Rainbo Initiative Strategy 2016 to 2020

Consultants: T.D. Management Services

Abbreviations

DFID	Department for International Development
EVD	Ebola Virus Disease
FGD	Focus Group Discussion
FSU	Family Support Unit
IRC	International Rescue Committee
MoHS	Ministry of Health and Sanitation
MSWGCA	Ministry of Social Welfare and Children's Affairs
RI	Rainbo Initiative
SARC	Sexual Assault Referral Centres
SGBV	Sexual and Gender Based Violence
TRC	Truth and Reconciliation Commission
UNFPA	United Nations Population Fund

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EXECUTIVE SUMMARY

The Truth and Reconciliation Commission was set up in 2002, the year the 11 years civil conflict in Sierra Leone was declared officially over.

The Commission singled out women and children as a victim group that suffered some of the worst atrocities of the civil conflict and recommended that the government of Sierra Leone should provide free psychosocial support and reproductive health services to women affected by conflict.

As a direct response to the findings and recommendations of the Truth and Reconciliation Commission, the Department for International Development funded the Sexual Assault Referral Centres (SARC) Project implemented by the International Rescue Committee. The SARC which started operation in 2003 was transitioned into a new organisation, Rainbo Initiative, between 2011 and 2013.

The RI inherited SARC and continue to operate centres in Kono, Kenema and Freetown. The RI centres in the country are the first and only physical and sexual assault and domestic violence referral centres in Sierra Leone. Since its inception the RI centres have supported over 15,000 women and girls of all ages.

After a review of its past interventions and the context it is now operating, the RI leadership identified the following objectives for its 2016 – 2020 strategy:

Objective 1: Organisational Development and Resource Mobilisation – the organisation will invest resources in building the capacities of staff and board to effectively and efficiently deliver services to its clients. It shall also focus on generating resources for the sustainable development of the organisation.

Objective 2: Advocacy and Policy Influence - Rainbo Initiative's board and management will effectively and efficiently market the RI Brand and advocate for effective implementation/enforcement of existing legislations and the passing of new laws that ensures that the rights of its current and potential clients are protected.

Objective 3: Enhanced Survivor and Community Participation – RI will enhance the capacities of survivors and communities to participation in the response to and prevention of gender-based violence in their communities.

Objective 4: Increased Access to services - Increased access to free services for survivors of GBV through four Rainbo Centres (Freetown, Kenema, Kono and Makeni)

Objective 5: Evidence-based best practice and quality standards - To develop and promote evidence-based best practice and quality standards for government and other service providers to survivors of GBV.

1. Terms of Reference and Methodology

1.1 Terms of Reference

The Following are the Terms of Reference (ToR) for the assignment:

- Map the history of the Rainbo Initiative (RI) from inception to the current phase and conduct a rapid assessment of level of achievement of its goals and objectives
- Assess the level of achievement of the objectives and goals of RI and identify the direction the organization should go, drawing from the five strategic objectives developed by the senior management and the board of directors earlier in 2015
- Facilitate the development of the RI strategy
- Draft, develop and finalize the Strategic Plan

1.2 Approach & Methodology

A five-phase approach was adopted for this assignment. The phases are outlined in this section.

I. Desk Literature Review Phase

The purpose of the desk literature review was to map the history of RI, identify goals and achievement of RI and any projections for the development of the organisation.

II. Stakeholder Engagement Phase

In this phase stakeholders of RI were engaged to reflect on the services provided by the Initiative since its inception and express their opinion on how the Initiative can remain relevant in the short and long term.

The following stakeholders were engaged:

- Staff
- Board
- Beneficiaries (Survivors and their parents)
- Partners: International Rescue Committee (IRC), Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA)- Gender Unit, Ministry of Health and Sanitation (MoHS)- Teenage Pregnancy Unit, Family Support Unit (FSU), LAWYERS, World Hope Shelter Project

Key Informant Interviews were conducted with partners of RI Focus Group Discussion (FGD) held with survivors and their parents.

III. Workshop Phase

A two-day and one-day workshops were held respectively for the staff and board of RI.

- Staff (2 days)
- Board(1 day)

IV. Writing Phase

Data gathered from the desk literature review and the stakeholder engagement was used to develop a draft strategy for RI.

V. Validation Phase

Key stakeholders of RI will be expected to validate the draft strategy.

2. The RI Story (BACKGROUND/HISTORY)

The history of the RI is summarised in Figure 1. Detailed history is discussed in sections 2.1 to 2.4.

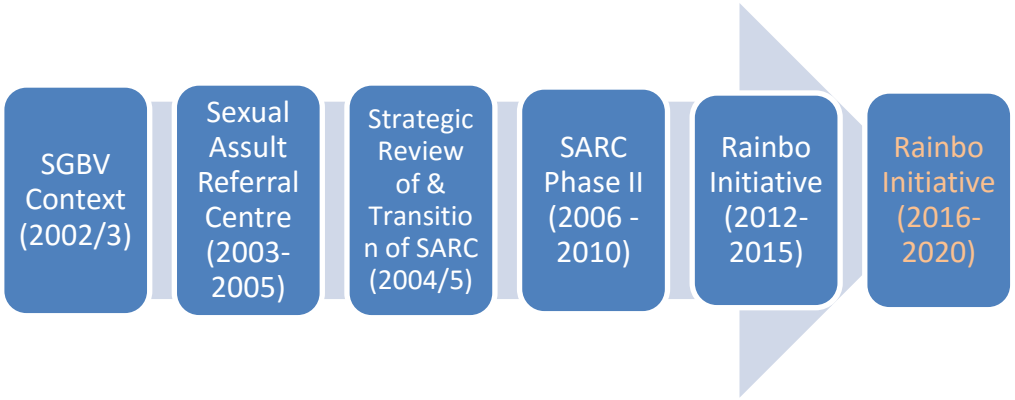

Figure 1: History of RI

2.1 SGBV Context in 2002/3

The 11 years civil conflict in Sierra Leone was declared officially over in 2002. In that same year the work of a Truth and Reconciliation Commission (TRC) started. The Commission was mandated to create an impartial historical record of violations and abuses of human rights and international humanitarian law related to the armed conflict in the country, to address impunity and to respond to the needs of the victims.

The Commission singled out women and children as a victim group that suffered some of the worst atrocities of the civil conflict. Some excerpts of the findings and recommendations on the violence against women and girls and the justice system prevailing at the time are captured in the following quotes from the TRC report.

The Laws

The current rules of procedure and evidence in respect of crimes of sexual violence are not only discriminatory but are also offensive to women and girls. The commission recommends that the government work towards the harmonisation of the customary law with the common law and that to ensure laws dealing with the protection of women, particularly in regard to domestic violence and crimes of sexual violence, accord with international human rights standards;

Access to Justice

The commission notes that women do not enjoy adequate access to legal aid. The Commission calls on the Fourah Bay College University Legal Aid Clinic, together with LAWCLA and the Bar Council, to consider initiating a specific focus on the domestic and sexual violence against women as well as issues pertaining to the inheritance, land and marriage;

Psychosocial Support

The government should provide psychosocial support and reproductive health services to women affected by conflict. These services should be provided free to those who have experienced physical trauma, torture and sexual violence. Government should work towards the early fulfilment of this recommendation[1].

2.2 Sexual Assault Referral Centre 2003 to 2005

As a direct response to the findings and recommendations of the TRC, the Department for International Development (DFID) funded the Sexual Assault Referral Centres (SARC) Project implemented by the IRC. The initial lifespan of the project was two and half years and its primary mandate was *to provide consistent, appropriate, timely and accessible medical and psychosocial services to the survivors of sexual violence and to promote combative actions at the community, governmental and legislative levels through advocacy and awareness-raising*[2].

2.3 Strategic Review & Transition of SARC

The DFID Health Resource Centre carried two major reviews of the SARC in 2004 and 2005. In December 2004 a consultant, Dr Caroline M. Roseveare, carried out a project appraisal and capacity assessment and in 2005 the same consultant developed a proposal titled 'The Rainbo Initiative': Combating Sexual Violence in Sierra Leone.

In her 2005 report Dr Roseveare recommended a Phase II of the SARC: '*A comprehensive appraisal of this (SARC) undertaken in November 2004 concluded, however, that long term sustainability and national impact would not be realistically achieved without significant additional investment to strengthen the capacity of governmental and civil society institutions. It found that the SARCs or Rainbo Centres (as they are popularly known) have achieved significant impact in modelling best practice 'one stop shop' services as evidenced by the UNHCR Global Best Practice Award won in 2004, but that national impact could be significantly enhanced through broader and increased coverage levels and more joined up working, joint advocacy and shared learning. In the absence of either governmental or civil society organs with capacity for effective and sustainable handover the appraisal strongly recommended a second phase for the project*.'

Over Phase II of the project will shift from its current emphasis on the physical Rainbo Centres, important though these have been in increasing the visibility of sexual violence as a national issue, towards institutional capacity building, policy- influencing and advocacy, and coalition building for holistic national programme delivery. The Rainbo Initiative will be embedded in Sierra Leonean institutions with strong linkages to national policy development and the capacities of national and local institutions will be strengthened for effective programme delivery. This will allow the Rainbo Initiative to be up-scaled and replicated for broader population coverage and increased impact. The holistic, multi-sectoral approach piloted by the Rainbo Centres over Phase I of the project will be retained, but a range of different actors will contribute to its constituent parts.[3]

[1] GoSL, 2003/4, TRC Vol II, Sections 330 to 551

[2] *RI, June 2005, Dr Caroline M Roseveare; The Rainbo Initiative: Combating Sexual Violence in Sierra Leone*

[3] IBID

The recommendation of a Phase II of the project was accepted and implemented between 2006 and 2010.

2.4 The Rainbo Initiative

Many options were proposed about the future of the SARC during its second phase. The most recommended option was to initiate a new national organization that would assume management of the Rainbo Centres. It was also agreed that an independent national organisation that works in close partnership with the key government agencies, would serve as the most sustainable long-term solution. The IRC prepared a detailed transition strategy (finalised in 2011) for the SARC to transition into RI, an independent national organisation.

The transition process itself started in early 2012, and as at July 2013, the following steps had been taken in establishing the new organisation:

- An eight-member Board of Directors was formed, with agreed terms of reference, term limits, and criteria for selecting replacements.
- A name for the new organization was established: **Rainbo Initiative**
- Registration of the new organization with the Administrator and Registrar General's Office as a not-for-profit company limited by guarantee was completed on May 02nd 2013, and registration with SLANGO is underway.
- A new Executive Director resumed on March 01st 2013, and a Finance Manager and Human Resources Manager respectively were being recruited[4].

The three centres established in 2003 in Kenema, Kono and Freetown are still operational. The three centers are located within district hospitals but isolated from busy areas. The location of the centres within government hospitals and in areas within the hospital not normally accessed by the general public was deliberate. The deliberate choice of the location was meant to assure victims' privacy and confidentiality and improve access to qualified medical doctors needed to confirm abuse and endorse medical reports.

[4] RI, July 2013, Rainbo Centre Transition Update

3. ACHIEVEMENTS

Founding Goals/Objectives

The overall goal of the centres has been:

"To provide holistic and quality services to survivors of sexual assault in a compassionate and caring manner, and in a way that respects each individual's specific needs and rights to make choices about how to address those needs."

Achievements

The three Rainbo Centres operational in the country are the first and only physical and sexual assault and domestic violence referral centres in Sierra Leone[5].

Since its inception the RI centres have supported over 15,000 women and girls of all ages. The most common age range of survivors who have received support at the centre is 11-15 years. RI is of the view that adult women do not report rape cases frequently due to the shame that comes with communities knowing that they have been abused, the fear of losing their partners and friends in the community and being stigmatized.

RI reports indicates that the majority of survivors that the Rainbo Centers support are rape and sexual assault survivors (91%). Ninety three percent (93%) of all reported victims of rape and assault cases are girls under the age 17[6]. IRC data indicate that there was a 19% increase in the number of women and girls attending the Rainbo Centres during the height of the Ebola outbreak, between June and December 2014[7].

Table 1: provides a breakdown of rape and sexual assault cases handled by the centres between 2009 and 2015.

[5] IRC, Rainbo Profile
[6] Preliminary data from the GBVIMS used at the Rainbo Centers – part of the IRC WGRN Impact Evaluation, forthcoming December 2015
[7] IRC, *Are we there yet? Progress and challenges in ensuring life-saving services and reducing risks to violence for women and girls in emergencies*, September 2015

District	Total # Cases	Total # rape and sexual assault cases				% rape cases	
		Total	**11 yrs and under**	**17 years and under**	**18 and over**	**11 years and under**	**17 years and under**
Kono	2,546	1,959	391	1,782	177	91	20
Kenema	2,217	2,100	514	2,012	87	96	24
Freetown	9,853	9,340	2415	8,723	614	93	26
Total	**14,616**	**13,399**	**3,320**	**12,517**	**878**	**23% (ave.)**	**93% (ave.)**

Table 1: Rape and Sexual Assault cases handled by the centres between 2009 and 2015 (Source: IRC)

4. CONTEXTUAL ANALYSIS

Violence against Women and Girls Defined

The International Rescue Committee (IRC) provides an apt definition of violence against women and girls:

Violence against women and girls is intentional and systemic[8]. It is defined as the physical, sexual, emotional and structural harm inflicted on women as a deliberate method for maintaining their subordinate status. Violence takes place within the context of patterns of power and control. Visible violence (e.g. beating, rape), and the often unspoken about emotional or psychological violence, is underpinned and made possible by invisible violence (the threat of violence, economic dependence and at the root – a system of women's oppression).

Structural violence refers to the harm that women and girls suffer because they were born into an unequal world where women and girls are valued less than men and boys[9]. Structural violence is often invisible, or not considered violence. It reveals itself when looking at the health, economic, educational and political status of women and girls across the globe: high maternal mortality rates, illiteracy, increased risk of HIV, poverty, lack of political representation.

In this section we shall discuss the context in which the RI was born and that in which the new strategy for the initiative is being developed.

4.1 GBV Context as at 2012

Legal Framework, Policies and Regulations

- At the international level, Sierra Leone ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1988 and its optional protocol in 2004. It also ratified the Convention on the Rights of the Child in June 1990 and its two Optional protocols in September 2001. At the national level, the Truth and Reconciliation Commission recommended the repeal of all statutory and customary laws that discriminate against women;
- The Gender Mainstreaming Policy and the National Policy on the Advancement of Women, both adopted by Parliament in 2000.
- The United Nations Security Council Resolution 1325 on 31st October 2000 and Resolution 1820 on Sexual Violence on 19th June 2008.
- The Local Government Act of 2004 provided for a minimum of 50 percent representation of women at ward committee level;
- The Anti-Human Trafficking Acts passed in 2005;
- The Child Right Act and Gender Acts passed 2007;
- Domestic Violence and Devolution of Estate Acts passed in 2007;
- Registration of Customary Marriage Act passed in 2009;
- The Sexual Offenses Act passed August 2012

[8] IRC, Women's Protection & Empowerment's Theory of Change
[9] IBID

Structures, Institutions, Services and Service Delivery Mechanisms involved in the Gender and GBV System

- Ministry of Social Welfare, Gender and Children's Affairs
- Family Support Unit (FSU), Sierra Leone Police
- Ministry of Health and Sanitation (MoHS)
- Network of Women Ministers and Parliamentarians (NEWMAP)
- Special Saturday Courts for GBV cases
- National Committee for Gender Based Violence (NaCGBV) consisting of state and non-state actors
- Convention on the Elimination of All forms of Discrimination against Women (CEDAW)
- AU Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa

Free Health Care

In 2010 the Ministry of Health launched the Free Health Care Initiative for pregnant women, lactating mothers and children aged under-5. The policy is intended to abolish fees for treatment and provide free drugs in health facilities to the target group, in order to tackle the high levels of maternal deaths from childbirth and high child mortality rates.

Agenda for Prosperity (AfP)

Gender and Women's Empowerment is one of the pillars of the Sierra Leone Agenda for prosperity. The following excerpt provides an insight into the thinking of the government of Sierra Leone in empowering women and girls.

The AfP goal is to empower women and girls through (a) education, reducing socio-economic barriers and supporting formal and non-formal education; (b) increasing their participation in decision-making in public, private, and traditional institutions, and access to justice and economic opportunities; (c) strengthening prevention and response mechanisms to violence against women and girls; and (d) improving the business environment for women, with access to finance and capacity development. Government will enact Gender Equality legislation, set up a National Women's Commission, and focus on coordinated gender awareness and action across and among MDAs and civil society[10].

[10] GoSL, 2013, Agenda for Prosperity (2013-2017)

4.2 GBV Context as at 2015

Ebola

In 2014 the country was gripped by a global health emergency with the outbreak of Ebola Virus Disease (EVD). Many health facilities (private and government owned) closed during the height of the outbreak, due to concerns about the safety of staff and lack of personnel to address the spread of transmission. The operations of the RI came almost to a standstill in all of the centres in the peak of the crisis. The operation of the Kenema centre was temporarily relocated.

All educational institutions were closed during the health emergency. This closure of educational institutions left many teenagers and youths unsupervised for unusually long hours every day and this resulted in some negative consequences especially for girls. A MSWGCA and UNFPA rapid assessment indicated that 14,386 adolescent girls in 12 districts were either pregnant or have recently given birth reflecting a spike in pregnancies during the Ebola crisis[11].

The report attributed increased pregnancy as often a consequence of rights violations; including coercion and/or sexual violence and rape, very limited information related to girls' sexual and reproductive health and rights and harmful cultural practices such as early or forced marriage.

Poor health service access for survivors

The only place survivors can access free and confidential health services in the country are at the Rainbo centres. Free treatment of survivors is not available in government facilities even though the free health care policy was targeting lactating mothers and under-fives.

IRC/RI is of the view that the high level of stigma surrounding survivors of sexual violence in Sierra Leone has prevented many victims from reporting to any health facility. They are of the view that there is also little support for survivors from families, communities or protection structures, many survivors are therefore left suffering in silence.

Stakeholder Feedback

The perception of some of RI initiative stakeholders was sought in analysing the context in which the organisation is currently operating and what they anticipate it to look like in the next 5 years.

Analysis of the feedback from the stakeholders is provided in the following narrative. Note that statistics to justify perceptions during the engagement were not readily available and therefore not provided in the analysis of feedback.

i. Key Contextual Issues

SGBV Trends

- There is an increase in sexual assault cases
- There is an increase in cases of women sexually assaulted and murdered

[11] UNFPA, MSWGCA, Teenage Pregnancy Rapid Assessment, July 2015

Legal Environment

- There is an increase in the number of prosecutions, convictions and publicity of such cases
- Stiff penalty for sexual assault convictions are being levied
- The Criminal Procedures Act to allow nurses to sign medical reports and therefore appears in court to give evidence is being reviewed.
- The National committee on GBV chaired by the Ministry and Co-chaired by the Police has been established
- Free legal and counselling services provided by LAWYERS

ii. Most Common GBV Cases

- The sexual assault is the most reported: Sexual penetration (children age range – 5 to 17 years)
- Domestic violence is second to sexual penetration (victims below 18 years) or rape (victims above 18yrs)

iii. People most affected and where are they located

- Children
- Teenagers
- There are few isolated cases of adults

The cases of SGBV are reported mainly in the urban areas primarily because of improved awareness of the issues, the knowledge that there is access to support services and media coverage.

iv. What do the victims need most?

- Education on how to preserve evidence and present in court (legal retainer to provide legal aid)
- Confidentiality (identity of victim kept from the public especially the media). Prosecution of cases especially of minors not held in open court
- First aid (Free medical service)
- Security (Safe home): Protection of survivors from perpetrators and an opportunity for them to recover in a safe environment. This could happen in a safe home or within the community
- Psycho-social support (counseling)
- The recreational facility for kids
- Economic empowerment: Change the life-style of victim with life skill training
- Safe movement of victims from the police to the Rainbow centers so that family members could not interfere with justice

v. Biggest challenges in addressing GBV issues

- Many lawyers are not trained in handling GBV cases and therefore their attitude to victims sometimes does not motivate clients.

- Open court trial of GBV cases does not encourage victims to attend court sittings
- The sexual offence act only permits a medical practitioner, doctors, to sign medical reports. Nurses who normally are the first responders to the victims when they get to the heath unit are not allowed to sign reports or give evidence in court.
- Duration between the act (offence) and medical examination too long to obtain vital evidence in many occasions. Normally victims do not preserve the evidence.
- Long delay in releasing medical reports and for police to determine if there was a case to answer in court
- Many victims and their parents are not aware of how to preserve evidence of sexual assault.
- Compromises of cases at community levels.
- FSU poorly equipped. The lack of forensic investigation equipment, lack vehicle for commuting personnel, victims and samples.
- Limited number RI Centres around the country. Making access very difficult for many victims
- The delays in the court process is an incentive for victims to accept offer for of out-of-court settlement or succumb to the intimidation/pressure to drop case

vi. Survivor Voices (Quotes from FGD)

- *Medical is done immediately at Rainbo Centres but the FSU takes too long to prosecute cases; files stay long with Director of Public Prosecution (DPP)*
- *Sometimes the police tell us that the medical has not yet reached FSU; we will come back to Rainbow, they will show us photo copy of medical which has already been sent to the FSU*
- *The issue of referrals to safe center is good as it makes you and your child secure from stigma and fear - World Hope is having my daughter age 12, and it has reduced stressed and bitterness in me.*
- *Confidentiality is good, in my daughter's case, when 'powers from above' requested for medical report they (FSU/RI) refuse to disclose it.*
- *We are intimidated by perpetrators and their contacts and family members pile pressure on us to settle case out of court.*
- *Too much money at the police station. We give them money to collect medical report and also take photographs of evidence. If you do not have money nothing will be done on the side of police*
- *Rainbo should be taking medical report to the police station as most times the medical result is out but the police are not coming on time to collect the results*
- *Community parenting : watch over children as community*

Stakeholders

Mandate of Key Stakeholders

MSWGCA

- The provision of Policy and the legal framework on GBV
- Monitoring of GBV cases through our social workers assigned to each FSU

FSU

- Prevention- through sensitization, education of GBV and the Law in relation to the development of the child
- Investigation
- Prosecution

World Hope Recovery Centre (Shelter)

- Provide temporary accommodation and support services to children and young women who have been rescued from traffickers and people who have suffered from violence especially gender based

LAWYERS

- To provide free legal services and counseling for GBV cases

4.3 SWOT

Stakeholders and staff were asked to identify the key strengths, weaknesses, opportunities and threats of the organisation.

Most of the stakeholders interviewed agreed that the RI has a unique brand and that the brand has a potential of attracting substantial support to ensure the growth of the organisation into a mature and sustainable organisation. However, the not-very-good management of its team and very weak marketing of its brand has resulted in an organisation that has only one donor and is at a serious risk of not generating sufficient funding to keep a minimal operation going.

Details of the SWOT by the stakeholders are outlined as follows:

Key strengths

- Many years of experience in the forefront of combating issues of violence against women and children
- Core of qualified, experienced and dedicated staff
- RI has a unique brand. They are the only organisation providing their kind of services to women and girls.

Key Weaknesses

- Loss of key personnel in recent years
- Weak staff management and retention capacity
- Absence of fund raising/development strategy
- Poor visibility: their unique brand is not well marketed
- Board does not seem to be running with the mission and vision of the organisation
- Not very proactive engagement of other stakeholders (including government ministries) in the fight against violence against women and children

Key Opportunities

- Goodwill among survivors and key players in the fight against violence against women and girls
- Increased expression of awareness of challenges of gender violence issues by the government and other stakeholders and action taken to minimise it
- Well connected, highly skilled board members
- Government Free Health Care Policy for children and lactating mothers

Key Threat

- Strong political will to back up government policies on gender issues not demonstrated in the implementation of government policies
- The initiative depends on only one source for its funding

5. NEW DIRECTION

5.1 Organisation Vision, Mission, Values

Vision

"The Vision of the Rainbo Initiative is to transform Sierra Leone into a country where survivors of Gender-Based Violence are supported and safe to heal with dignity by policy-makers and service providers who understand their mandate and are committed to social and legal justice for women and girls.[12]"

Mission

We are a well-established, reliable, credible national service provider of quality, free, confidential, medical and psychosocial services with access to justice for survivors of Gender Based-Violence (GBV); working together with the Government of Sierra Leone and other partners in maintaining the safety and dignity of women and girls while raising awareness to reduce the incidence of GBV.

Values

Confidentiality

Accountability

Integrity

Quality service

Dignity

Commitment

Service Standards

RI will

- Empower staff to meet the minimum standards and requirements to meet the needs of survivors, within our means
- Ensure that staffing is adequate to meet the needs of service users and staff
- Be honest in what we can and cannot do and be committed to follow through on our promises
- Clearly define and work to the goals and objectives of the organisation

Accountability

The RI team will

- Deliver its aims and objectives in a transparent and accountable manner that yields a better service
- Be accountable to each other in their roles
- Make a commitment to the various roles and tasks they have been assigned

[12] While it is noted that the door of RI are opened to men and boys, the primary target of it services are women and girls

- Ensure accurate data collection, analysis and utilisation

Strategic Objectives

As a result of a strategic review of the organistion by the board, staff and partners, five strategic objectives (Fig 2) were developed for the organisation. The leadership will focus its resources in achieving those objectives in the next five years (2016 to 2020). The strategic objectives and related activities were reviewed during the stakeholders' engagement for this strategic plan to ensure that the weakness and threats of the organisation were addressed and the strength and opportunities maximally utilised.

Figure 2: RI strategic objectives

Strategic Objective 1: Organisational Development and Resource Mobilisation – the organisation will invest resources in building the capacities of staff and board to effectively and efficiently deliver services to its clients. It shall also focus on generating resources for the sustainable development of the organisation.

Strategic Objective 2: Advocacy and Policy Influence - Rainbo Initiative's board and management to effectively and efficiently market the RI Brand and advocate for effective implementation/enforcement of existing legislations and the passing of new laws that ensures that the rights of its current and potential clients are protected.

Strategic Objective 3: Enhanced Survivor and Community Participation – RI will enhance the capacities of survivors and communities to participation in the response to and prevention of gender-based violence in their communities.

Strategic Objective 4: Increased Access to services - Increased access to free services for survivors of GBV through four Rainbo Centres (Freetown, Kenema, Kono and Makeni)

Strategic Objective 5: Evidence-based best practice and quality standards - To develop and promote evidence-based best practice & quality standards for government and other service providers to survivors of GBV.

Goals

The following general goals were identified by the leadership of the RI:

- A Rainbo Centre in the Northern Province.
- An increase in convictions of GBV cases.
- A reduction in reported GBV cases at Rainbo Centres
- An increase in the number of clients leaving the Rainbo Centres satisfied with its service.
- An increase in funding for the Rainbo Centres.
- All service providers trained on GBV.
- Ensure a strong referral pathway in the interest of Survivors.
- To hold service providers and policy-makers accountable for their responsibilities.

5.2 Organisational Capacity

Organisational Structure

The organisation has a board which is supposed to supervise the activities of the management team which currently comprise of the National Director and Finance Manager.

The organisation does not have a current organogram.

Staff Capacity

RI has a core of highly skilled and experienced staff in gender and gender-based violence issues. A listing of the staff, their qualification and experience is provided in Annex 1.

Administrative tools

The organisation does not have the following tools that are considered crucial for effective management of the organisation:

- Staff recruitment, welfare and performance management policy
- General Staff conditions of service
- Budget and budget performance tracking
- Fund development and management policy

6. IMPLEMENTATION PLAN

The recommended implementation plan is provided in Annex 2.

Annex 3 provides the consultant's recommendation of a staff welfare and performance management cycle.

ANNEXES

Annex 1: Staff qualification and experience

Name	Position	Qualifications	Experience
Tania Sheriff	Executive Director	• MA in Gender, Anthropology & Devt	• Worked for RI since Jan 2014 and IRC from Aug-Dec 2013 • 2006-2012 Co-ordinator of HIV/Aids Programme in Accra, Ghana
John Aboko-Cole	Finance Manager	• BSC Econ-Accounting Specialism • PGD Business Admin	• Auditor for KPMG in SL and Nigeria • Finance and Treasury Manager for Sahara Group • Director of Finance Demac Investments
Kabba Kamara	Driver	• Form Four	• Driver for various NGOs and companies
Alhaji Sam	Office Assistant	• WAASCE	•
Rebecca Kallih	Centre Manager (Kono)	• Bunumbu College to do HTC did not finish	• With IRC SL since 2005 as Centre Manager • Has had lots of teacher training • Worked with IRC Guinea during the war • From 2002 onwards has had training on Gender, Community worker, counseling skills, Clinical Care of Sexual Assault Survivors • One of three Centre Managers trained on Practical Financial Management and Strategic Financial Management for NGOs
Elizabeth Sharkah	Midwife (Kono)	• Nurse Midwife since 1989	• Worked with IRC SL at the Centre from 2005-2013. • GBV programme Supervisor 2003-2004

			• Girls Education Technical Adviser IRC Guinea • !988-1997 Teacher and Head Mistress • Training on Clinical Care Management of Sexual Assault Survivors
Mary K. Allieu	Psychosocial Counsellor (Kono)	• HTC Eastern Polytechnic • IPAM Cert in Psychological & Social Work	• Worked in Guinea with IRC as a teacher, club sponsor, etc • Sec school teacher 1993-2000 • Worked for IRC SL as Counsellor • Worked for Rainbo Initiative since Jan 2014
Finda Lahai	Psychosocial Counsellor (Kono)	• IPAM Cert. in Psychological & Social Work	• Worked for IRC SL 2005-2013 as Counsellor • Animator for Handicap International in Refugee Camp • Sectional Co-ordinator at Centre for Victims of Torture
Mary Kpaka	Midwife (Kono)	• SECHN (State Enrolled Community Health Nurse) 2003-2006 • Midwife course 2012-2014	• Worked for Rainbo Initiative since May 2014
Massah Jayah	Cleaner/Messenger (Kono)	• JSS III	• Worked for Rainbo Initiative since Jan 2014
Mary Sowa	Midwife (Kenema)	• 1994-1997 State Registered Nurse • 2000-2002 State Community Midwife	• Worked as a Midwife for IRC SL
Prince Kemoh	Cleaner/Messenger (Kenema)	• Form Four	• Worked for RI since Jan 2014
Rebecca Bockarie	Psychosocial Counsellor (Kenema)	• GCE O Levels	• Worked as a Counsellor for RI since Jan 2014

Safiatu Jalloh	Psychosocial Counsellor (Kenema)	• Nursing Certificate	• Worked with RI since Jan 2014
Mariama Senesie	Midwife (Kenema)	• 2010 State Enrolled Midwife • 2005 State Registered Nurse	• Worked with RI since Feb 2015 • Has worked at 6 hospitals and private clinics • Has had training on Family Planning and Maternal and Child Health Aid. • Went to Malmo, Sweden for training on Sexual and reproductive health for one year
Annie Mafinda	Midwife (Freetown)	• 1978-1980 State registered Nurse • 1980-1982 State Community Midwife	• Worked for IRC 2009-2013 • Training in Paediatric Nursing, Supervisory Skills Training and Clinical Care Management of Sexual Assault Survivors
Mamanama Massaquoi	Psychosocial Counsellor	• 2005 BSC Ed Njala University	• Teaching Experience • Worked for RI from Jan 2014
Fatmata K. Jalloh	Nurse (SECHN)	• 2006 Community Health Nurse • 2012 SECHN Njala University	• Worked as a Practicing Nurse for 3 years before obtaining certification • Worked for RI since Jan 2015
Ishmael Sam	Cleaner/Messenger	• WAASCE	• Worked for RI since Jan 2015
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Annex 2: Implementation Plan

Strategic Direction	Deliverables	Thoughts on Activities	Resources Needed	Resources Available	Timelines (Start dates)	Persons Responsible
Organisational development & capacity building / Fundraising and resource mobilization						
	Develop/Update: Staff recruitment, welfare and performance management policy (to include capacity building for staff); General Staff Conditions of Service; Fund Development and Management Policy Capacity Building of the Board for effective oversight and fund raising	Assign responsibility and determine detailed deliverables and timelines			Jun-16	
	TOT training for all Rainbo staff on medical, forensic evidence and psychosocial counselling to enable them to transfer their skills to train other service providers	Develop TOT content and training materials; identify trainers, determine training schedule; implement training; evaluate training			Jun-16	
	Convene Regular Board Meetings Convene yearly joint meeting of the Board & staff	Agree times for board meeting and board and staff joint meeting and circulate information			Yearly	

Rainbo Initiative's board and management to effectively and efficiently market the RI Brand						
	Develop communications and marketing strategies including the use of various modes (facebook, website, whatsapp, jingles, radio programmes, leaflets, personal contacts, Yearly Rainbo Walk)	Assign responsibility and determine detailed deliverables and timelines			2016	
	To develop codes of conduct for all GBV service providers and standardized best practices and quality services for GBV survivor and popularise.	Assign responsibility and determine deliverables and timelines			On going	
	Produce and distribute quarterly Rainbo newsletter (internal and external)	Determine the medium of circulating newsletter: soft copy via the net, hard copies, etc. Write or solicit articles, design newsletter, develop newsletter, circulate newsletter			2016	
	Promote access to justice, advocacy in the legal sector. Co-ordination of Nac-GBV and at the district level	Determine who is to be targeted for advocacy. Determine advocacy content and medium. Develop schedule for advocacy, implement advocacy			Jul-16	

	Support translation of national policies and legislations into practice.	Identify which policies to be translated. Identify suitable translators. Determine deadlines and deliverables for translation			On going	
	Advocate for free medical services and other services for all GBV cases to MoHS. (Lobby to get portion of sexual offences act that provides for free medical to get into the Free medical system)	Determine who is to be targeted for advocacy. Determine advocacy content and medium. Develop schedule for advocacy			On going	
	Organise Medico-legal conference especially for doctors, legals and partners	Clarify purpose of conference. Determine conference content. Identify conference facilitators. Agree on dates and stage conference			Annually starting 2016	
Enhance GBV survivors and communities' voices and participation in response to GBV						
	Feed data, learning and survivors' voices into policy and legislative dialogues, developments and implementation at the National, district and chiefdom levels.	Train staff and volunteers to deliberately and actively listen to survivors and note their concerns; use feedback from active listening in policy and legislative dialogue at community, chiefdom, district and national levels			On-going up to 2017	

?	Community engagement and mobilizing existing capacities of GBV responders in communities	Determine nature of engagement: town hall meetings, small group meetings, etc. Develop community engagement protocol or plan. Determine resources needed. Budget and allocate resources. Implement. Evaluate.			On-going (at least half yearly)	
	Work with school guidance counsellors in schools and form clubs in addressing GBV issues.	Determine number of schools and locations. Determine resources needed, including staff. Budget and allocate funds. Launch. Evaluate.			2017 and on-going	
	Support to women activists and survivors' support groups in community response and assessing impact.	Determine number of women activities and survivors' support groups to support. Determine locations of groups. Conduct needs analysis of groups and prioritise needs. In consultation with the groups, determine nature of support to be offered. Plan support. Launch support. Evaluate support			On-going (at least half yearly)	

	Support women action groups (WAGs), men action groups (MAGs), schools and other community leaders with influence to undertake participatory research.	Determine number of women activities and survivors' support groups to support. Determine locations of groups. Conduct needs analysis of groups and prioritise needs. In consultation with the groups, determine nature of support to be offered. Plan support. Launch support. Evaluate support			On-going (at least half yearly)	
	Work with WAGs, women networks/community groups to undertake GBV community outreach/engagement awareness-raising and provide legal education.	Determine number of WAGs and women networks to support. Determine locations of groups. Conduct needs analysis of groups and prioritise needs. In consultation with the groups, determine nature of support to be offered. Plan support. Launch support. Evaluate support			On-going (at least half yearly)	
	Re-visit community By-Laws that covers violence against women and girls that is below sexual assault(None aggravated)	Determine which by-laws to re-visit; Who will do it? What will it cost you to do it? Who will fund it?			2017-2020	

	Support existing safe options (safe homes, etc) for women and girls' social network, women's voice.	Identify number of women networks and number of survivors support groups to be supported. Details of tasks. Activities to be carried out. Launch. Evaluate.			2016-2010	
Increased access to free services for survivors of GBV through four exemplar Rainbo Centres (Freetown, Kenema, Kono and Makeni)						
	Establish a new Rainbo Centre in the Northern region.	Identify location. Negotiate conditions for use of space. Draw up budget for staff, equipping and other logistics. Locate funding sources. Secure funds. Launch operations			By Dec 2018	
	Develop a service directory and referral pathway including agreed MoUs.	Allocate personnel for the assignment and determine deliverables			Dec-16	

	Working with MoHS, schools and community action groups on integrating Rainbo Initiative services within its services including the provision of medical, psychosocial and legal services.	Agree number of schools and groups to work with during lifespan of this strategy. Develop a proposal for integrating RI services. Discuss proposal with MoHS, Schools and Community Groups. Agree on Integration approach. Develop budget for staff and other logistics for integration. Source or dedicate funds. Launch Project. Implement project. Evaluate Project.			2017 - 2020	
	Provision of signboards for strategic points within the towns in which the Centres are located to direct and show time of operations.	Design signboards. Determine location of signboards. Allocate or source funding for signboards. Construct signboards. Install signboards.			Dec-16	
	Training of staff within districts (All PHUs) and provision of space and drugs to respond to GBV cases within communities.	Determine what type of training to be given and training objectives. Develop criteria for selecting staff to be trained. Determine training schedule. Identify trainers. Develop budget for training and allocate			2017 onwards	

		necessary resources. Implement training. Evaluate training.				
	Provide refresher training to police officers and social workers attached to the FSUs.	Determine what type of refresher training to be given and training objectives. Determine number of personnel to be trained. Determine duration of training. Identify suitable trainers. Develop budget for training and allocate necessary resources. Implement training. Evaluate training.			Jul-16	
	Give capacity building to other NGOs who are addressing the same GBV issues.	Determine what type of capacity building to be given. Determine number of NGOs to be capacitated. Determine criteria for selection of NGOs. Determine training duration and schedule. Identify facilitators/trainers. Develop budget for capacity building and allocate necessary resources. Implement capacity building. Evaluate capacity building.			Start with one group- 2017	

	Provision of mobile support services	Determine which types of support services to be provided. Identify locations or targets that need the services the most. Determine a schedule for organising mobile clinics in chosen communities. Set up and equip team to manage and roll out mobile service. Develop budget for providing the service. Allocate funds. Implements the service. Evaluate the service			Jul-18	
To develop and promote evidence-based best practice & quality standards for government and other service providers to survivors of GBV.						
	Develop and operationalize a Standard Operating Procedures (SOP) to guide the management of the centres.	Assign responsibility to an individual or group of individuals. Determine timelines for delivering SOPs.			Jun-16	
	Collect, collate and analyse gender-based violence incident data from the start to date.	Redesign database			Start in 2016	

	Conduct monitoring field visits	Develop protocol or procedures for monitoring visit. Determine number of Monitoring visits. Allocate staff for monitoring visits. Budget for monitoring visit. Launch monitoring visits. Evaluate monitoring visits.			All the time (quarterly)	
	Recruit court monitors or liaise with partners who are monitoring court activities to share the information with us. Train counsellors to do court monitoring	How many courts monitors needed? Where will they be located? What will be their Job Description/ToR? How will they be supervised? What is your Budget for court monitoring? When and how do you evaluate court monitoring?				

Annex 3: Staff Welfare and Performance Management

As indicated in section 5.2, the organisation does not have a staff performance management policy. An outline of such a system is provided in the following paragraphs.

A staff Performance Management System (PMS) is a system that is likely to minimise/eliminate challenges identified with low staff motivation, supervision, support, mentoring, job description, staff allocation and yearly employee evaluation.

The PMS will be a systematic approach that involves a range of activities undertaken to get the best performance from staff to achieve the organisation's objectives, and individual staff goals. It will be a continuous process of setting employee goals, monitoring their progress against the goals, evaluating outcomes, and then recognising their performance. The entire process will be supported by the giving and receiving of feedback among all levels of staff. The process is summarised in Figure 3.

Figure 3: Staff Performance Management Cycle

The PMS may initially appear to be requiring the team to be spending valuable time for 'actual work' on 'staff evaluation'. However, careful design and implementation of the PMS could eliminate time wasters and deliver great dividend to the organisation..

The following recommendations from the staff on the current system will be considered in developing the PMS:

Supportive Supervision

- Dedicate time for active listening of staff views and challenges and take concrete steps to address the issues and challenges
- Organise and maintain formal orientation/training for new staff
- Staff recruitment and probation needs to be standardised and formalised. The RI recruitment criteria and processes should be understood by all staff and board.

Support/Mentoring

- Consider development of formal scheme for mentoring and motivating staff.
- Quality time must be made to touch base with field staff and provide plenty of opportunity to actively listen to field staff

Yearly Appraisal

- Staff performance evaluation and reward system needs to be reviewed to ensure assessment tally with staff salary/rewards
- Conduct appraisals at least 2 times a year
- Good performance to be rewarded/ poor performance penalised.