

Joint Programme

Strengthening National Capacities to Prevent Domestic Violence 2008-2011

Skopje,
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1. Background

“Good governance” can not prevail if governance structures do not mainstream gender equality into its key aspects – accessibility, accountability, transparency and efficiency. Integrating gender equality concerns into the system of good governance ensures equality of outcomes- not just of opportunity for women and men. Likewise, gender equality cannot be achieved if attention is not paid to improving the national governance framework to protect, respect and fulfill women’s right to be free from domestic violence. Recent CEDAW and CESCR¹ reviews of Macedonia’s progress in the area of gender equality showed that while there is an increasing political commitment to, and a growing number of constitutional, legal and policy reforms aimed at achieving gender equality, there are still major gender gaps in different spheres of life. Gender-based violence, including domestic violence is noted as one of the key areas where national response needs to be strengthened.

Domestic violence is a problem present anywhere in the world but the rate and intensity of the problem varies depending on a number of social factors. Traditional gender roles are of relevance in this respect but social unrest that often accompanies economies in transition, as well as the complex set of issues faced by regions in a post-conflict period, are additional risk factors that can contribute to an increase in domestic violence.

In Macedonia all these risk factors exist. First, traditional gender roles are still dominant, where the husband is generally considered the head of the household and the person with most decision-making power in the family. Adding to this is the fact that Macedonian society is characterized largely by intolerance towards diversity and is hence less flexible towards changes in social and cultural norms. The changing status and position of women in society is hence many times perceived as a challenge and the inability to handle that results in use of violence. Second, as an economy in transition Macedonia is experiencing high levels of unemployment and economic hardship. This has impacted men’s social status in a negative way, affecting their role as breadwinners and heads of households, and has created frustrations that can brake out in violence towards family members. These unfavorable conditions also affect women’s economic opportunities, which in turn can make them more economically dependent on their family and in this way more vulnerable in cases they experience domestic violence. Third, the transition process has had a negative impact on the quality of the social protection system, hence creating even less opportunities for its citizens to obtain good and efficient social services. This situation is acting as additional ingredient in the deterioration of the quality of life of the citizens which is a fertile milieu for increase in violent behavior among family members. Fourth, Macedonia is located in a region of the world that is still in a post-conflict phase. There are many indications that war produces an increase in domestic violence.

¹ Committee on Elimination of All Forms of Discrimination against Women and Committee on Economic and Social and Cultural Rights

The easy availability of arms and the escalation of male aggression tend to lead to an increase in violence against women and children. In other words, the issue of domestic violence is more complex and the results more devastating in post-conflict situation than in regions where peace has existed for a long time.

According to the latest domestic violence survey carried out in 2006 by the Association for Emancipation, Solidarity and Equality of Women (ESE), every second Macedonian woman is a victim of psychological violence, every sixth is a victim of physical and every tenth of sexual violence at home. However, available data from the centers for social protection run by the Ministry of Labor and Social Policy shows that underreporting is a big problem in the country as in 2006, only 775 new domestic violence cases were reported at the 5 state-run Centers of Social Protection. Out of these 775 victims, 703 were women, 33 men and 39 children. A 2005 survey conducted under the auspices of the MLSP, implemented by the Institute for Social Activities in cooperation with the 27 Centers for Social Welfare (CSW) provided further statistical baseline data on the prevalence of domestic violence in 238 Macedonian households. The results show that municipalities with the highest number of cases of family violence reported in the centers for Social Protection were Skopje, Kocani, and Bitola. Data from the Ministry of Interior shows that in 2005, the police registered 3,570 complaints of domestic violence out of which in Skopje 862 cases, Kumanovo 117 cases, Strumica 85 cases, Prilep 80 cases, and Tetovo 73 cases. The National Commission on Violence and Health also published a Report in 2006 in which it provides some relevant data on violence and violence-related injuries in the country. The unclear picture of the prevalence, trends and causes of DV is additionally burdened by the absence of centralized and unified data collection system.

As a result of significant activities in the area of domestic violence, the public sector has increased its engagement in fighting domestic violence in recent years. In 2004, legislative measures criminalizing domestic violence were adopted. This entailed amending the Family Law and codifying domestic violence in the Criminal Code. Following these legal changes, a joint civil society and government effort was initiated to improve protection of victims of domestic violence through establishment of temporary protection measures as prescribed under the Family Law. In the area of prevention some efforts were also made to raise awareness, but those activities are not of continuous nature.

Several recent developments give a reason for hope that now is the momentum for more concerted actions of all national actors to address this issue. The National Action Plan on Gender Equality (NAPGE) was adopted in 2007, where violence against women is one of the ten priority areas. Furthermore, this area has been highlighted as one of two areas that will be of special focus in the Operational Plan for the NAPGE in 2008. Under the leadership of the Ministry of Labor and Social Policy a National Strategy for Protection against Domestic Violence for the period 2008-2011 has been developed and its implementation

has been initiated, For this purpose, a multi-sectoral National Coordinative Body has been constituted and endorsed by the Government and has been tasked to coordinate and oversee the implementation of the Strategy. Likewise, the Ministry has placed DV as one of its strategic priorities in its Strategic Plan 2007-2009. In the Ministry of Health (MoH) agenda, violence has been set up as a priority in 2004 – 2005; 2006 – 2007 and as well in the biennium 2008 – 2009 as a part of the Biennium Collaborative Agreement between MoH and WHO CO Skopje. Ministries of Interior, Justice and Education and Science have also increased their efforts to address the issue of domestic violence in their respective fields.

2. Key problems, challenges and intervention gaps

During 2007, the UNCT conducted a thorough mapping process of the key national actors and their work in the area and assessed the national response system with a view of identifying the key gaps and challenges requiring further action that would guide the work of the UN in the country in this area. In a follow-up to this assessment, the UN Working Group on Domestic Violence initiated a series of consultations with all relevant governmental and non-governmental actors aimed at identifying their priorities of work for the upcoming years and exploring areas where more coordinated effort could be exerted in order to improve the effectiveness of their work and hence achieve better results both in terms of attention to the victims of DV and its future prevention. Following the initiative in the Parliament to codify DV in one Law initiated by the New Social Democratic Party, the Club of Women Parliamentarians organized a public hearing process on this initiative. The conclusion of the public hearing was that there is a need to improve the legal framework on DV. In response to the request by the Club of Women Parliamentarians, the UN Working Group on DV (UNFPA, UNDP, UNICEF, UNIFEM and WHO) has provided international and national expertise to assess the existing legal gaps and problems of their efficient implementation, including through law enforcement mechanisms. The findings of the expert were presented to relevant national stakeholders, including parliamentarians, governmental and non-governmental representatives at a public hearing held in September 2008 in the Macedonian Parliament..

In view of these significant recent developments and in order to strengthen national efforts to address domestic violence, it is important to look at the existing gaps and problems in the national policy-making, service delivery and prevention systems and make a joint effort to improve their effectiveness and efficiency. In order to do so, few key gaps and challenges have been identified and are presented below.

a) Coordination challenges among different policy-making and implementing actors in the area of domestic violence

The national DV policy-making and implementation system is very complex and involves many different governmental and non-governmental institutions. The key governmental institution is the Ministry of Labour and Social Policy. The Ministry's activities consist of policy formulation, legal reform, awareness raising, provision of shelter services, skills training and cooperation with the NGOs.

Apart from the MLSP, other sectoral Ministries have important policy-making and implementation role in the area of DV, such as The Ministry of Health, the Ministry of Interior, the Ministry of Education, among others. However, the coordination among these sectors is not organized as there is no national coordination mechanism that will ensure harmonized policy-making and implementation processes. Some efforts to improve inter-sectoral coordination in this area have been made in 2005 when the Ministry of Health created a National Commission on Prevention of Violence and Health consisting of representatives of relevant public and civil society institution. This Commission has been set up to prepare a National Report on Violence and Health in Macedonia and it was published and launched in 2006.

Another important aspect of coordination is related to the need of involving decentralized units of local-self government in the national policy making/implementation machinery on DV. Equal Opportunity Commissions have been established within the framework of the Law on Local Self Government and the Law on Equal Opportunities for Men and Women in 45 municipalities, with at least 10 pilot offices being fully operational. To date, their role and involvement in the national-policy-making and implementation mechanism has been marginal. This is an important missing link in the institutional response system to DV and needs to be enabled to come into life.

NGO's have important role to play in the national response system on DV, however due to problems of weak institutional capacities and fragmented collaboration and partnerships among NGO's, their role in policy-making and implementation has not been fully realized. It should be noted however that collaboration of NGO's with the Government has been continuously improving although there is a room for its further strengthening through a initiated process of standardization and licensing. Few lead NGOs should be mentioned here. ESE is among the leading civil society organizations promoting gender equality. In 2003, this NGO established the country's first free legal assistance service center for domestic violence victims. In partnership with Association of Independent Initiative Stip and Forum of Albanian Women Tetovo, ESE Center for Legal Assistance for Victims of Family Violence is operational in three regional offices located in Skopje, Tetovo, and Stip. The legal assistance centers provide legal representation, and legal counseling on domestic violence and other inter-related family violence cases. Akcija Združenska is another NGO working on the development of an integrated national response to domestic violence promoting changes based on knowledge and assessments of the actual situation in the country. The Union of Women of Macedonia (UWOM), a national

network of gender development NGOs, continues to be instrumental in maintaining and increasing awareness levels regarding GBV, namely DV, through various types of campaign activities targeting politicians, policymakers, media, youths and minority vulnerable communities. The Organization of Women Skopje operates the government-sponsored only SOS helpline for family violence. UWOM supports a “drop-in center” for youth where they are offered counseling services and life skills development workshops. The SOS Children Village a transit home for children victims of violence and street children is another of project in which the UWOM network is involved. UWOM also operates a youth violence prevention helpline and youth capacity-building projects in cooperation with the government’s Agency for Youth and Sports. Shelter services to the victims of DV are also provided by the Krizen centar Nadez and Makedonski Centar za Zenski Prava-Shelter center. Antiko, a coalition of women’s NGOs is mostly active in the area by provision of DV outreach prevention services and works on empowerment of women and communities to eliminate DV. Work with Roma population in the area of DV is provided by few NGO’s, the most prominent being Luludi and Esma. The NGO Safe Childhood has been very active in the training of the health, social and educational professional in the domain of violence prevention and Women Lobby as an organization that provide substantive advocacy and lobbying support in addressing DV issues to the decision making agenda .

Despite their important effort and activities, there is a need to improve their institutional and financial capacities and partnership among them and hence ensure sustainability of their work. Sharing relevant information among those NGOs has been identified as one of the key problems. Competition for resources and unequal level of institutional capacity have also plaid negative role in the way how NGO’s collaborate and coordinate their activities. Hence, the country lacks a strong NGO coalition/partnership to act as key accountability mechanism on the one hand, and ensure more efficient DV prevention, on the other. The weak links and coordination among NGOs as well as between the NGO’s and the governmental sector has been identified as key coordination challenge impeding efficient and effective policy-making and implementation processes.

b) Lack of standardized and efficient service provision to victims of DV

Extensive research carried in other countries, documents the adverse effects of DV on the emotional and psychological well-being of the victims. Research also shows that DV has negative impact on the economic and social wellbeing of individuals and the effects on their lives, relationships, productivity and achievement in education and paid employment. Therefore, the due diligence principle and other aspects of international law obliges States to ensure that those whose human rights have been violated, have not only access to justice, but also to healthcare and support services that not only protect victims from further violations but address longer-term harms and needs.

Victims of DV in the country are entitled to adequate police protection, health, legal and social services. Each of these services is provided by different institution of the system and different sectoral Ministries are in charge of their implementation. Although the existing laws indicate that these institutions should cooperate among each other, a structured and systematic mechanism of cooperation does not exist and the laws do not prescribe penalties for overlooking these. This a key institutional weakness that needs to be overcome and its resolution requires good understanding of the existing national service provision system.

Different assessments of the protection and services provision system in the country point to few important weaknesses that require attention, as follows:

Capacity of service providers to detect and refer cases of DV

The capacity of the service providers to detect violence and provide the due attention to the victims has been assessed as weak. One of the reasons for that is in the fact that many of them are not familiar with various types of behavior that constitutes maltreatment, abuse or violence in the family and hence they do not always act in a timely and efficient manner either in terms of providing adequate service or referring the case to other relevant instances. The most apparent case in point is the capacity of health care providers to detect a case of DV or if they do, they do not always report them.

Quality of protection/attention services for the victims

Services for victims/survivors should have the fundamental goals of creating safety, addressing practical needs, and enabling victims to overcome the multiple consequences of violence so that they can rebuild their lives and relationships. Hence, they have to be based on principles of respect for the dignity, privacy and integrity of the victims. Unfortunately, most of the assessments of the protection/assistance services to the victims of DV in Macedonia point to the fact that the system is not organized, it is inefficient, there are no standard practices used by different actors and that it lacks sensitivity towards the rights of the victims.

The leading cause of this inefficiency and absence of standardized quality of service provision is the absence of agreed and endorsed protocols that should enable the country to implement a unified practice in provision of services to the victims, on the one hand and to ensure that services provided are tailored to the needs of the victims and are in line with human rights principles and norms, on the other. Therefore, there is a lack of unified referral practice among different service providers which contributes toward the inefficiency of the existing service provision system. The apparent lack of knowledge of service providers of what is a referral mechanism, as indicated by a study of UNICEF (30% of service providers interviewed during the assessment did not know what constitutes a formal referral mechanism but described informal means i.e. daily contacts,

conversations, supporting letters and personal contacts as a way to coordinate their activities) shows that not only there is a need to enact such mechanism but provide extensive training of service providers on their use and application. Likewise, it has been noted that there is a notorious absence of counseling services for the victims as there is of programmes aimed at helping the victims reintegration in normal life. As many victims of violence are also economically dependant, prospects for their economic empowerment are very weak and as a result of such dependency, many victims opt either not to report the case or to return to their homes.

Although recently some efforts have been made by few NGO's to promote the need for introduction of a more victim-friendly model for the victims based on the "Minnesota" model (establishment of mixed professional teams that would provide at one time and one place the necessary attention/protection to the victims) such efforts have not yielded any concrete results yet.

In order to improve the system for protection of the victims, standardization of services, improvement of the actual physical conditions and of the quality of human resources and the types of programmes and services they provide needs to be addressed in a coordinated manner, involving all national actors that provide such services. Prospects for economic empowerment of victims including assistance with engaging in employment and/or additional education and vocational training have to be improved as well.

Data collection and reporting system

Recording of the cases of DV in the country is done on an ad hoc basis including collection of information on relevant aspects such as on the perpetrator, the type of violence committed, etc. As indicated by UNICEF: 2006 assessment on the responsiveness of service providers to violence against children only police stations and social work centers officially record cases of violence but only as part of their general record-keeping. Other institutions *do* record cases of violence but unofficially and in non-systematic manner. The issue of recording of DV cases is particularly critical within the health care sector where there is a lack of systematized approach (forms) to data collection. Apart from recording of cases of DV and collection of relevant information, the problem of lack of centralized data-base is also present and efforts should be made to improve the national data collection system. The establishment of a unified model for data collection, recording and its compilation into a central database is one of the key challenges that should be addressed in order to guide future policy actions.

c) Insufficient prevention efforts

The prevention of violence against women should be effected at various levels of society: at the level of the State, the community and the individuals. Hence, there are different levels of prevention work required:

- *Primary prevention*: precluding the emergence of violence (e.g., awareness raising, campaigns, community initiatives, human rights education, educational programs for kids and adolescents, etc.);
- *Secondary prevention*: identifying risk factors and at-risk groups, providing help (e.g., sensitization programs in various institutions, establishing a helpline for women, health screening and outreach programmes by health professionals, etc.), and
- *Tertiary prevention*: measures to preclude further violence (e.g., helping the women affected by violence, effective police interventions, effective criminal court procedures, programmes for perpetrators, etc.).

In Macedonia, so far, efforts at violence prevention have been uncoordinated and sporadic and hence ineffective. Most of the efforts have been directed at awareness rising of the general population and hence they have been assessed as incomplete and not very efficient. Community-based outreach programmes involving local actors or programmes targeting perpetrators as well as targeted education of most vulnerable groups have been almost if not completely absent. As prevention is key to the elimination of the problem, it is important to address the following key gaps:

Lack of systematic work with perpetrators of DV

Macedonia has no programme directed at perpetrators of DV. The need for and the efficacy of programmes for perpetrators of violence are contested issues internationally. There are several reasons for opposition to them: the existing shortage of resources for measures to combat violence; fears that the trust of socio-political efforts might be diverted away from the victims in favor of the perpetrators; and the risk of endangering the victims. Yet, experiences in other countries have shown that due to the fact that many women even though are victims of violence, do not want to leave their relationships and that in order to prevent future violence of their partners, work with perpetrators is necessary. Experiences of countries that have developed models based on the social understanding of DV as key gender/power inequality issue, have proven very positive. The absence of such programmes in the country is an important issue that needs to be regulated not only by Law but has to be implemented through multi-agency programmes run relevant national institutions.

Absence of outreach community and potential victims and families at risk of DV programmes

Local governments and institutions, media, civil society organizations and communities are all key actors in creating a climate in which DV is no longer tolerated. Hence, community-level outreach prevention programmes are required that would focus not only on the economic and political empowerment of women but at achieving a critical mass within the community that rejects DV. It is particularly relevant to reach out to women, children and

communities that are not exposed to the ongoing public awareness efforts, such as campaigns. Hence, programmes targeting smaller towns, rural communities and vulnerable groups that would incorporate variety of strategies concurrently aimed at men, potential victims, community leaders, etc and would involve a cross-section of stakeholders, (women, men, youth and children, religious and other opinion leaders, local governments, health care providers, police officers, journalists, professional associations, researchers, trade unions, and NGOs are urgently required in the country.

Insufficient awareness among the general population on the available protection and attention services for the victims

Some studies indicate that citizens are in general not very familiar with the fact that DV is incriminated in the national legal system. Even less citizens know about the legal provisions related to their rights in case they are a subject of DV, that is to say that they are not familiar with the available protective measures and services provided by both governmental and non-governmental actors. The alarming lack of knowledge is one of the reasons of why only a small number of victims of DV report their cases and seek protection and professional support. Raising the awareness and knowledge of the citizens, including children and young people on DV and their rights and available services is hence an important challenge that needs to be overcome in order to ensure more efficient fight against DV.

3. Programme Objectives, Expected Results and Activities

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

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

Outcomes:

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

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

1. National Coordination Body effectively coordinates policy making and implementation of the National Strategy for protection against DV and other relevant national strategies
2. National unified data collection system for monitoring incidence and trends of DV established
3. Standardized national protection system for the victims of domestic violence established;
4. Programmes for economic empowerment and reintegration of victims of DV established
5. Community outreach behavior change programmes targeting most at risk communities and public education campaigns implemented;
6. DV integrated into the school/university curriculum;

Each programme output will be structured as a separate sub-programme project with specific set of activities as presented below:

OUTPUT 1. National Coordination Body effectively coordinates policy making and implementation of the National Strategy for protection against DV and other relevant national strategies

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

1. Enhance policy-making and coordination capacity of the relevant sectors within the Ministry of Labor and Social Policy, Ministry of Health, Ministry of Interior, Ministry of Education and Ministry of Justice and develop and implement an institutional strengthening plan;
2. Support the development and coordinate the implementation of the Annual Action Plans (2009 and 2010) for DV prevention based on the National Strategy for DV Prevention in the respected ministries with participation of members from different governmental and non-governmental sectors;
3. Support to the processes for improvement of DV legislation and its enforcement ;
4. Establish a project support unit for DV within the Ministry of Labor and Social Policy to support and service the work of the National Coordination Body on Domestic Violence .

This output contributes to the achievement of the Objective 1 of the National Strategy for protection against DV (further in the text referred as the Strategy)

OUTPUT 2. National unified data collection system for monitoring incidence and trends of DV established

1. Develop a unified system for data collection and reporting of cases of DV;

2. Establish a centralized DV database to be feed by information from all relevant actors;
3. Train national actors on the use of the new system for data collection.

This output contributes in the achievement of the Objective 7 of the Strategy.

OUTPUT 3. Standardized national protection system for the victims of domestic violence established

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

1. Support the endorsement and implementation of the protocols for different services provided to the victims (police, health-care, social protection);
2. Support the endorsement and implementation of the national referral mechanism;
3. Build the technical and professional capacity in different sectors to assist and protect victims of violence by providing specialized trainings introducing the protocols and referral mechanisms and their implementation.
4. Develop training packages for each sector to be used for future training of staff in different areas (health, police, social protection)
5. Develop monitoring and oversight mechanism to ensure application of standardized operating procedures to assist and protect the victims of domestic violence;
6. Develop and pilot in Skopje a Counseling center for families exposed to/at risk of DV;
7. Develop and pilot in Skopje a Counseling programme for the perpetrators.
8. Support the process of the standardization and licensing of the national legal aid providers;

This output contributes in the achievement of the Objective 3 of the Strategy.

OUTPUT 4. Programmes for economic empowerment and reintegration of victims of DV established

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

1. Assess prospects and develop a programme/active labour market measures for economic empowerment of women victims of DV;
2. Implement the programme

3. Conduct programme evaluation and identify good practices/measures for its continuation

This output contributes in the achievement of the Objective 4, result 4.3 of the Strategy.

OUTPUT 5. Community outreach behavior change programmes (BCC) targeting most at risk communities and public education campaigns implemented;

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

1. Conduct rapid assessment to determine pilot communities for the establishment of the BCC (prevalence, causes, trends, and consequences of DV, including the role of masculinity and traditional gender roles);
2. Develop and implement a pilot community outreach behavior change programmes targeting three communities with the highest incidence of DV involving local authorities, NGOs and community leaders to be lead by existing NGO networks;
3. Conduct public education campaign on an annual basis to inform the general public on relevant legal provisions on DV, available services and protection mechanisms;

This output contributes in the achievement of the Objective 4, Result 4.6 and Objective 6, Result 6.2 of the Strategy.

OUTPUT 6. DV integrated into the school/university curriculum;

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

1. Develop/implement guidelines to integrate DV in the educational curriculum for higher education targeting students of relevant Universities (Medical faculty, Faculty for Social Work and Policy, Faculty of Psychology, faculty for Secondary and Higher Education of Nurses and Midwives);
2. Develop guidelines to mainstream non-violence in the educational curriculum of primary and secondary education
3. Train professors and other relevant staff in teaching and promoting non-violent behavior;

This output contributes in the achievement of the Objective 2, of the Strategy.

Joint Programme Results Framework

Joint Programme Outcomes	Outputs	Indicative activities	Implementing partners
1. Efficient policy-making and improved policy-implementation accountability of all relevant national stakeholders	1. National Coordination Body effectively coordinates policy making and implementation of the National Strategy for protection against DV and other relevant national strategies	1.1. Enhanced policy-making and coordination capacity of the relevant sectors within the Ministry of Labor and Social Policy, Ministry of Health, Ministry of Interior, Ministry of Education and Ministry of Justice and develop and implement an institutional strengthening plan;	Ministry of Labor and Social Policy; Ministry of Health
		1.2. Support the development and coordinate the implementation of the Annual Action Plans (2009 and 2010) for DV prevention based on the National Strategy for DV Prevention in the respected ministries with participation of members from different governmental and non-governmental sectors;	
		1.3. -Support to the processes for improvement of DV legislation and its enforcement ;	
		1.4 .Establish a project support unit for DV within the Ministry of Labor and Social Policy to support and service the work of the National Coordination Body on Domestic Violence	
		2.1 Develop a unified system for data collection and reporting of cases of DV;	
2. National unified data collection system for monitoring incidence and trends of DV established	2.2. Establish a centralized DV database to be feed by information from all relevant actors;	2.2. Establish a centralized DV database to be feed by information from all relevant actors;	Ministry of Labor and Social Policy, Ministry of Health
		2.3. Train national actors on the use of the new system for data collection.	Ministry of Labor and Social Policy, Ministry of Health
		3.1. Support the endorsement and implementation of the protocols for different services provided to the victims (police, health-care, social protection);	Ministry of Labor and Social Policy, Ministry of Interior, Ministry of Health
2. Extensive and comprehensive protection and support to the victims of DV	3. Standardized national protection system for the victims of domestic violence established	3.2. Support the endorsement and implementation of the national referral mechanism	Ministry of Labor and Social Policy
		3.3. Build the technical and professional capacity in different sectors to assist and protect victims of violence by developing training packages and providing specialized trainings introducing the protocols and referral mechanisms and their implementation.	Ministry of Labor and Social policy, Ministry of Interior, Ministry of Health
		3.4. Develop training packages for each sector to be used for future training of staff in different areas (health, police, social protection)	Ministry of Labor and Social policy,
		3.5. Develop monitoring and oversight mechanism to ensure application of standardized operating procedures to assist and protect the victims of domestic violence;	Ministry of Interior, Ministry of Health
		3.6. Develop and pilot in Skopje a Counseling center for families at risk/exposed to DV	Ministry of Labour

		3.7. Develop and pilot in Skopje a Counseling programme for the perpetrators	and Social, Policy/Institute for Social Activities, Ministry of Health/Mental Health Institutions
		3.8. Support the process of the standardization and licensing of the national legal aid providers;	NGOs
	4. Programmes for economic empowerment and reintegration of victims of DV established and implemented.	4.1 Assess prospects and develop a programme/active labour market measures for economic empowerment of women victims of DV; 4.2. Implement the programme; 4.3. Conduct programme evaluation and identify good practices/measures for its continuation	Agency for Employment/ Ministry of Education
3. Enhanced public awareness and reduced incidence of DV	5. Community outreach behavior change programmes targeting most at risk communities and public education campaigns implemented	5.1. Conduct rapid assessment to determine pilot communities for establishment of the BCC programmes (prevalence, causes, trends, and consequences of DV, including the role of masculinity and traditional gender roles)	NGOs
		5.2. Develop and implement a pilot community outreach behavior change programmes targeting communities with the highest incidence of DV involving local authorities, NGOs and community leaders to be lead by NGO's;	NGO's
		5.3. Conduct public education campaign on an annual basis to inform the general public on relevant legal provisions on DV, available services and protection mechanisms	NGO's
	6. DV integrated into the school/university curriculum	6.1. Develop/implement guidelines to integrate DV in the educational curriculum for higher education targeting students of relevant Universities (Medical faculty, Faculty for Social Work and Policy, Faculty of Psychology, faculty for Secondary and Higher Education of Nurses and Midwives;	Ministry of Education, Ministry of Health/Medical Faculty
		6.2. Mainstream non-violence in the educational curriculum of primary and secondary education	Ministry of Education
		6.3. Train professors and other relevant staff in teaching and promoting non-violent behavior;	Ministry of Education, Ministry of Health
		6.4. Training/sensitization of primary health care practitioners	Ministry of Health

		6.5. Training/sensitization of gynecologists	Ministry of Health
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4. Programme Strategy

a) Intervention methods and partnerships:

As elaborated in the previous section, the key problems in addressing effectively and efficiently the problem of domestic violence in the country arise out of the fact that efforts are dispersed and not standardized, they are not coordinated and do not address all different levels and aspects of prevention (primary, secondary and tertiary). Faced with such situation and as a result of the expressed commitment by all relevant national stakeholders to improve the effectiveness of their interventions, the UN Working Group on Domestic Violence initiated a series of consultations and discussions with all relevant partners on how to develop a comprehensive and multi-disciplinary programme that would ensure coordinated intervention efforts addressing all of the identified challenges and gaps. Separate discussions with law makers, policy-developers and non-governmental organizations resulted in a set of identified needs and objectives that have been put together in this joint programme.

The design stage of this programme also included an extensive consultation of existing different models and good practices in addressing domestic violence in the world and it took those in consideration in the programme design. Among those good practices and models consulted are some pilot models supported by UN agencies in Latin America (Dominican Republic and El Salvador), the Austrian model for effective victim protection as well as some pilot models developed in the USA, including the Minnesota Domestic Abuse Intervention Project. All of these models are based on the following premises:

- a) Existing Laws and policies have to be backed by political commitment at highest level and hence provided for with sufficient budgetary allocations for their implementation, including allocations for human resources, technical expertise and training and capacity-building of service providers (Dominican Republic and El Salvador);
- b) Inter and intra sectoral coordination is a fundamental factor for effective implementation of laws and policies and it should be established at highest national level as well as at sectoral level. State funding should ensure networking and coordination activities among all relevant actors in order to provide for comprehensive agency response across the justice system, the social protection system (social services and medical providers) (The Austrian model based on close linkage between legal provisions and protection services and their effective intersect oral coordination; the Santa Clara County Domestic Violence Council, Honorary Commission to end Violence Against Women and National Inter-sectoral Commission to prevent and Fight Domestic Violence, Dominican Republic);

- c) Integrated and well coordinated victim protection services system to ensure victim safety and rehabilitation and offender accountability (The Minnesota Duluth Domestic Abuse Intervention Project as one of the oldest and most respected domestic violence intervention and prevention programs. Dominican Republic has also developed a National Model for Attention to Victims and Prevention of Domestic Violence).
- d) A common factor among the majority of the documented promising practices is that they include extensive community coordination and multi-disciplinary approaches to addressing victims of domestic violence to complement the existing intervention-based services.
- e) Monitoring and evaluation of interventions through extensive use of data and information and based on key indicators of progress such as extent of DV prevalence, access and use of services, extent of demand for services not provided to victims and perpetrators, quality of services, existence of informal networks for DV prevention and support to victims, etc.

Likewise, the design of this programme is based on the newly adopted national Strategy for Protection against Domestic Violence which provides a set of overarching objectives and intervention strategies.

Based on the identified needs and national strategies and on the experiences and good practices consulted, this programme foresees the achievement of its objectives through the use of three key intervention methods: a) capacity-building for governance at all levels, that is the building of the institutional and individual capacity of relevant state and civil society actors to address and prevent domestic violence effectively and efficiently; and b) development and implementation of models for protection of the victims based on the best practices worldwide, and c) systemic and individual behavior change to enhance awareness and accountability for gender equality in the country. It will therefore combine mobilization for action at the highest policy-making levels-parliament and government, and will mobilize community-based and other civil society actors. The programme will also pilot innovative models aimed at mobilizing men as partner in ending DV as well as NGO's and the media to advocate for and contribute to change the structural and cultural conditions of gender inequality that sustain domestic and other forms of gender-based violence.

The programme will be implemented over a two and a half period and managed jointly by the following UN agencies: UNDP, UNFPA, UNICEF, WHO and UNIFEM. Key implementation partners are relevant national stakeholders as explained below. The programme is building upon the current engagement of the UN agencies with their local counterparts in the areas of: technical assistance for policy-making and capacity-building of public officials; support to development of relevant national strategies and Action Plans; support to NGO sector for improving their advocacy and lobby capacities; and education, behavior change and public awareness raising. Programme implementation and management modality is explained in more detail in the sections below.

The key beneficiaries of this programme are the people of Macedonia, especially those belonging to vulnerable and most-at-risk groups (women, children and elderly) that most often tend to be victims of domestic violence. Secondary beneficiaries of this multi-actor/intervention programme will be the national institutions and organization both governmental and non-governmental that have the mandate to deal with the issue and hence ensure their capacity for ownership of the national DV response system and are the main implementing partners of this programme.

b) Implementation partners and plan:

The proposed programme interventions will be implemented as follows:

OUTPUT 1. National Coordination Body effectively coordinates policy making and implementation of the National Strategy for protection against DV and other relevant national strategies

In order to improve governance structure and accountability for policy-making and implementation on DV, few different activities will be implemented. The first one involves identification of the policy-making and coordination capacity needs of the relevant sectors within the Ministry of Labor and Social Policy, Ministry of Health, Ministry of Interior, Ministry of Education and Ministry of Justice with a view of identifying and implementing an institutional strengthening plan. The assessment will be subcontracted to an international expert.

Parallel to the identification of the capacity development needs, the project will support the work of the multi-sectoral National Coordination Body. As its first key responsibility, the National Coordination Body will make sure that each sectoral Ministry will develop Annual Action Plans for the implementation of the National Strategy

Hence their coordination and oversight role in the process of Action Plans implementation will be crucial task of this body and the project will support it in this role.

The second big responsibility of the National Coordination Body is related to the process for improvement of the legal framework and its enforcement in practice. The National Coordination Body will have to play a key role in making sure that the process for improvement of DV legislation is transparent, all inclusive and participatory. For that, the National Coordination Body will organize series of public debates and ensure that conclusions from those debates are integrated in the proposals for revision of the current legislation. By doing so, the National Coordinating Body will also ensure that the missing link of public-private partnership is established and put into practice, particularly with regard to delivery of services to the victims of DV. But more than that, the National

Coordinating Body will have to ensure that the required by-laws for the implementation/enforcement of the new legislation are developed, adopted and implemented.

In order to achieve this key coordination and accountability mandate, the National Coordinating Body will operate through clearly established procedures respecting well-established time-frames which are in accordance to those stipulated in the National Strategy.

The work of the National Coordinating Body will be supported through the establishment of a DV Support Unit within the Ministry of Labor and Social Policy (a project Unit) which is the key national institutions entrusted by law to ensure effective policy-making and implementation on DV. This Unit will employ two DV experts that will serve and back-stop the National Coordinating Body and ensure effective coordination among all stakeholders represented in it as well as with stakeholders that will act as implementing partners of this project. Although during the duration of this project the costs for running of the Unit will be paid by the project, this project will have a task of ensuring that it becomes a national ownership and that the costs of its future operation are covered by the state.

The key UN agency entrusted with the management of activities for the achievement of this output is UNDP. This agency will implement the activities needed for the achievement of this output through a national implementation modality and the MLSP will act as key implementing partner. In addition, the content relevant for health sector will be managed by WHO under overall coordination of UNDP with implementing partner the MoH. A MoU signed between the two (the UNDP and the MLSP)_will ensure that the overall responsibility for the implementation of the activities under this Output will rest with the national implementing partner, while this UN agency is directly responsible for the timely and efficient management of the implementation of the activities. UNDP will also ensure provision of international expertise for the assessment of the institutional and coordination capacity/gaps of the national policy making/implementation stakeholders.

OUTPUT 2. National unified data collection system for monitoring incidence and trends of DV established

In order to develop a unified system for data collection, an initial rapid assessment of what data collection and recording instruments/forms are used by different national data collection instances: the Police, The Centers for Social Work, the Ministry of Health, etc. will be implemented. The leading UN agency entrusted with the achievement of this objective will provide international expertise for this. Likewise, the UN expert will prepare recommendations for the development and implementation of the unified data collection system on a basis of consultation with all relevant national stakeholders. In addition the UN Division for advancement of women and practices and experiences of other agencies will

be consulted prior to the finalization of the development of unified data collection system. Once the new system is developed, it will be integrated in all relevant institutions and training of staff in charge of data collection and reporting will be undertaken. In order to make sure that all collected data is put in one place, a centralized data-base will be developed with a software application for data inputting which will be used by all data producing/reporting national institutions. The database will be hosted by the Ministry of Labor and Social Policy, being the key national institution in charge of policy-making and implementation on DV.

The lead UN agency for the achievement of this Output will be UNFPA. This agency will sign a MoU with the lead national implementing partner for this Output, the Ministry of Labor and Social Policy. UNFPA will ensure quality international UN expertise to support the creation of the new unified data collection and reporting system. Activities related to the development of the database in the health sector will be managed by WHO in collaboration with the UNFPA with implementing partner the MoH.

OUTPUT 3. Standardized national protection system for the victims of domestic violence established

In order to standardize procedures and ensure harmonized, victim-friendly protection services across all service providers, governmental and non-governmental, it will first be necessary to adopt and enhance the use of protocols for different services provided to the victims (police, health-care, social protection). Likewise a referral mechanism will be developed and agreed by all national service providers as well as guidelines for its implementation. Once the protocols and the referral mechanism are adopted, a process of their application will be initiated which will require enhancement of the technical and professional capacity in different sectors to use the standard procedures prescribed by them. This means that medical doctors and nurses in the primary-health care system, gynecologists, mental health workers, the social workers and the police will be trained in the use of standard work procedures as prescribed in the protocol. For this purpose, training packages for each sector will be developed.

In order to ensure that all national service providers apply the standardized operating procedures to assist and protect the victims of domestic violence, it is important to enforce a national monitoring and oversight mechanism. Every institution actually or potentially dealing with the issue of DV needs clear guidelines for enforcement of its monitoring and oversight mechanisms. This also applies to institutions which are not primarily in charge of this problem, e.g., social welfare offices or hospitals. The development and implementation of the guidelines as well as monitoring should be an integral part of the management of each of these institutions. Hence, the programme will develop such guidelines and ensure their implementation in each relevant institution. In order to ensure the efficiency of this monitoring system, women concerned and NGO's working in the field should be regularly consulted in the process of evaluation of the

guidelines with a view of checking whether the interventions have been helpful for the victims. This evaluation would be done on a yearly basis. Furthermore, this monitoring mechanism will be integrated within the standardized procedures used by different service providers in order to ensure that every victim provided a service will have the opportunity to evaluate the efficiency and the quality of the service received. Hence systematic collection of information from the victims on the adequacy and quality of the service received will be the backbone of this monitoring mechanism.

WHO will play lead role in the process of development and implementation of the protocols within the health sector, UNDP within the police and UNICEF within the social protection one. Referral mechanism development as well as establishment and operation of the M&E mechanism will be overseen by UNDP.

The key national implementing partners will be respectively the Ministry of Health, Ministry of Labour and Social Policy and the Ministry of Interior. For the development of protocols and referral mechanisms the lead agencies will provide their international expertise. Each of the partner UN agencies, will sign an MoU with the respective national partner to detail the roles and responsibilities for the achievement of this output.

Another important activity that will be implemented under this Output is the development and piloting of a Counseling center for families at risk and/or exposed to DV. This pilot counseling model will be developed and implemented by the MLSP in Skopje. The counseling services (psychological, social, self-empowerment, etc) will be provided to family members in order to avert risk factors and decrease occurrence of DV. The pilot model for counseling for the perpetrators will be implemented by the MOH/Mental Health Institutions and relevant social care services in order to prevent further occurrence of DV. The implementation of this pilot counseling model will imply the development of a specialized services for victims provided by well trained professionals. Furthermore, services for perpetrators to be piloted by the MoH/Mental Health Institutions and other relevant social care institutions. These professionals will be sent to a study tour in one European country in order to obtain the necessary qualifications to provide such service. The key UN agencies in charge of this activity will be UNICEF and WHO.

In order to overcome the existing problem of unstandardized system for legal aid to the victims and to provide access to legal measures, the programme under this output will support the process of standardization and licensing of the legal counseling services. The development and implementation of legal counseling services will *require* first of all the development of a guide on available legal options and steps. Once the guide is developed a network of NGO's working in the field of DV will be trained in the provision of such services. One important aspect that will ensure effective legal aid provision by NGO's is the timely provision of information by the police to these NGO's. NGO's entrusted to

provide legal aid will have to take proactive approach in contacting the victims and offering support concerning their protection and the securing of their rights in civil as well as in criminal lawsuits. Other important aspect of this activity will be to enhance their capacity for safety planning, that is to assess the danger inherent in the situation and to plan safety measures together with the victims. It is very important to determine whether the eviction of the perpetrator will provide sufficient protection or whether the endangered persons should rather move to a shelter. And finally, the partners that that will be entrusted with the provision of legal aid will have to make sure that they support women in enforcing their claims and accompany them when they have to appear in court. In order to enhance the legal aid component, the programme will also train the members of the Macedonian Bar Association on provision of specialized legal aid to the victims of DV.

The main implementing partner for these activities will be selected on a basis of a competitive bid to be open by the lead implementing UN agency -UNIFEM whereas criteria for selection will be established in collaboration with the National Coordinating Body

OUTPUT 4. Programmes for economic empowerment and reintegration of victims of DV established

In order to develop and establish a programme for economic empowerment of women victims of domestic violence, an expert will be contracted to assess the prospects for the establishment of this programme that will explore and define the modality for implementation of following empowerment components: education/requalification and/or vocational training of women victims, measures for creation of subsidized employment opportunities with companies and. In addition, the programme will explore and provide possibility for creating self-employment possibilities for victims by providing them with support in developing their business plans and with initial start-up financial help. This will be conducted during 2008.

Once a proposal is developed and discussed and agreed with the national counterparts and The Netherlands representatives, during 2009 and 2010 the programme will be established in cooperation with the Agency for Employment which will link its work with the Centers for Social protection of the MLSP. Women who have sought protection in the centers will be enrolled as part of their reintegration/rehabilitation programme in additional training/education programme (if required) and later engaged in the employment programme. Companies participating in this programme will be provided wage subsidy for creating jobs for women victims. The programme during 2009 and 2010 will support the creation of 200 jobs for women victims as well as provide training/requalification for 100 women.

As UNDP is already implementing with the government a programme for active labour market measures for women, i.e. creating business and employment opportunities for women, this UN agency will take the lead role in implementing this programme component.

OUTPUT 5. Community outreach behavior change programmes (BCC) targeting most at risk communities and public education campaigns implemented;

In order to develop a pilot community BCC outreach programme, it would be important to first conduct rapid DV assessment for the identification of the most at risk communities requiring direct behavior change intervention; the causes and trends, attitudes towards and consequences of DV and particularly on the role of masculinity and traditional gender roles in order to inform the design and implementation of BCC outreach programmes. This study will be conducted by a local research center or NGO to be determined on a basis of a competitive call for expression of interest.

Once the assessment is finalized, the implementing partners in collaboration with the lead UN agency will develop the key elements of the programme. They will determine the communities where it will be implemented as well as the intervention means (focus group discussions, use of key community leaders to promote no-violence, development of community vigilance system for potential and early detection of violence to involve local police, health care providers and social services, develop BCC materials in local language of the community and train local NGO's in providing monitoring role of the efficiency of the BCC programme, etc). For the implementation of these community outreach pilots, the role of the Municipal Commissions for Equal Opportunities, the centers for Social Work, community Health Care Institutions as well as the Police will be essential in terms of coordination as well advocacy with the relevant local service providers.

The national implementing partners for this piloting programme will be selected on a basis of a competitive bid. Criteria for selection will be established in collaboration with the National Coordinating Body. The training of local health care professionals will be implemented by the MoH and managed by WHO. The lead UN agency, UNFPA will provide technical expertise in the design and piloting of this programme based on the experiences of community work of this organization in other countries.

And finally, prevention efforts will also focus at the level of the general public as citizens in general need to become aware of the fact that DV is criminal act and that there are number of services available to the victims. Hence an annual IC public campaign will be conducted tailored to inform the citizens of relevant aspects of DV legislation in order to empower them to take action and stop the

problem. The public campaigns will use all relevant communication and information dissemination means (radio, TV, posters, flyers).

The lead UN agency to oversee effective coordination and implementation of activities under this output is UNFPA. Key national implementing partner will be selected in collaboration with the National Coordinative Body on a basis of a competitive bid following the pre-establish selection criteria.

OUTPUT 6. DV integrated into the school/university curriculum;

In order to mainstream DV in the educational system and in the teaching curriculum of University students, it would be necessary to first develop guidelines to integrate DV in the educational curriculum for higher education targeting students of relevant Universities (Medical faculty, Faculty for Social Work and Policy, Faculty of Psychology, faculty for Secondary and Higher Education of Nurses and Midwives. Once these guidelines are developed they will have to be mainstreamed in the system through the Ministry of Education and other line Ministries and respective management bodies of the relevant Faculties/Universities. The implementation of these guidelines will require adjustments in the student curriculum to integrate lectures on DV prevention and attention. The enforcement of these guidelines will be ensured by the Educational Inspectorate.

The achievement of this output will also require interventions aimed at mainstreaming of non-violence in the educational curriculum of primary and secondary schools. This will be done in close collaboration with the Bureau for Education and the Ministry of Education. Once curriculum is revise, training of teachers and other school staff will be undertaken to ensure the required knowledge and skills in teaching non-violent behavior among young people.

The lead UN agencies entrusted with the achievement of this output will be UNICEF and WHO. The main implementing partners will be the Mo Education and the Mo Health.

Table 2. Implementation Plan

<u>Project outputs</u>	<u>Activities</u>	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
Output 1. National Coordination Body effectively coordinates policy making and implementation of the National Strategy for protection against DV and other relevant national strategies	Enhance policy-making and coordination capacity of the relevant sectors within the Ministry of Labor and Social Policy, Ministry of Health, Ministry of Interior, Ministry of Education and Ministry of Justice and develop and implement an institutional strengthening plan									
	Support the development and coordinate the implementation of the Annual Action Plans (2009 and 2010) for DV prevention based on the National Strategy for DV Prevention in the respected ministries with participation of members from different governmental and non-governmental sectors;									
	Support to the processes for improvement of DV legislation and its enforcement									
	Establish a support unit for DV within the Ministry of Labor and Social Policy to support and service the work of the National Coordinating Body on Domestic Violence									
Output 2. National unified data collection system for monitoring incidence and trends of DV established	Develop a unified system for data collection and reporting of cases of DV;									
	Establish a centralized DV database to be feed by information from all relevant actors									
	Train national actors on the use of the new system for data collection.									
Output 3. Standardized national protection system for the victims of domestic violence established	Support the endorsement and implementation of the protocols for different services provided to the victims (police, health-care, social protection);									
	Support the endorsement and implementation of the national referral mechanism;									

<u>Project outputs</u>	<u>Activities</u>	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
	Build the technical and professional capacity in different sectors to assist and protect victims of violence by developing training packages and providing specialized trainings introducing the protocols and referral mechanisms and their implementation.									
	Develop monitoring and oversight mechanism to ensure application of standardized operating procedures to assist and protect the victims of domestic violence and provide for effective monitoring, including M&E for this programme;									
	Develop and pilot in Skopje a Counseling center for families at risk/exposed to DV									
	Develop and pilot in Skopje a Counseling programmer for perpetrators of DV									
	Support the process of standardization and licensing of the national legal aid providers									
Output 4. Programmes for economic empowerment and reintegration of victims of DV established and implemented	Assess prospects and develop a programme/active labour market measures for economic empowerment of women victims of DV; Implement the programme; Conduct programme evaluation and identify good practices/measures for its continuation									
Output 5. Community outreach behavior change programmes targeting most at risk communities and public education campaigns implemented	Conduct rapid assessment on causes, trends, and consequences of DV, including the role of masculinity and traditional gender roles in order to inform the design and implementation of BCC outreach programmes									
	Develop and implement a pilot community outreach behavior change programmes targeting communities with the highest incidence of DV involving local authorities, NGOs and community leaders to be lead by NGO's;									
	Conduct public education campaign on an annual									

<u>Project outputs</u>	<u>Activities</u>	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
	basis to inform the general public on relevant legal provisions on DV, available services and protection mechanisms									
Output 6. DV integrated into the school/university curriculum	Develop/implement guidelines to integrate DV in the educational curriculum for higher education targeting students of relevant Universities (Medical faculty, Faculty for Social Work and Policy, Faculty of Psychology, faculty for Secondary and Higher Education of Nurses and Midwives)									
	Mainstream non-violence in the educational curriculum of primary and secondary education (curriculum change and training of staff)									
	Train professors and other relevant staff in teaching and promoting non-violent behavior as well as training/sensitization of gynecologists and primary health care professionals;									

5. Programme Management and Implementation Arrangements

The overall programme oversight will be provided by a Joint Programme Steering Committee (JPSC). This Committee will be established for the specific purpose of ensuring oversight over the programme implementation and will consist of the Principal coordinator nominated by the government in order to ensure link between the work of the National Coordinative Body, representatives of the UNDP, UNFPA, UNICEF, UNIFEM, WHO and the representative of Embassy of the Kingdom of the Netherlands in Skopje in their ex officio capacities. Once per year when the Joint Programme Steering Committee shall review and adopt Annual working plan, a Minister of Labour and Social Policy and UN Resident Coordinator will join the work of the JPSC.

The government management and implementation arrangements

National Implementing Partners

The selected national partners both governmental and non-governmental will act as key implementing partners for this project (see section on implementation plan and partners). Their roles and responsibilities will be clearly delineated in the MoUs that they will sign with the managing UN agencies. In order to ensure effective coordination of their work and timely implementation of their activities, the implementation of the project activities will be steered by the Multi-Sectoral National Coordinative Body. One of the key tasks of this body is to consider achieved progress in the country and to enhance the coordination among different sectors. For that, each implementing partner and managing UN agencies will provide their narrative progress reports to the coordinating body through assigned Administrative Agent.

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

The National Coordinative Body will be supported and serviced by a Domestic Violence Project Support Unit (DVPSU) which will be established through this project. The Unit will employ two staff - Chief technical advisor and project associate. The objective of this support is two-fold:

- i) Capacity building and coaching of the involved institutions on the substantive matters related to the policy decisions addressing Domestic Violence,
- ii) Provide secretarial support to the coordinative body in further strengthening of inter-ministerial and other stakeholder coordination capacities.

The DVPSU will be located at the Ministry of Labor and Social Policy premises and the condition of the project start up will be the agreement with the MLSP that the technical support will be fully taken over by the Ministry once the project finishes. Consequently the provided financial support to the allocated staff will be by the programme on the decreasing bases i.e. 100% first year of the programme, 85% second year of the programme and 70 % third (half) year of the programme. By the finalization of the programme it will be a responsibility of the MLSP to fully take over the involved staff and related expenses.

The Chief Technical Advisor role will be to ensure coordination among institutions participating in implementation of the activities and provide substantive advice in the implementation of the project activities. S/he will be under the supervision of the Principal Coordinator of the National Coordinative Body and will report on the regular monthly bases on the achieved progress. Also, the Chief Technical Advisor will prepare the consolidated progress reports, with involved institutions inputs, for the review of the commission. It will be responsibility of the Principal Coordinator to share these reports to the Administrative Agent on behalf of the National Coordinative Body. Chef Technical Advisor shell be member of the National Coordinative Body, hence, enable proper information from the project related activities to the members of the National Coordinative Body

UN managerial and implementation arrangements

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

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



Administrative Agent:

The Participating UN Organizations agreed that the UNDP will serve as Administrative Agent for this joint programme, in accordance with the terms and conditions set out in the standard UNDG Letter of Agreement between the donor and the UN AA (see Annex 2).

Specifically, the Administrative Agent will:

- i) Receive contributions from the donor;
- ii) Administer received funds received and disburse them to each of the Participating UN Organizations for the outputs and activities entrusted to each of them. For this, UNDP will sign MoUs with each of the managing UN agency.
- iii) Compile financial reports produced by each of the participating UN Organizations into a consolidated report, and distribute such financial reports together with consolidated programme reports produced by the Participating UN Organizations to the donor.
- iv) Provide final reporting, including notification that the Joint Programme has been operationally completed

The Administrative Agent will open a separate ledger account and will transfer funds to each Participating UN Organization in line with the budget set forth in the Joint Programme Document.

Participating UN Organizations:

The proposed joint programme involves five key UN agencies present in the country: UNDP, UNFPA, UNIFEM, UNICEF and WHO. Each of these agencies has already well established partnerships and collaboration with different national partners. Based on their previous experiences working with different partners as well as their mandate and technical capacity, each UN agency has taken over the responsibility to manage the implementation of different programme output/activities under the pass-through joint modality explained above. UNDP's expertise in the area of governance and strengthening of institutional capacity of national partners has been crucial in entrusting this agency with outputs/activities related to strengthening governance structures and increasing technical capacity of governmental institutions. UNICEF's expertise and experience in working in the area of social protection as well as education has been the lead motive in entrusting this agency with activities aimed at improving standards and practices in provision of adequate social protection services to the victims. WHO's role in working with the health sector and health sector providers in providing adequate attention to the victims as well as in developing standards and protocols in that area has been the determining factor in the decision to entrust this agency with activities related to capacity building of health care providers to detect and provide attention to the victims. Likewise, UNFPA mandate and expertise to work within communities in eliminating harmful practices arising out of gender inequality and traditional gender roles as well as the expertise in the area of data collection and management have been crucial factor in the decision on which output will be entrusted to this agency. And finally, UNIFEM's expertise in working with NGO's to improve the status of women has also played an important role in the way how the division of tasks and roles within this programmes has been effected.

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

The management of the programme output/activity by each of the five UN agencies as contained in the joint programme will be done in accordance with the regulations, rules, directives and procedures applicable to it. For that, participating UN agencies will sign MoUs with the national implementing partners for their programme outputs and activities as explained above. That is to say that implementation of specific programme outputs/activities is perceived as a separate project that based on the MoU between the UN agency and the national implementing partner will make sure that programme objectives are fulfilled. The managing UN agency will apply their rules and procedures in the implementation of the specific output/activity while making sure that the national partner acts as key implementing partner for that specific output/activity.

Each Participating UN Organization shall provide the Joint Programme Steering Committee, consisting of representatives of all participating UN agencies and national implementing partners, and the Administrative Agent with the following statements and reports:

- i) Narrative progress reports for each twelve-month period on progress in implementation of the specific programme outputs/activities that have been approved by the National I Coordinative Body and elaborated in close coordination with the Chief Technical Advisor of the DV Project Support Unit in the MLSP.
- ii) Annual financial reports as of 31 December each year regarding expenditures incurred during the year against the funds disbursed to them from the Joint Programme Account by the Administrative Agent.
- iii) A final narrative report, cleared by the National Coordinative Body and the Chief Technical Advisor, and a financial report, following the completion of the Joint Programme
- iv) A final certified financial statement.

Each participating UN agency will be responsible to ensure that national counterpart is implementing the activities as defined in the Joint programme document in timely and efficient manner.

Chart 1. Cash Flow Management

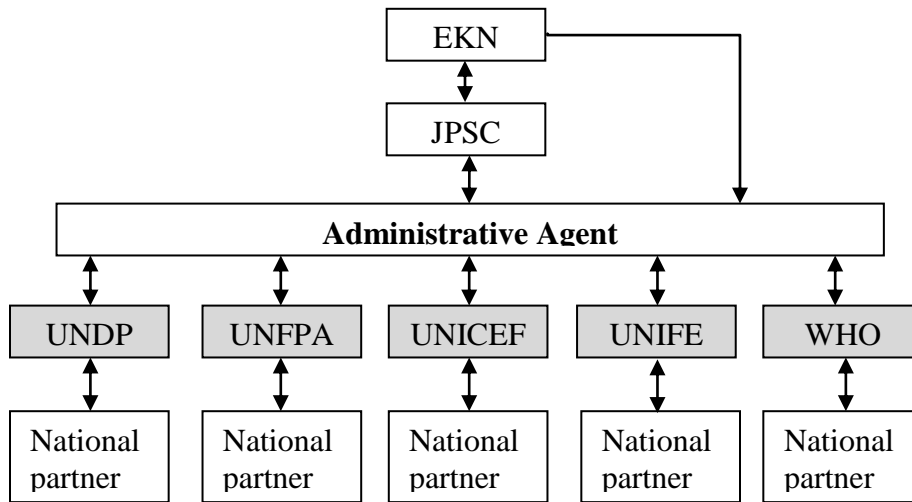
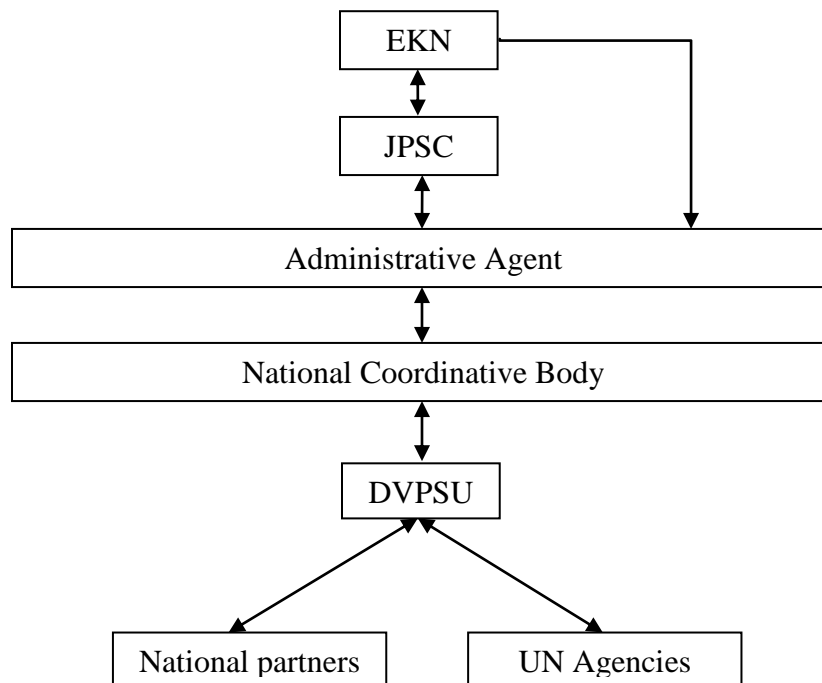


Chart 2. Reporting Mechanism



6. Monitoring and Evaluations

The following are indicative M&E techniques to be applied across the programme implementation:

- a) Programmatic and financial project reports will be required from implementing partners and evaluated by the lead UN agencies;
- b) Regular site visits will be conducted by each lead UN agency;
- c) Two, one mid-term and one final external evaluation and audit of the programme implementation. The results of the evaluation reports (mid and final one) will be discussed in the workshops with all interested parts and key stakeholders. In that sense lessons learned, recommendations and best practices will be widely shared and disseminated.
- d) Regular JPSC meetings, as well as the various periodic coordination and thematic meetings among international agencies, government and NGOs engaged in the implementation of the programme will be held to provide another forum for monitoring and evaluating the activities implementation.

Annex 1 contains the monitoring methods, indicators and verification means that will be used.

7. Project Sustainability, Exit Strategy and Lessons Learned

Sustainability: As explained in the management plan above, the sustainability of the programme will be ensured through permanent efforts to sensitize policy makers and budget officials on the need to provide in the state budget sufficient allocation of funds to enable continuation of the programme interventions once the programme is finalized. The role of the National Coordinative Body will be crucial in this sense. As the Body is established by a governmental decree, its continuation will be ensured. However, for its effective functioning, it is crucial to have continued technical and logistical support. Therefore, the project foresees, as explained above that the government will take over gradually the expenses related to the operation of the Domestic Violence Project Support-Unit by establishing within the structure of the MLSP the existence of this sub-unit and allocating the necessary budget for its operation. This modality has already been negotiated with the MLSP (see letter of endorsement of the MLSP for this programme proposal attached to this application). This is not a new modality and has been already used in the area of trafficking of women where a national Commission and a technical unit to service this commission have been initially established and supported by the international organizations (OECS and IOM) and is now fully sustained by the budget of the MLSP.

The transition to full national ownership of the coordination mechanisms in the area of DV will be initiated in late 2010, when the JPSC would prepare a hand-over strategy.

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

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

The practices and policies that are anticipated to be in place after the project implementation are as follow:

- a) Comprehensive legal system and enforcement mechanisms with standard protocols to enforce them are in place and are used in DV cases, with sound victim protection during the court procedures followed with efficient system for victim's claim of compensation of damages;
- b) Strong commitment of Government, measured by further investment in the improvement and standardization of the protection system for the victims and further development of rehabilitation programmes for the perpetrators;
- c) Sustainable economic empowerment measures developed and implemented by the Employment Service Agency for the victims of Domestic Violence.
- d) Efficient monitoring and data collection systems are utilized in involved line ministries and by relevant practitioners in the country, which leads to clear documentation of incidence and trends on DV;
- e) Continued awareness and consciousness raising and BCC intervention programmes in communities.

The long-term impact that the project is expected to contribute to can be measured by the following indicators:

1. Proportion of women/men/children who reported physical and/or sexual violence
2. Proportion of DV survivors who received appropriate care by healthcare providers
3. Proportion of law enforcement units following a nationally established protocol for DV complaints

4. Proportion of health units that have documented & adopted a protocol for the clinical management of DV survivors
5. Number of DV complaints reported to the police
6. Proportion of DV cases that were investigated by the police
7. Proportion of DV cases that were prosecuted by law
8. Proportion of prosecuted DV cases that resulted in a conviction
9. Proportion of women who know of a local organization that provides legal aid to DV survivors
10. Number of women and children using DV social welfare services
11. Percent of schools that train their staff on DV-related issues
12. Proportion of individuals who know any of the legal rights of women
13. Proportion of individuals who know any of the legal sanctions for DV
14. Proportion of people who would assist a woman being beaten by her husband or partner
15. Proportion of men and boys who agree that women should have the same rights as men.

The above indicators will be used to report achieved progress once their baseline is established i.e. after implementation of the data collection system. The following baseline assessments and evaluation reports will also contribute to the measuring the above indicators.

- Rapid assessment current data collection instruments/system
- Rapid assessment for BCC community outreach programme
- Assessment prospects and develops a programme/active labour market measures for economic empowerment of women victims of DV;
- Evaluation of a pilot model counseling center for work with perpetrators and evaluation of pilot counseling center for the victims of DV (work and methodology) and building consensus for up-scaling of counseling services in the rest of the country
- Evaluation of pilot BCC community outreach programme
- Evaluation (mid-term and final)

8. Foreseeable Risks

Successful implementation of the proposed programme pertaining to progress in policy reform may be hampered by delays caused by the national parliament and/or government. Nonetheless, this is a minimum risk of the programme primarily due to the following:

- Demonstrated expertise and commitment among the implementing UN agencies and cooperating Government of Macedonia institutions and national NGOs.
- Programme activities are in line with national priorities as stipulated on the National Strategy for Protection Against Domestic Violence, and intend to

compliment previous and existing initiatives by Government of Macedonia and national NGOs and.

- Programme objectives are reasonable and achievable, based on nationally and internationally recognized human-rights based approach to and good practices in addressing DV;
- Government of Macedonia has demonstrated a vested interest and political will in fulfilling its responsibility as a duty-holder to provide adequate assistance and protection to victims of domestic violence.

1. Programme budget (in euros)

OUTPUTS	ACTIVITIES	Description	Unit cost	# of Units	Total cost	Dutch funds	UN Country Team contr.	National counterparts contribution
Output 1:	Evaluation and development of Institutional Strengthening plans	3 international expert missions (field visit 1500 ticket + 700 accommodation & meals for 7 days + 7*500 fee), + local expert (1000, on a monthly basis for 3 months)	6,700.00	3.00	20,100.00	20,100.00	0.00	0.00
	Establishment of DV Project Sub-Unit	Purchasing of office equipment and furniture (2 desk top computers + 1 printer + photocopier + 2 desks & chairs and office shelves)	11,167.00	1.00	11,167.00	0.00	11,167.00	0.00
	Engagement of two staff members to service the National Coordinative Body	Salaries for 2 local staff, for 30 months (DV advisor and assistant)	900.00	60.00	54,000.00	32,400.00	0.00	21,600.00
	Engagement of international technical advisor to the Unit	7 international experts missions (1500 ticket plus 1400 for accommodation and meals for 2 week mission plus 14*500 fee)	9,900.00	7	69,300.00	69,300.00	0.00	0.00
	Operational costs of the DVProject Sub- Unit	Office supplies, utilities, office rent and transportation (per month)	600.00	30.00	18,000.00	11,100.00	0.00	6,900.00
	Coordination of development/implementation of Annual Action Plans to implement the Strategy on DV	5 technical level meetings with 10 participants, 5 workshops with 20 participants and series of 5 round table discussions with 20 participants (venue, food and travel per participant)	20.00	250.00	5,000.00	5,000.00	0.00	0.00
	Support to the improvement of the legal framework on DV	10 public consultation forums with 40 participants each	15.00	400.00	6,000.00	6,000.00	0.00	0.00
		Translation, printing and distribution of revised legislation	10,000.00	1	10,000.00	10,000.00	0.00	0.00
	Evaluation (mid-term and final)	2 international evaluation expert missions to include field visits (1500 ticket+500 accommodation & meals for 5 days + 15*500 fee)	9,500.00	2.00	19,000.00	19,000.00	0.00	0.00
		Engagement of local consultant to backstop evaluation process	2,500.00	2.00	5,000.00	5,000.00	0.00	0.00
Subtotal:					216,400.00	177,900.00	11,167.00	28,500.00
Output 2:	Rapid assessment current data collection instruments/system	Contracting local expert	5,000.00	1.00	5,000.00	5,000.00	0.00	0.00
	Development of new data-collection instruments and guidelines	Contracting international expert (travel, DSA and expert fee)	15,000.00	1.00	15,000.00	15,000.00	0.00	0.00
	Development central database software application and installment within all data collection instances	Contracting local software development company to develop database software and train users on its use	72,000.00	1.00	72,000.00	72,000.00	0.00	0.00
	Training on new instruments/software of data collection/recording agents	6 training sessions (2 for each sector- health, police and social sector) of 30 participants each for 2 days (travel, accommodation, meeting venue)	80.00	360.00	28,800.00	28,800.00	0.00	0.00

Subtotal:						120,800.00	120,800.00	0.00	0.00
Output 3	Consultation and adoption of protocols (health, police, social protection)	Engagement of 3 local consultants in each specific field, on a lump sum basis	2,500.00	3.00	7,500.00	7,500.00	0.00	0.00	
		3 working group meetings, one in each field, with 30 participants each (travel, hotel venue, food)	20.00	90.00	1,800.00	0.00	1,800.00	0.00	
	Consultation and adoption of referral mechanisms	Engagement of 1 local consultant, lump sum basis	2,500.00	1.00	2,500.00	2,500.00	0.00	0.00	
		3 working group meeting with representatives of each involved field, approximately 30 participants each	20.00	90.00	1,800.00	1,800.00	0.00	0.00	
	Development training packages on new protocols/referral mechanism (police, health care and social protection)	Development, translation and printing of the training materials (handbook, presentations and working materials)	9,000.00	3.00	27,000.00	27,000.00	0.00	0.00	
	Training service providers on new protocols/referral mechanism (police, health care and social protection)	12 training sessions (4 for each sector- health, police and social sector) of 30 participants each for 2 days (travel, accommodation, meeting venue)	80.00	720.00	57,600.00	57,600.00	0.00	0.00	
	Development of pilot model to work with perpetrators of domestic violence (guidelines, standards, protocols, training materials, and training of personnel)	Engagement of international consultant, including field visits (1500 ticket+1500 accommodation & meals for 15 days + 45*500 fee, out of which 10 days in the field)	25,500.00	1.00	25,500.00	25,500.00	0.00	0.00	
		Engagement of local consultant to support the international expert	2,500.00	1.00	2,500.00	2,500.00	0.00	0.00	
		Translation and printing of handbooks, informational materials etc for distribution to clients	9,000.00	1.00	9,000.00	9,000.00	0.00	0.00	
	Implementation of a pilot model - programme for perpetrators of DV	Engagement of 2 councilors to work with perpetrators in the course of 24 months	900.00	24.00	21,600.00	21,600.00	0.00	0.00	
		2 week training of two staff councilors in a country in the region	2,000.00	2.00	4,000.00	0.00	4,000.00		
		Operational expenses	400.00	24.00	9,600.00	0.00	0.00	9,600.00	
	Evaluation of a pilot model counseling center for work with perpetrators	Engagement of international consultant, including field visit (1000 ticket+500 accommodation & meals for 5 days + 10*500 fee.)	6,500.00	1.00	6,500.00	6,500.00	0.00	0.00	
	Building consensus for up-scaling of counseling services in the rest of the country	Capacity building for representatives of the social and health centers to establish counseling centers (50 participants for 2 days)	80.00	100.00	8,000.00	8,000.00	0.00	0.00	
	Development of national service provision M&E system (police, health care, social protection)	Engagement of local consultant to develop the methodology and instruments	2,500.00	1.00	2,500.00	2,500.00	0.00	0.00	
Implementation of national service provision M&E system (police, health care, social protection)	3 training workshops one in each sector (health, police and social sector) for 35 participants*1 days (travel, venue, food)	20.00	105.00	2,100.00	2,100.00	0.00	0.00		

	Development/Piloting of counseling center for most-at risk families-exposed to DV engagement of two staff members and their training abroad;)	2 week training of two staff in a country in the region (600 travel+1400 accommodation and meals for 14 days)	2,000.00	2.00	4,000.00	0.00	4,000.00	0.00
	Development of counseling programme for the counseling center (guidelines, standards, protocols, training materials and training of personnel) ;	Engagement of international consultant, including field visit (1000 ticket+1500 accommodation & meals for 15 days + 25*500 fee.)	14,000.00	1.00	14,000.00	14,000.00	0.00	0.00
		Engagement of 2 councilors, salary for 18 months	900.00	36.00	32,400.00	32,400.00	0.00	0.00
	Implementation of the counseling programme	Operational expenses for the center for 18 months	20.00	400.00	8,000.00	0.00	0.00	8,000.00
	Development of information materials for counseling center	Translation and printing of handbooks, informational materials etc for distribution to clients	9,000.00	1.00	9,000.00	9,000.00	0.00	0.00
	Evaluation of pilot counseling center (work and methodology)	Engagement of international consultant, including field visit (1000 ticket+500 accommodation & meals for 5 days + 10*500 fee.)	6,500.00	1.00	6,500.00	0.00	6,500.00	0.00
	Building consensus for up-scaling of counseling services in the rest of the country	Capacity building for representatives of inter-municipal centers for social work to establish counseling centers (50 participants for 2 days)	80.00	100.00	8,000.00	0.00	0.00	8,000.00
	Support to the standardization and licensing of legal aid service (preparation of guidelines and information materials and training of local NGO's)	Engagement of international consultant, including field visit (1500 ticket+1000 accommodation & meals for 10 days + 20*500 fee.)	12,500.00	1.00	12,500.00	12,500.00	0.00	0.00
		Engagement of local consultant	2,000.00	1	2,000.00	2,000.00	0.00	0.00
	Printing of the guidelines, information and promotional materials	Preparation and printing of guidelines , leaflets, posters, and other promotional materials and translation in local languages	9,000.00	1.00	9,000.00	9,000.00	0.00	0.00
	Establishment of legal aid network (training of NGO's on legal aid provision	Training of local NGO representatives to be engaged in legal aid work (25 participants*3 days)	80.00	75.00	6,000.00	6,000.00	0.00	0.00
	Operation costs for 5 NGO's providing legal aid (per month for 24 months)	Phone, internet connectivity, utilities	500.00	120.00	60,000.00	60,000.00	0.00	0.00
	Training of members of Macedonian Bar Association	2 workshops with bar Association representatives (30 participants per workshop *2 day)	20	120.00	2,400.00	2,400.00	0.00	0.00
	Subtotal:				363,300.00	321,400.00	16,300.00	25,600.00
Output 4.	4.1 Assess prospects and develop a programme/active labour market measures for economic empowerment of women victims of DV;	Engagement of 2 international consultants (one on active labor market measures and other on qualification/vocational training), including field visit (1500 ticket+1000 accommodation & meals for 10 days + 30*500 fee.)	15,500.00	2.00	31,000.00	31,000.00	0.00	0.00
		Engagement of 2 national experts to collect data and assist the international experts	2,000.00	2.00	4,000.00	4,000.00	0.00	0.00
	4.2. Implement the programme over the period of 2 years;	Wage subsidy to 100 unskilled women victims of violence for their employment (24 months)	200	2,160.00	432,000.00	432,000.00	0.00	0.00
		Small grants scheme for start-up business for 30 women	3,000.00	30	90,000.00	90,000.00	0.00	0.00

		Outsource training for priority vocation for 50 women victims	10,000	1	10,000.00	10,000.00	0.00	0.00
	4.3. Conduct programme evaluation and identify good practices/measures for its continuation	Engagement of international consultant, including field visit (1000 ticket+500 accommodation & meals for 5 days + 10*500 fee.)	6,500.00	1.00	6,500.00	6,500.00	0.00	0.00
Subtotal:					573,500.00	573,500.00	0.00	0.00
Output 5	5.1 Rapid assessment for BCC community outreach programme	Subcontracting expertise to conduct field research and assessment of plausible community intervention methods and develop model intervention programme (3 months –output based)	20,000.00	1.00	20,000.00	20,000.00	0.00	0.00
	5.2 Pilot programme development and testing in one site	Engagement of local consultant/NGO to test the methodology in one local community for a period of 6 months	15,000.00	1.00	15,000.00	15,000.00	0.00	0.00
		Consultations with local leaders and representatives of three communities on the developed programme methodology and relevance;	20.00	60	1,200.00	1,200.00	0.00	0.00
		Focus group discussions in three selected cities	300.00	3.00	900.00	900.00	0.00	0.00
	5.3 Training of outreach workers of 15 NGO's that will implement the outreach programme	3 training workshops with 15 NGO outreach workers * 2 days	80.00	90.00	7,200.00	7,200.00	0.00	0.00
	5.4 Pilot programme implementation in three selected sites over 18 month	Operational costs, fee outreach workers and costs for community meetings per month for 18 months for 15 NGO's	500.00	270	135,000.00	135,000.00	0.00	0.00
		Preparation, translation and printing of BCC materials to be used for community work (lump sum)	9,000.00	1	9,000.00	9,000.00	0.00	0.00
	5.5 Establishment of community vigilance system using municipal structures and organizations (local police, health care workers, social protection services, religious community) in three selected cities	Developing a coordination system and adaptation of protocol for collaboration (2 workshops with 25 representatives of municipal structures * 2 days plus trainers fees, in each of the three selected programme sites (one initial to start establish the system and one final to evaluate it)	80.00	300.00	24,000.00	24,000.00	0.00	0.00
	5.6 Operational costs for the centers/institutions engaged in the community vigilance systems	Per month phone, utilities and local travel for outreach for 18 months for each of the three pilot sites	500.00	54.00	27,000.00	27,000.00	0.00	0.00
	5.7 Evaluation of pilot programme	Engagement of international consultant, including field visit (1000 ticket+500 accommodation & meals for 9 days + 9*500 fee.)	6,000.00	1.00	6,000.00	0.00	6,000.00	0.00
	5.8 Recommendations from the evaluation and consensus building for its mainstreaming in local communities	One day national conference with key stakeholders (50 participants)	20.00	50.00	1,000.00	1,000.00	0.00	0.00
	5.9 Annual IC awareness raising campaign	Development and dissemination of short videos, posters and flyers (* 3 years)	40,000.00	3.00	120,000.00	120,000.00	0.00	0.00
Subtotal:					366,300.00	360,300.00	6,000.00	0.00

Output 6	6.1 Development of guidelines for integration of DV at university level education	Engagement of local consultant (2 consultants * 3 month) to develop the guidelines and provide training to university staff	6,000.00	2.00	12,000.00	12,000.00	0.00	0.00
	6.2 Printing of guidelines	Printing and translation costs for local languages	9000.00	1.00	9,000.00	9,000.00	0.00	
	6.3 Training/sensitization of relevant university professors	4 workshops * 15 participants * 2 days	20	120.00	2,400.00	2,400.00	0.00	0.00
	6.4 Training/sensitization of primary health care practitioners	48 workshops * 25 participants * 1 day	20.00	1200	24,000.00	24,000.00	0.00	0.00
	6.5 Training/sensitization of gynecologists	48 workshops * 25 participants * 1 day	20.00	1200	24,000.00	24,000.00	0.00	0.00
	6.6 Development of materials/guidelines for mainstreaming non-violence in primary education	Engagement of local consultant (2 consultants * 3 month)	6,000.00	2.00	12,000.00	12,000.00	0.00	0.00
	6.7 Training/sensitization of primary school teachers	48 workshops * 25 participants * 1 day	20.00	1200	24,000.00	24,000.00	0.00	0.00
	6.8 Translation in to local languages and printing of the guidelines	Printing cost and translation costs for local languages	9000.00	1.00	9,000.00	9,000.00	0.00	0.00
Subtotal:					116,400.00	116,400.00	0.00	0.00
Audit fees:					35,044.00	35,044.00	0.00	0.00
Contingency 3%						52,776.00		
Total programme cost					1,845,600.00	1,758,120.00	33,467.00	54,100.00
Programme management, monitoring and support flat 7% for all agencies)						123,144.00	123,144.00	
Administrative costs (1% of total)						18,823.00	18,823.00	
Grand total requested DUTCH							1,900,000	
Total UN							33,467.00	
Total GOV								54,100.00
Grand Total						1,987,567		

M&E Framework:			
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Outputs	Monitoring methods	Results Indicators	Verification method
Output 1.	-Legislative monitoring through advocate and lobby groups (women groups, legal NGOs, parliamentary commissions); -Parliamentarian legislative review and working sessions; --programme and financial reporting	- -National coordinative Body fully functional. -DV Unit established and functional; -Action plans 2009, 2010 developed and implemented; -Revision of DV Legislative framework ;	-Line Ministries reports, -TOR and decree signed by prime-minister. -Mid term and final programme evaluation report .-Programme progress report
Output 2.	-Review of statistical data gathered (NGOs, police, statistical office, center for social protections); -ad-hock access to data in centralized data-base	-unified data collection system established; -central data-base established; #of trainings provided	Workshop/ training evaluation reports -Line ministries reports on data collection-mid-term and final programme reports
Output 3.	Surveys and evaluative questionnaires completed by the stakeholders, including public-at-large, NGOs, government; -Providing evaluative questionnaires to monitored individual cases in the police investigative process and the court legal procedure - Case tracking, data collection and reporting obligations integrated into work of NGOs; -Survey members of established networks	-Protocols for Domestic violence adopted and implemented by the ministries/government' Referral mechanism adopted and implemented; -# of trainings to the service providers (health, police, social protection), -# monitoring mechanism established; # of targeted participants and institutions, -Counseling service/center established. -legal aid established; -legal aid network established and functioning -Services provided to victims of domestic violence as measured through number of interventions and completed cases.	-Mid term and final programme evaluation report -Programme progress report -Workshop/ training evaluation reports; -service evaluation questionnaires provided by victims (both on psycho-social counseling and legal aid received) - Reports from the services activities - Professionals self-evaluation of knowledge before and after training; - Reports from the involved institutions using the protocols
Output 4	Participation lists Education materilas	# of the employed victims of DV # of Self employed victims of DV # of re-trained victims of DV	-reports from employment service agency -project reports -programme evaluation reports
Output 5.	-Survey members of established networks (Municipal level Centers Social Protection, domestic violence shelters, healthcare centers and legal assistance centers, Commission for Equal Opportunities); -Evaluative questionnaires from community workshops, focus groups;	# of Advocacy campaign implemented -outreach BCC programme developed and piloted - Number of NGOs and community service providers trained ;	-Evaluation reports from the workshops. -Regular progress reports, -Minutes from the meeting with legal authorities/community leaders. --Resource materials and reports produced and disseminated' -Mid term and final evaluation reports.

	-Monitoring of media activities.		Progress reports. --Research/survey reports;
Output 6.	<ul style="list-style-type: none"> -Conduct follow-up survey of target groups (assisted victims, beneficiaries, applicants for redress); -Implement follow-up activities based on pre/post evaluations of project target group; -Training media and monitoring coverage of media reports; -Conducting focus group discussions on the issue of prevention (in schools, marginalized communities, among men; etc.). -Monitor frequency and impact of community tailored integrated public awareness campaigns. 	<ul style="list-style-type: none"> -Pilot counseling rehabilitation programme launched , # of trained men # of human rights and legal literacy centers established # of trainings conducted # of NGO workers trained on human and legal literacy # of manuals and guidelines developed # of women and children received human rights and legal literacy assistance -DV survey conducted; -pilot programme to work with perpetrators developed # of trained teachers # of trained university professors # of trained gynecologists and health workers 	<ul style="list-style-type: none"> -Workshop, training reports. -Mid term and final evaluation reports. - Progress reports,

