation team specifically hired by the UN Trust Fund to evaluate the project completed by Medical Services Pacific (MSP) in your community/market. You were chosen to participate in this survey as you are the member of the community /market visited by the MSP during one of their trips. This evaluation survey includes XX questions and might take about 10 to 15 minutes of your time. You can choose not participate in this survey or you can choose not to answer any questions without any consequences to you. Everything you stay will stay absolutely confidential and will be used for the purpose of only this evaluation. The data will be kept anonymously and your name will not be mentioned on the data base. Your help and you time are very much appreciated by us and your input is very important for us. Do you consent/agree to participate in the survey?*

---

**Questionnaire for the Suva Shop/Clinic**

What is your age?

Your ethnicity:

Which part of Fiji do you come from? (Division, province)

1. When did you visit MSP?
  2. How did you know about MSP?
  3. Were you offered counselling?
  4. Were you offered legal advice?
  5. Were you offered health services?
  6. Were the services offered helpful?
  7. How did the MSP personnel treat you? Did you have to wait long time? Were the staffs friendly to you?
  8. Would you come back to the MSP again for other services?
  9. Would you recommend MSP to other people in similar circumstances?
  10. What could MSP do better?
- 

**Questions for Government organizations:**

What is the name of the organisation you belong to?

What area of Fiji do you work in?

1. Do you know MSP?
2. What does MSP do?
3. How long have you been working with MSP?
4. How did you learn about MSP's services?
5. What changes have you observed in the last two years? Do you notice any changes you could attribute to the information and resources brought by MSP's team? (Specifically VAWG, how women and girls are treated, how children are treated, violence in general) please answer fully; this is a very important section.
6. Do you think the communities you serve have benefited from the MSP work/team's visit(s)? If yes, how?

7. What services in the women's health would you like the MSP MO team to offer that are not currently available?

8. How could the MSP team improve the work they are doing?

---

**Questions for focal points**

Market/Community name \_\_\_\_\_

Do you know MSP?

- Yes
- No

What services or activities does MSP deliver?

- a) Medical (clinical) services
- b) Counselling
- c) Legal Advice
- d) Gender, Rights Awareness or Human Rights
- e) Information and Education

How long have you been assigned as a focal point for by MSP?

What are your responsibilities as a focal point? Name 3, minimum

What is your action plan if you become aware of the violence-taking place in your community/market?

Did you report the violence in the last two years if you saw or became aware of it?

Were there any instances when you did not report violence/ abuse? If yes, why?

What changes have you observed in the last two years in your community/market? Do you notice any changes you could attribute to the information and resources brought by MSP's team? (Specifically VAWG, how women and girls are treated, how children are treated, violence in general) please answer fully; this is a very important section.

Do you think your community/market benefited from the MSP work/ team's visit(s)? If yes, how?

What services in the women's healthcare would you like the MSP team to offer that are not currently available?

How could the MSP team improve the work they are doing?

Do you want MSP to continue their services?

---



**Questions for Direct beneficiaries**

**For the officials to fill in:**

---

Market: \_\_\_\_\_

Community: \_\_\_\_\_

Other: \_\_\_\_\_

**For the Interviewee:**

---

What is your age? \_\_\_\_

What is your gender? M/F

Have you seen any violence against women and children in your community/market in the last two years?

- a) Yes
- b) No

If yes, has the volume of violence increased or decreased in the last year comparing to previous years?

- a) Decreased
- b) I have seen more violence in the last two years

What do you think can be done to decrease violence against women and children in your community?

**About MSP and their services:**

---

When did you last see MSP?

- a) never
- b) In the last 6 months
- c) In the last 12 months
- d) In the last 18 months
- e) In the last 2 years

How many times have you met MSP team?

- a) 0 times
- b) 1 time
- c) 2 times
- d) 3 times

How did you find out about MSP?

- a) From the community head
- b) From the leaflets
- c) From the MSP team
- d) From Government
- e) From the Market Master

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

Were you present at an education session by the MSP team?

- a) Yes
- b) No

What was the main topic covered by MSP in the education session?

- a) Legal rights
- b) Family planning
- c) Reproductive Health and Rights
- d) Gender Rights
- e) Gender violence or violence against women and girls

Did you have access to any clinical services provided by MSP?

- a) Yes
- b) No

Did you learn about/obtain any contraceptives?

- a) Yes
- b) No

Did you obtain any other free clinical tests?

- a) yes
- b) no

What test?

---

Did you find information provided by MSP useful?

- a) Yes
- b) No

Do you think your community benefited from the MSP team's visit?

- a) Yes
- b) No

If yes, how? Describe in two sentences

Would you like MSP to continue their services in your community/market?

- a) Yes
- b) No

How could the MSP MO team improve their visits to your community? (Is there a day to avoid, better time of day to come? Should they spend more or less time?)

---

**Knowledge based questions:**

---

What services or activities does MSP deliver?

- a) Medical (clinical) services
- b) Counselling

- c) Legal Advice
- d) Gender, Rights Awareness or Human Rights
- e) Information and Education

Do men and women have equal rights in Fiji?

- a) Yes
- b) No
- c) Depends on the situation
- d) Only equal rights for education

What is included in family planning?

- a) Planning when to have children
- b) Use of birth control or contraception
- c) Sexuality education
- d) Sexual and Reproductive Rights
- e) All of the above

What is gender equality?

- a) The view that physically men and women have the same strength
- b) The view that all genders, including men and women, should receive equal treatment, and should not be discriminated against based on their gender.
- c) The view that both girls and boys have to be able to go to school

Who is primarily responsible to make sure the child rights for life and food are protected

- a) Parents
- b) School Teachers
- c) Neighbours
- d) Children themselves

Have you heard of the term, Violence against Women and Children? What does this term mean?

- a. Sexual violence
- b. Physical violence
- c. Psychological or emotional violence
- d. Abuse of children in the family
- e. All the above

What would you do if you saw violence-taking place?

- a) I do not have the right to get involved if the violence is not connected with me
- b) I would speak to the police
- c) I would talk to the head of the community
- d) I would talk to the gender focal point in the community
- e) I would call MSP or the Child Helpline
- f) Other, specify

Did your report the violence in the last two years if you saw it or if that was something that happened to you?

- a) Yes

b) No  
If not, why?

## ANNEX 5

### List of Documents Reviewed and people interviewed

- MSP baseline report
- MSP final WAYE proposal
- MSP end line report
- MSP annual reports
- MSP M&E systems
- MSP final report

### Persons interviewed and sites visited

- 23 focal points
- 3 investigators - Fiji Police Force, Criminal Investigation Department, SOU
- 2 officers -Valelevu Police Station,
- 3 nurses - Nausori Health Centre,
- 1 zone nurse - Ba Health Centre,
- 1 provincial officer - Youth Provincial office in Ra,
- 3 sex workers – Suva,
- 5 MSP Staff Members: Nurse, PM, ED, Counsellor, Legal advisor.

**ANNEX 6**

**Work Plan**

	week 1 (17-24 Dec)	week2( 29,30Dec,4,5,6Jan)	week3(7-14Jan)	week4 (15-22)
1. Consultation with MSP on the project and review of project documentation, policies and related literature, Desk Review with Inception report.				
2. Planning and scheduling field visits and meetings.				
3. Training Evaluation Team				
3. Meetings: Conduct consultation with key stakeholders, MOH, MWCPA, local Government, partners and other members engaged in the program.				
5. Travel to the field to conduct evaluation activities and consult with Market Managers, market vendors, women, youth and sex workers in the targeted villages & communities.				
6. Ensure Risk matrix and gender analysis is included and assessed				
4. Assessment of the One Stop Shop /post rape care services				
5. Data analysis and follow up on any gaps. Working with MSP M&E Unit, the SMT, Protection Officer/Legal Aid and clinic manager.				
7. First draft evaluation report submitted to MSP Senior Managers (SMT)				
8. Final draft and presentations to SMT				
9. Final Version – Powerpoint of Findings and Case Study presented				upon request
10. Final draft Submitted to Donor				
11. Sharing Findings, Dissemination of Report				upon request

**Detailed schedule of Activities:**

17 Dec– 19<sup>th</sup> Jan: Desk Review, Work with M&E, data analysis, Staff interviews

29 – 30<sup>th</sup> December: Writing up the Inception Report

30<sup>th</sup> December: Inception Report submission

5<sup>th</sup> January: Evaluation Team Training, feedback received for the Inception Report, visits schedule finalised, child protection training for the ET

6<sup>th</sup> January: interviews with the Fiji Police Force, MOH representatives, and sexual workers. Online data entry system completed.

7<sup>th</sup> January: Left for Navitilevu Village at 4 am, conducted the interviews in the village with the focal points and community members, left for Rakiraki Market at 11.15 am, conducted interviews with the Market Master, focal points and market vendors, overnight stay at Tanoa Hotel in Rakiraki

8<sup>th</sup> January: Left for Nailaga Village in Ba at 6 am, conducted interviews with focal points and community members before leaving for Ba Market, conducted interviews at the market, departed for Suva at 4 pm

11<sup>th</sup> January: Left for Naganivatu Village at 7 am, conducted interviews before leaving for Nausori Market, conducted interviews at the Market, departed for Nadi at 3 pm, overnight stay in Nadi

12<sup>th</sup> January: Left for Narewa Village at 7:30 am, conducted interviews before leaving for Nadi market, conducted interviews at the Market, departed for Suva at 3 pm

13<sup>th</sup> January: Data Entry

**FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP**

14<sup>th</sup> January: Data Analysis

15<sup>th</sup> January: Write up

19<sup>th</sup> January: Presentation to the MSP team and FNU representative

20<sup>th</sup> January: Feedback received

26<sup>th</sup> January: Final draft submission

Annex 7

Photographs Of the Evaluation





FINAL EVALUATION: WOMEN AND YOUTH EMPOWERED PROJECT, FIJI, JANUARY 2016  
UNTF & MSP



## ANNEX 8

### Independent Evaluation Team Members- Bio Data

#### **Ms. Natalia Perelygina – Team Leader**

International business and management professional with five years experience in business development and business evaluation. Expertise in psychology, child development, research, systems development, performance monitoring and evaluations. Currently undertaking field work in Asia and the Pacific, linked to academic studies.

#### **Ms. Adi Akanisi Vunitiko Tabuarua Veikoso - Translator**

A youth volunteer with experience in leading children's group work, youth outreach and team leadership. Worked as an iTaukei to English translator and Liaison officer for the 3<sup>rd</sup> Pacific Islands Development Forum Climate Change Summit 2015 and with the Aspire Youth Network.

#### **Ms. Sera Coriakula Tamani - Translator**

Experienced in data collection and research. Worked in collaboration with Fiji's Ministry of Health and Medical Services, sponsoring a National Tuberculosis Program in the country. The work involved in this data collection included going through every Tuberculosis [TB] patient folder kept in a TB register room and recording vital details of each patient on a data collection form provided. Participated in a community profiling at a rural community [Muaivuso Village] in Lami, Suva with the purpose of assessing health status and identifying health needs that were a priority in the community.