

TECHNICAL DESIGN DOCUMENT (OUTPUT 4)

Context and rationale

Working in partnership with non-state actors in the delivery of social services is recognized as an important strategy for sustainability of any development intervention. In the Maldives, partnerships to work towards Sustainable Development Goals (SDG) targets exist with Civil Society Organizations (CSOs) to some extent, particularly those working with specific vulnerable population groups such as Persons with Disabilities (PWDs). However, partnerships between central government and local government bodies and the private sector are limited¹. Hence, the need to orient all actors on transformational partnerships, and to establish formal mechanisms and networks that can sustain such partnerships had been identified as a priority in the work towards the achievement of Sustainable Development Goals in the Maldives Partnership Landscape assessment that was done in year 2020.

• **Ministry of Gender, Family and Social Services (MGFSS) engagement with CSOs and stakeholder partners**

MGFSS has had previous engagement with CSOs and stakeholder partners such as the local councils, Community Based Organisations and WDCs in working with vulnerable groups and implementing different programs for gender equality and women's empowerment and social protection that fall broadly under the mandate of the Ministry.

Partnerships with CSOs in general is currently limited to specific activity-based interventions. For example, in the preparation of 6th periodic State Report to CEDAW with the support of the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP), MGFSS did a stock-taking on the overall advances to achieving gender equality in the country, and to deepen on-going dialogue with key line Ministries and Civil Society Organisations (CSOs) in this regard. Consultations were held with all ministries and government departments, including the Courts, as well as with CSOs from Kaashidhoo in Kaafu Atoll, Gaafaru in Kaafu Atoll, Kudahuvadhoo in Dhaalu Atoll, and Hulhudheli in Dhaalu Atoll – involving the elected Local Councils, Health and Education personnel, Police, Magistrates, and Women's Development Committees (WDCs).

Additionally, with the support of the UN Country Team, the Government has been piloting initiatives with the MGFSS and Island councils to ensure that disaster mitigation and disaster management strategies are put in place. Through these pilot programmes on selected islands, there have been attempts through the WDCs and broader Island Councils, to engage women in the development of the strategies.

IBAMA or Community Social Groups (CSGs) is a multi-sectoral support mechanism formed at the community level for prevention and responding to violence against children and other vulnerable groups. As such IBAMA focuses on providing protection for the vulnerable children, elderly, people with disabilities, women and men. Under the IBAMA concept State authorities such as MGFSS, Local Councils, Local Government Authority, WDCs work together holistically, as a cohesive group, for the social protection of each community. MGFSS with the technical assistance of UNICEF Maldives has been working on the

¹ UN DESA and UN RCO (2021). Maldives Partnership Landscape Assessment.

operationalisation of the IBAMA concept at island level, orientation and capacity development of the members to assist in carrying out the tasks and responsibilities in the protection of the vulnerable groups.

- **Local engagement with CSOs and stakeholder partners in the DV/GBV space**

Local engagement with the CSOs existed during the COVID-19 response efforts of the Government. In a study² of the experiences of the social sector during the lockdown in the early stages of the pandemic, it was found that a number of professionals of CSOs provided community support to the vulnerable segments of the population who were affected the most. In the DV/GBV space Family Legal Clinic (FLC), a registered NGO providing pro bono legal consultations and awareness in the areas of family law and prevention of domestic violence law partnered with MGFSS in providing legal aid for survivors of DV/GBV.

Similarly, under an MoU signed with Hope for Women, an NGO working towards ending all forms of violence against women, MGFSS partnered to enhance accessibility of the pro bono legal and peer support group services provided by the NGO to the survivors of DV/GBV and therefore, increases the range of services and support provided to them. The areas of collaboration and support fall under the Domestic Violence Prevention Act, Sexual Harassment and Abuse Prevention Act, Sexual Offences Act and Gender Equality Act.

The national campaign against Domestic Violence in the Maldives, the ‘Geveshi Gulhun’ campaign which was launched by the president of the Maldives in July 2020, aims to raise further the national awareness about gender inequality and contribute towards changing the longstanding stereotypes about women. The three-month campaign that was rolled out was mostly administered through various forms of media including live television programming, social media posts and billboards to raise awareness. The Ministry worked in partnership with local businesses and artists to develop the campaign’s messaging and partnered with a number of sports clubs active in the islands to engage with the local communities.

- **Local engagement with CSOs and stakeholder partners in the aged care space**

The government has had some engagement with CSOs working in aged care. The main CSOs either focused or engaging in activity on aged care in the Maldives include Maldivian Red Crescent (MRC) and Aged Care Maldives. Recently, Alzheimer’s Society Maldives has also established and is currently focused on awareness raising and information. However other CSOs are active either specifically on ageing (i.e. the Senior Citizens Association of the Maldives) or on health related issues that include older people, such as NCD prevention and response by SHE and NCD Alliance (see details on these CSOs below). The Government has engaged with both Maldives Red Crescent (MRC) and Aged Care. MRC is an independent, voluntary humanitarian organization established on the basis of the Maldivian Red Crescent Law [Law 7/2009]. They have a wide scope of work which includes activity focused on healthy ageing and older people, and providing support through trained staff and volunteers. They engage closely with key government stakeholders, including MGFSS.

² Maldives National University and Health Protection Agency (2021). Social sector experiences during the COVID-19 pandemic’s lockdown in the Maldives.

Aged Care Maldives is a non-government organisation established in 2008 seeking to raise awareness of healthy ageing and provide a range of home care services to older Maldivians across the country.³ Specific activities offered by Aged Care Maldives include opportunities to socialise, attend group activities, peer support, promotion of physical and mental health including health screening, respite for families and caregivers, exercise and rehabilitation programmes, alternative therapies, family caregiver training, awareness raising for health professionals and

coordinates in home care services for older adults. In January 2022 Aged Care Maldives signed a Memorandum of Understanding with MGFSS to enhance the services provided to older people living at Home for People with Special Needs in K. Guraidhoo.

MGFSS has also engaged CSOs engaged on ageing issues more informally through the *Ranveyla Campaign* to promote the rights and wellbeing of older adults in the Maldives.

- **Government commitment for local partnerships**

At the moment, Local Councils and WDCs are represented in IBAMA, the multi-stakeholder community support mechanism for protection of vulnerable groups in the islands. With the 8th Amendment to the Decentralization Act 07/2010, which was ratified by the President on 15 December 2019 there has been some notable changes in the local governance related to the election and responsibilities of the WDCs. Some key changes under this amendment are the allocation of 33% quota for women in the councils and the extension of the local council and WDC tenure to 5 years, aligning with parliamentary and presidential terms. Further changes include the allocation of fair wages to WDC members which is yet to be decided by the Ministry of Finance and Local Government Authority, and the allocation of minimum 5% of the local council budget towards WDC activities. Contrary to previous WDC elections, the new legislation also mandates the Elections Commission to conduct WDC elections and both men and women can now vote to elect WDC members. The law also requires the WDC to have an active, and advisory role in the work of the local authority including in the development of policy and regulations at local level. In addition to this, the broad WDC mandate requires the committee to ensure human rights in the community, religious awareness, women's political participation, social development, higher education, health, access to business, as well as to gather information relevant to women. Hence, this broad mandate provides further opportunity to collaborate and partner with WDCs and local councils in implementing projects for women's empowerment and elimination of DV/GBV.

Moreover, the Regulation detailing the responsibilities of the Local Councils in implementing the Gender Equality Act further mentions that the Ministry can handover the relevant responsibilities in the Gender Equality Action Plan to the local councils as agents to mainstream gender at the decentral level. Island Councils and Women's Development Committees need to be made aware of the Gender Equality Action Plan and facilitate necessary support to fully roll out the prescribed actions in the Gender Equality Action Plan.

³ Raajje Foundation, NGO Capacity and Needs Assessment. Male, Maldives. Raajje Foundation Maldives, 2009.

Some of the challenges to enable greater engagement of WDCs and local councils on advancing gender equality and prevention of DV/GBV are:

- Budgetary constraints for programmatic work in the area. The budget for local councils is small and they can only cover the staff and other administrative costs.
- Due to the negative public perception towards women in public life, female counsellors and WDC members face difficulties to fully engage in articulating the needs and making their voices heard in decision making.
- Lack of capacity of WDC members and elected councilors in terms of knowledge and skills for advancing gender equality and prevention of DV/GBV.
- The process to fully implement the mandate of WDC and Island Councils as per the Decentralization Act is still very slow due to the hesitancy from central Government Ministries to fully transfer the powers and mandates as re-instated in the latest amendments brought to the Decentralization Act

Commitments within SAP within areas of Dignified Families, Community Empowerment, Resilient Communities and Sports, include actions on promoting the participation of older people in communities and activity focused on ageing by community groups and through IBAMA. These commitments are also included in the National Elderly Action Plan. The National Elderly Action Plan also specifically outlines the important role of NGOs in implementation, including to:

- Coordinate and collaborate with stakeholders to conduct programs that raise awareness on the ageing process
- Work with communities to promote community led efforts that empower the elderly to actively maintain participation in social and economic activities.
- Provide technical support to design and implement specific programs for the elderly such as the mental health screening program and the sexual and reproductive health program.
- Advocate for elderly representation, accessible and affordable housing opportunities, accessible public infrastructure and other public services for the elderly.

Challenges identified by CSOs

- Challenges in implementation of policy due to limited human and financial resources
 - Weak governance mechanisms to support empowerment of CSOs to deliver services
 - A lack of awareness, capacity and prioritisation of the issues facing older people and limited mechanisms for taking action
 - Inaccessible environments or lack of transport options affecting ability to engage older people in activities or for older people to engage in activity
 - Lack of infrastructure or physical space for CSOs to operate activity - Lack of data to understand need of older people and caregivers
- **Government policy commitment**

The Strategic Action Plan (2019-2023) includes community empowerment, as a stand-alone sub sector prioritizing the encouragement of community participation and engagement in national and local development activities. The policy priorities under this sector focus on the empowerment of civil society organisations, local councils, WDCs and CSGs and the

development of partnerships to enable local development and decentralised governance. This includes “developing community capacity to effectively build and support CSO engagement, facilitate the establishment and functioning of CSGs in every island, provide technical assistance to WDC and other civil society bodies to conduct programme as per the needs identified in communities, (page 212,213, 217).

This includes the strategic action to ‘create a national grant fund for CSOs to access grants from the government, for sustainable development activities aligned with the government policies’.

The decentralisation sub-sector of the SAP outlines the Government’s decentralisation policies as stipulated in the Decentralization Act (Law no: 7/2010) which also saw the creation of WDCs as a legal entity recognised by Law as an integral part of the local governance systems.

The National Gender Policy 2019 (NGP) defines five policy goals related to leadership and governance, economic empowerment, institutional gender mainstreaming, gender-based violence and access to justice. The policy goal for gender-based violence is to “ensure Maldivian families benefit from greater personal security in the home and reduced violence against women, men and children. It aims to strengthen support mechanisms in partnership with Government, State Institutions, non-state actors including CSOs, media, academia and businesses.

The Gender Equality Action Plan [GEAP (2022-2026)] which operationalizes the NGP specifically aims to establish and operationalize DV/GBV shelters and increase the number of survivors receiving temporary accommodation and other services from a baseline of 20 in 2021 to 160 in 2025. The pilot DV/GBV shelters to be established by the SGII project will make a significant contribution to this achievement. The GEAP also plans to establish a DV/GBV helpline and mobile application.

Maldives Domestic Violence Prevention Strategic Plan for 2017-2021 (DVPSP) provides strategic guidance to enforce the 2012 Domestic Violence Prevention Act. It was designed to ensure coherence among key stakeholders engaged in combating DV in the country and coordinate various agencies with designated responsibilities in this field. The GEAP (2022-2026) is aligned with the actions in the DVPSP and emphasizes the strategy of working in partnership with all relevant stakeholders.

The National Elderly Policy 2017 aims to better understand and respond to the social and economic obstacles faced by older people, including the provision of social protection, increasing social and community participation of older adults and promoting wellbeing through the facilitation of older adults as engaged members of their families and communities. The National Elderly Action Plan 2019 responds to the National Policy on Older Persons and identifies four policy areas and 34 priority actions to be undertaken in collaboration with relevant stakeholders. This includes Care and Support, Independence and Participation, Healthcare and Wellbeing, and Preparation for Ageing.

The strategic priorities of the National Elderly Action Plan are mirrored in the SAP which includes actions and policies specific to older people across Health, Social Protection, Family, Community Empowerment, Resilient Communities, Rule of Law and Judicial Reform, and

Sports, with MGFSS the lead agency for many of these actions. This includes priorities to: promote older people's rights and participation in community.

- **National programs supporting CSO engagement**

Ministry of Youth, Sports and Community Empowerment (MoYSCE) – Provision of Financial Assistance to CSOs towards community empowerment.

With the provisions outlined in the Policy on Providing Financial Assistance to Civil Society Organizations towards Community Empowerment". The categories for which financial assistance shall be provided and, the amounts of funds to be allocated for each category as per the policy is outlined below:

- a) General Project Grants are assistance provided to organizations that seek to carry out development programs in participation with the broader community;
- b) Unless there is no set ceiling limit specified in any announcement calling for applications for financial assistance under the category specified under Subsection (a), the maximum grant amount to be given shall be MVR 200,000 (Maldivian Rufiyaa Two Hundred Thousand). However, depending on the nature of the project, the key activities planned and the importance of the project, the grant amount may be increased up to MVR 300,000 (Maldivian Rufiyaa Three Hundred Thousand).
- c) Small Grants are grants provided to organizations seeking to conduct small and micro scale development programs with participation from the broader community. All projects to which this grant is given shall complete the project within 6 (six) months from the date of issuance for the grant.
- d) Under the category specified under Sub-section (c), unless there is no set ceiling limit specified in any announcement made calling for applications for financial assistance under the category, maximum grant amount to be given shall be MVR 50,000 (Maldivian Rufiyaa Fifty Thousand).
- e) Special Grants are grants given to organizations either in respect to a specific thematic area, to organizations from a specific island, atoll, city or region or, to carry out a specific activity. The dates to submit project-related reports following completion of the projects to which this grant is given shall be determined as specified in the announcement made calling for applications.

In addition, to Government administered national programs, there are programs implemented by CSOs and other development partners.

Transparency Maldives (TM) CSO grant scheme

As part of its Promoting Resilience in the Maldives (PRIME) program, Transparency Maldives works with Civil Society Organizations (CSOs) registered in the Maldives through the administration of grants to develop and implement projects to work with youth centres to

strengthen their capacity in providing career guidance, skill development and vocational training.

Global Environment Facility (GEF) Small Grants Programme Maldives

The Small Grants Programme (SGP) is a corporate programme of the Global Environment Facility (GEF) implemented by the United Nations Development Programme (UNDP) since 1992. This was launched in the Maldives in 2010, with US \$ 150,000 in grant funds. To date GEF SGP has funded 77 community-based projects in 32 different islands across the Maldives. The SGP supports small scale projects that conserve and restore the environment, while enhancing people's well-being and livelihoods, taking into consideration gender, vulnerability and equality concerns.

- **Good practices that support partnerships**

VAWG costs countries/governments billions of dollars in healthcare and legal costs – all of which could be saved and redirected to other needs – if it were prevented. In 2016, the cost of VAWG globally was approximately US\$1.5 trillion. That is approximately 2% of the global gross domestic product (GDP)⁴. Global evidence indicates that creating transformational partnerships is the best practice, as Governments alone do not have all the resources to address this in a sustainable manner.

Ongoing work by Standing Together Against Domestic Violence in the UK, an organisation that drives a fully coordinated response to domestic abuse provides global evidence that a Coordinated Community Response (CCR) to DV/GBV greatly improve the success of responses to DV, both to keep survivors and their children safe, and to hold perpetrators to account³⁶. The

CCR was initially developed in Duluth, Minnesota, United States, and evidence from implementing

this approach has found that the effectiveness of the CCR was enhanced when local responses to the disclosure of domestic violence were consistent. It also became apparent that when people and organisations were held accountable to other members of the CCR the response improved. There is also additional evidence that subsequent initiatives in tackling domestic violence were also found to be more effective when implemented within an already organised response to this issue⁵, highlighting the significant role of partnerships.

Furthermore, research done in the UK on the Local Government Association's programme of engagement and support to local domestic violence partnerships have found that sustained commitment from a range of organisations and individuals in tackling domestic violence through partnership models, can provide the necessary continuity in the face of changing roles in statutory agencies⁶. The capacity and learning from the partnering initiatives that have been gained from local partnerships can be sustained and applied in subsequent

⁴ Equality Institute (2022). Sustainable Development Goals and Violence Against Women and Girls ³⁶ Wills et al (2013). A guide to effective partnerships.

⁵ Ibid

⁶ Local Government Association (2005). Learning from Domestic Violence Partnerships: a study of a programme of engagement to local domestic violence partnerships.

initiatives irrespective of changes in mandates and functioning of the government and state agencies. This is particularly relevant given the structural changes in the Government over the past 10 years, and the impetus behind decentralisation that is further revising governance responsibilities.

National evidence of some positive partnership examples of CSO partners⁷ that are taking place in the space of DV/GBV, women's empowerment, gender equality more broadly on the SDG goals covering health, education, gender and inequalities, and on supporting older people and caregivers. (Goals 3, 4, 5 and 10) that were identified from the Maldives SDG Partnership Landscape Assessment conducted in 2020 include:

- Society for Health Education (SHE): conducts projects with support from development partners to empower communities on sexual and reproductive health and adolescent/youth health. It also includes older people in NCD prevention and response activity.
 - NCD alliance: formed by 9 CSOs working on specific diseases, partner with Health Protection Agency (HPA) to empower communities to take action on preventing NCDs, disabilities and adoption of healthy life styles, access to screening and early detection of diseases. Cancer Society of Maldives (CSM) is an NGO in the NCD alliance that works on the prevention and treatment of cancer.
 - Care Society: conducts awareness, therapy and empower families to care for PWDs, and advocate for access to health care and protection for victims – partners with Ministry of Gender, Family and Social Services (MGFSS) and Ministry of Health (MoH).
 - Aged Care: conducts programmes to promote healthy ageing and community-based programmes to maintain mobility and mental health for ageing populations – partners with MFGSS and HPA.
 - Uthema: advocates and conducts awareness for gender equality and women's empowerment, Gender-Based Violence (GBV) and access to health care and protection for victims with United Nations Population Fund (UNFPA).
 - Hope for Women: partnered with MGFSS to enhance accessibility of the pro bono legal and peer support group services provided by the NGO to the survivors of DV/GBV.
 - Advocating for the Rights of Children (ARC): advocates and conducts awareness for child rights and empowerment including health, education and inclusion.
 - Youth clubs: conducts awareness programmes for youth on health and skills for employment.
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- Guides and scouts: conduct community and school-based programmes on social aspects
 - Sports associations conducts physical education and sports competitions in partnership with schools and youth clubs
 - Maldivian Red Crescent (MRC) work in Mental health and psychosocial support (MHPSS)- COVID-19 prevention interventions at the start of the pandemic, particularly the lockdown and confinement created a huge demand for psychosocial support. MRC took the initiative for psychosocial support, taking sessions for the responders at Emergency Operations Center (EOC), calling out to those quarantined and isolated and responding to the hotline 1425. The Centre for Mental Health joined the efforts to support

⁷ UN DESA and UN RCO (2021). Maldives Partnership Landscape Assessment.

psychological of MRC and extend psychiatric support to those referred from the hotline and the MHPSS cluster was established at EOC. Several private psychological service providers joined hands with MPHSS to support responding to calls to the hotline, mainstreaming PSS with in the EOC, monitoring technical quality of PSS service. MRC also undertake activity focused on healthy ageing, including a range of health and wellbeing activities delivered through staff and volunteers. They also assist in the logistic mechanism of the health care access of elderly with mobility issues and bed-ridden elderly particularly in Male' region.

Strategic approach

The proposed strategic approach incorporates lessons learned from ADB's gender equality efforts and work on aged care, such as the need to strengthen partnerships and coordinate with public institutions and civil society networks to institutionalize and improve the quality of services for GBV survivors, and to strengthen long-term care and support systems. In addition, the approach includes building the capacity of the MGFSS to mobilise and manage partnerships with CSOs, local councils and WDC to address gender-based violence (GBV) and domestic violence (DV).

Principles

The design of the proposed approach is based on some underlying principles and intentions, either related to the GBV/DV grants, the aged care grants, or both:

- Respect for the independence of CSOs, local councils, WDCs and CSGs and their chosen priorities and areas of work.
- Commitment to women-led, community-led and CSO-owned initiatives and activities.
 - To be transparent, inclusive and equitable and support partners
 - To avoid raising unrealistic expectations of ADB funding.
- For the DV/GBV grants, to enable CSOs, local councils, WDCs and CSGs working in Addu, Male and Raa atolls to come together and foster linkages between CSOs, local councils, WDCs and CSG activities and services for DV/GBV survivors in these locations.
- For the aged care grants, to support national and/or local level action as determined by the CSOs, building on the foundations of the aged care stakeholder engagement and the long-term care and support strategy development in earlier stages of the project as part of Outcome 3 (see appendix to Project Administration Manual).

Output 4: Partnerships for GBV and DV

Output 4 supports partnerships for GBV and DV with CSOs, local councils, WDCs and DV/GBV service providers in the geographical areas where the new DV/GBV shelters are being established; Addu, Male and Raa atoll Ugoofaaruu. In addition, partnerships with CSOs may also encompass GBV/DV advocacy and public awareness raising activities that have a broader national focus that have been identified in the Gender Equality Action Plan (2022-2026), that will not limit CSOs active in other regions of the country to apply for the grants.

Furthermore, given the increasing importance of working in partnership with non-state actors in the delivery of social services, output 4 will also strengthen the capacity of the MGFSS to mobilize and manage partnerships with CSOs, local councils and WDCs.

By mobilising, working with and supporting CSOs, local councils and WDCs, Output 4 aims to:

- Support the implementation of a range of DV/GBV activities led by CSOs in partnership with local councils and WDCs.
- Strengthen the capacity of partner CSOs, local councils and WDCs to implement DV and GBV initiatives and activities.
- Strengthen the capacity of MGFSS to manage partnerships with CSOs, local councils and WDCs.

The capacity built and the knowledge gained by the CSOs and other local stakeholders in working together through local partnerships under SGII can be sustained and applied in subsequent national initiatives supported by other development partners such as partnering in the roll out of relevant actions on DV/GBV in the GEAP and DVPSP.

Output 4: Partnerships for aged care

Output 4 will also support the design, implementation, and evaluation of grants for CSOs to undertake activity on aged care. By mobilizing, working with, and supporting CSOs, Output 4 aims to:

- Support innovative and sustainable activity that promotes quality long-term care and support, healthy ageing, and/or the health and wellbeing of older people and their caregivers, contributing to the gender equality aims of the project
- To build upon the work of the long-term care and support strategy development under Output 3 by supporting activities that build capacity and improve the breadth and quality of long-term care and support for older people and their caregivers

The capacity built and the learning obtained by the CSOs and the government in engaging in this activity, will provide a strong foundation for the development of long-term care and support services beyond the life of the project and the implementation of the strategy.

Stakeholder participation in the design process

The planned Output 4 of SGII that supports partnerships for GBV and DV with CSOs, local councils, WDCs and DV/GBV service providers in the geographical areas where the new DV/GBV shelters are being established; Addu, Male and Raa-Ungoofaaru have been co-designed by MGFSS and the ADB design team. This included several rounds of consultations with senior staff in the Ministry who were assigned to work with the design team as focal persons, as well as consultations with policy makers, senior management, staff from across several divisions and departments and staff working at Family Children Service Centres (FCSCs) in the atolls.

Consultations were also held with the respective Island/City Councils as well as respective WDCs (Raa-Ungoofaaru, Addu City and Male' City) and the Hulhumale Development Corporation. Two

rounds of consultations were held with CSOs working in the DV/GBV space on the design of the DV/GBV shelters and opportunity was also sought during these consultations to share the proposed approach and details of the partnerships for GBV/DV.

Project activity on aged care has been co-designed by MGFSS and the ADB design team. It has also been informed by wide stakeholder engagement with Ministry of Health representatives at national and local levels (in Addu), Addu City Council and CSOs representatives working on ageing and older people related issues from across the Maldives. This included two consultation events with CSOs working in this space during the project design process, supplemented by individual meetings – both online and in person.

Design of output 4

Roles and responsibilities of different partners

- MGFSS: is the lead partner that mobilises local partners and manages the grant mechanism. The head of Gender Development and Empowerment Department in MGFSS will lead Output 4, together with the core technical team comprising of a program manager (supported by SGII), and an existing staff from Gender Development and Empowerment Department of MGFSS attached with the program manager as a focal person for output 4, from the inception to facilitate the institutionalisation of the work within the MGFSS. For the aged care grants, a focal point from the Elderly Division of MGFSS will join the core technical team.
- National Steering Committee for the Small Grants Scheme (NSC): with decision making level representatives from relevant national stakeholder agencies (MGFSS, MYSCE, BCC and LGA) and a representative from the long-term care and support technical working group to be established as part of the project, to provides strategic guidance, reviews and approves standards and criteria of the grant scheme and oversees implementation as per the Standard Operating Procedure (SOP). The NSC will have the over-arching responsibility to provide policy guidance on key decisions that are to be made during the design, implementation, monitoring and evaluation, and learning of the SGII-Output 4 small grants scheme.
- CSOs develop proposals with support from MGFSS and Consultancy Firm and implement awarded projects. For DV/GBV, CSOs will be expected to work in partnership with local councils and WDCs.
- Consultancy Firm: assesses and build capacity of the different partners and MGFSS, provides technical assistance to MGFSS to manage and facilitates the process, develops SOP for the grant scheme with policy guidance from the National Steering Committee for the Small Grants Scheme, and provides technical assistance for the design, implementation, monitoring and evaluation, and learning of the SGII-Output 4 small grants scheme.

Risks and concerns

- At present the focal department, Gender Development and Empowerment Department at MGFSS do not have the technical and HR capacity to manage the proposed activities outlined in output 4 including the grant management. Even with the planned capacity building support, staff retention is a significant risk.

- National level CSOs with capacity and experience may not express interest due to past experiences of bureaucratic government processes and frequent policy change in collaborated projects.
- There are few CSOs working in the aged care space and some are very small and may not be able to participate due to the project and financial management requirements related to the grants. This may mean not enough eligible CSOs apply.
- National Technical Assistance Firms are mostly specialized in their area of expertise and will have to develop a consortium of external experts to bid. As the TA for output 4 is planned for 5 years, there is the risk of change of technical experts during the course of SGII, thus impacting the pace and quality of implementation.

Types of partnerships and range of project activities to be supported by DV/GBV grants

Support the implementation of a range of DV/GBV activities led by CSOs in partnership with local councils and WDCs. This includes for example:

- Raising public awareness of the harm of DV and GBV for individuals, families, communities and society.
- Increasing male engagement to reduce DV/GBV.
- Increasing community identification and referral of survivors to DV/GBV services and shelters including the 4Rs of recognizing, recording, responding and referral.
- Supporting survivor recovery and reintegration into the community.
- Improving the quality and range of services at DV/GBV shelters by providing services that MGFSS is unable to provide such as legal guidance, skills building and relationship counselling.
- Evidence and advocacy for ending DV/GBV.

The total budget for grants to CSOs over the project period is proposed at \$400,000.

The maximum size of a grant to a CSO will be \$50,000 for the project period with the exception that grants that include significant participation of local development council and WDC and/or smaller CSOs in implementation will be a maximum of \$75,000.

It is estimated that the project will support 8 CSO grants and that CSOs will foster partnerships with local councils and WDCs and smaller CSOs or community based organizations in the project sites.

Types of partnerships and range of project activities to be supported by aged care grants The grants will support activity that promotes quality long term care and support, healthy ageing and/or improved wellbeing for older people and their caregivers. Example activities include:

- Workforce and/or informal caregiver capacity building, skills and training
- Staff and volunteer home based care provision
- Support groups for older people and/or caregivers
- Piloting new services or ways of delivering existing services
- Tackling elder abuse and neglect and/or supporting survivors
- Awareness raising programs, events and campaigns

- Environmental adaptations or home modifications to promote accessibility and independence
- Innovation in care and the use of technology

The total budget for aged care grants to CSOs is proposed at \$200,000 reflecting that there are fewer CSOs working in this space currently in the Maldives and that the implementation time will be shorter (see section below).

- A minimum of three grants will be awarded to CSOs.
- CSOs must be registered in the Maldives
- Activity can be national and/or locally focused

The phased implementation approach for DV/GBV grants

Given the innovative nature of Output 4, and the wide scope of the project and considerable demands this will place on MGFSS and the Project Management Unit a two phased approach is proposed.

Phase 1: 12-21 months, laying the ground for partnerships

The first phase will engage with and build the foundational capacity of CSOs, local councils and WDCs in the project areas working or partnering on DV/GBV. This capacity building will, orient and help prepare them to develop a proposal for funding and implementing the awarded projects.

Phase 1 will also prepare MGFSS to manage the process of issuing a call for submission of interest and participatory development of proposals from selected CSOs working in partnership with local councils and WDCs, and the evaluation, selection and contracting process.

Capacity building will be delivered by a consultancy firm hired by the project to provide technical assistance to output 3 and output 4 of the project. During Phase 1, the firm will be expected to support government focal persons to:

- Complete the detailed design of the partnership funding mechanism. This will include for example:
 - Finalising pre-qualifying criteria for CSOs to participate in the partnership building and capacity building activities (e.g., registration status, bank account) in consultation with MGFSS. This pre-qualification criteria will be reviewed and validated once the National Steering Committee for Small Grants Scheme is established. All three local councils and WDCs in the geographical locations of the new DV/GBV shelters will be encouraged to participate in the capacity building activities with partner CSOs.
 - Reviewing and shortlisting of potential CSOs based on the EoIs submitted against agreed criteria which will be tailored for generating partnership between CSOs, local councils and WDCs in the DV/GBV space.
 - Developing a proposal concept template and agreed criteria to select the final partnerships.
 - Guide and support the selected CSOs and partners in developing the full proposals.

- Identify and initiate engagement with CSOs working on GBV or interested to work on GBV in the project areas or on national DV/GBV advocacy and communication activities.
- Engage with and foster interest of local councils and WDCs in the partnership objectives of Output 4. This includes fostering interest in working in partnership with CSOs, DV/GBV service providers, MGFSS and SGII more broadly.
- Assess CSOs that are interested to participate in Output 4 of the project against the qualifying criteria.
- Identify capacity gaps of qualifying CSOs, interested local councils and WDCs in areas critical to readiness for partnership funding eg. proposal writing, stakeholder engagement, financial management, M&E capacity, and basic understanding of GBV/DV in Maldives, survivor-oriented approaches, the 4Rs and evidence based good practices.
- Design and deliver a program of foundational capacity building for qualifying CSOs to help prepare them to apply for partnership funding, including interested local councils and WDCs . This will include fostering partnership of local councils and WDCs with CSOs in the specific sites through the planned participatory proposal development workshops as part of the partnership building process.
- Develop the mindset, capacity and procedures in MGFSS to partner with CSOs and foster partnership of CSOs and local councils and WDCs. This will include the call and assessment of EoIs against agreed criteria and shortlisting CSOs for partnership and capacity building activities, contract, financial and performance monitoring.

By the end of Phase 1, MGFSS with the support of the project consultancy firm, will assist the shortlisted CSOs and respective local councils and WDCs in the project sites by building their capacity, preparedness for working in partnership, and developing full proposals in a participatory manner.

The consultancy firm will provide technical support to MGFSS in completing the selection and contracting of successful civil society organisations SGII will also support the position of a program manager at MGFSS for 24 months to manage all activities proposed for output 4, with the plan that MGFSS will cover the costs of the position thereafter. A staff from the Gender Affairs Department of MGFSS will also be attached with the program manager from the inception to facilitate the institutionalisation of the work.

Phase 2: 21-57 months (3 year), implementation of partner projects

Phase 2 will cover the implementation of grants to successful CSOs, the financial and performance monitoring of those grants by MGFSS, and learning activities. This will include annual review and reflection events for CSOs and partner local councils and WDCs and DV/GBV survivors to share experience.

The consultancy firm will support MGFSS in management of the partnerships with CSOs but on a sliding scale as capacity is developed. The consultancy firm will also provide technical support to CSOs, local councils and WDC partners in priority areas which will be defined with MGFSS and partners at the start of Phase 2.

The 4-step process for selecting partners for DV/GBV grants

The following participatory 4 step process is proposed for the selection of partners.

Step 1: Expression of Interest and pre-qualification criteria.

- CSOs will be asked to prepare a short Expression of Interest to participate.
- In Eol, CSOs need to meet all of the following criteria to be considered. They will be asked to include evidence:
 - Meet the requirements of the Associations Act or equivalent⁸ and show evidence:
 - Registered (provide a copy of the registration certificate with the registration number)
 - Executive Committee (list of members of the Executive Committee, with the date of last meeting)
 - Annual reports, annual financial reports, and annual audit reports submitted since 2018. At least two years of reports since 2018 will be required for pre-qualification.
 - Bank account statement (Recent statement dated in the past 30 days)
 - Annual audited financial statement (for CSOs with an annual spending above MVR500,000) (latest audited financial statement dated since 2018).
 - Active in any of the areas of DV, GBV, gender equality, women's empowerment, social protection, adolescent and youth engagement (news coverage, project report or any other published report)
 - Working in Addu, Male or Raa atoll Ugoofaaru OR working at the national level (self-declared statement indicating locations of their work, eg: Male', atolls and specific islands)
- Eol to include an indication of area of work within DV/GBV the CSO would like to undertake. (Indication of general area (eg: awareness, advocacy, research, service provision) under DV/GBV.
- National Steering Committee of the Small Grants Scheme to review and validate the prequalification criteria prior to issuing the call for Eol and ADB approval to be sought

Step 2: MGFSS selects short listed CSOs and partnership building starts

- Based on the expressions of interest received from CSOs, MGFSS will short list up to 10 potential CSO partners.
- National Steering Committee to review the shortlisting criteria and endorse the 10 shortlisted CSOs to be invited for the partnership building workshop.
- 3-day workshop held with shortlisted CSOs, and respective City/Island Councils, WDCs, CSGs (at least 1 member⁹ from the CSG from each island) in the project sites of Addu, Hulhumale and Ungafaroo-Raa. This will be facilitated by MGFSS and the partnership building specialist to be hired by the consultancy firm as part of the project. The workshop will:
 - Present the project, the process and expectations of working in partnership on DV/GBV

⁸ For example, MRC is established on the basis of the Maldivian Red Crescent Law [Law 7/2009].

⁹ Island Councils and WDCs are also part of CSG. This additional member should be from another agency in the island, Eg: Education, Health or Youth.

- Provide an opportunity for all participants to work together in group activities ○ Brainstorm and develop ideas of how the agencies can work together or in a complementary way on DV/GBV
- Pitch ideas on local partnerships for DV/GBV
- Following the workshop, all participating agencies will be asked if they would like to continue to the next stage of proposal preparation.

Step 3: Agencies work together on proposal concept paper

- MGFSS with support from the project consultancy firm will develop a proposal concept template
- Workshop #2 with all agencies that confirmed interest in continuing participation in the process.
 - 2 day workshop for CSOs and respective City/Island Councils, WDCs and CSGs to work together to prepare a joint proposal concept paper.
- MGFSS with support of the project consultancy firm to review the proposal concept papers against agreed criteria and select those that will progress to full proposal development.
- National Steering Committee for the Small Grants Scheme to review and endorse the agreed criteria to select the final partnerships to be progressed to the full proposal development stage. ADB approval of the selection criteria to be sought.

Step 4: Selected agencies receive capacity building

- Project consultancy firm will provide a series of capacity building and proposal development workshops (these may be a mix of in-person and on-line workshops) with all selected agencies. The capacity building will be based on a quick needs assessment by the consultancy firm done in a participatory manner with MGFSS and CSOs and participating local partners. Areas likely to include:
 - proposal development ○ financial management ○ M&E and reporting
 - technical areas related to DV/GBV
- Proposals will be finalised by the CSO and partnering local councils and WDCs with the technical guidance from the consultancy firm
- National Steering Committee of the Small Grants Scheme to review the pre-screened partnerships and endorse the final selection and MGFSS will award grants to those CSOs that meet all financial management due diligence requirements set out below. ADB approval and no objection certificate to be sought.
- National Steering Committee of the Small Grants Scheme to oversee implementation of the partnerships quarterly (for example reviewing the project monitoring reports) and provide strategic guidance in resolving any conflict that may arise (eg: grievance redress from any CSOs that expressed interest during Phase 1, or failure to adhere to contractual obligations)

Specific adaptations for aged care

The aged care grant process will mirror the phased implementation approach and 4-step process for selection outlined above, but with the following adjustments:

- The focus of the grants will, as outlined above, be on promoting quality long-term care and support, healthy ageing, and improved health and wellbeing of older people and their caregivers. Eols will be encouraged to reflect priorities identified by the participatory longterm care and support strategy development process already underway as part of Output 3.
- The grants will be available for CSOs and while not specifically targeted to forging partnership with local councils and WDCs in project sites, broad stakeholder engagement will be encouraged.
- CSOs can choose the location of activity rather than it being prescribed to specific atolls. Activities can be nationally and/or locally focused and CSOs will be able to suggest multiple settings for their activities if they wish.
- The activity proposed must meet the requirements of the grant aims, as outlined above.
- Phase 1 of the aged care grant process will start one year after the DV/GBV grant process commences and one year after the long-term care and support strategy development process starts to ensure it builds on learning from this. There will be a reduced timescale for Phase 1 (12 months) and Phase 2 (24 months) for the aged care grant scheme, reflecting that the grant process and mechanisms will already have been established and therefore not need set-up time; that there will be less time for project implementation as it will fall later in the project period.
- The number of grants shortlisted will depend on the numbers of eligible Eols received.

18. Institutional and implementation arrangements

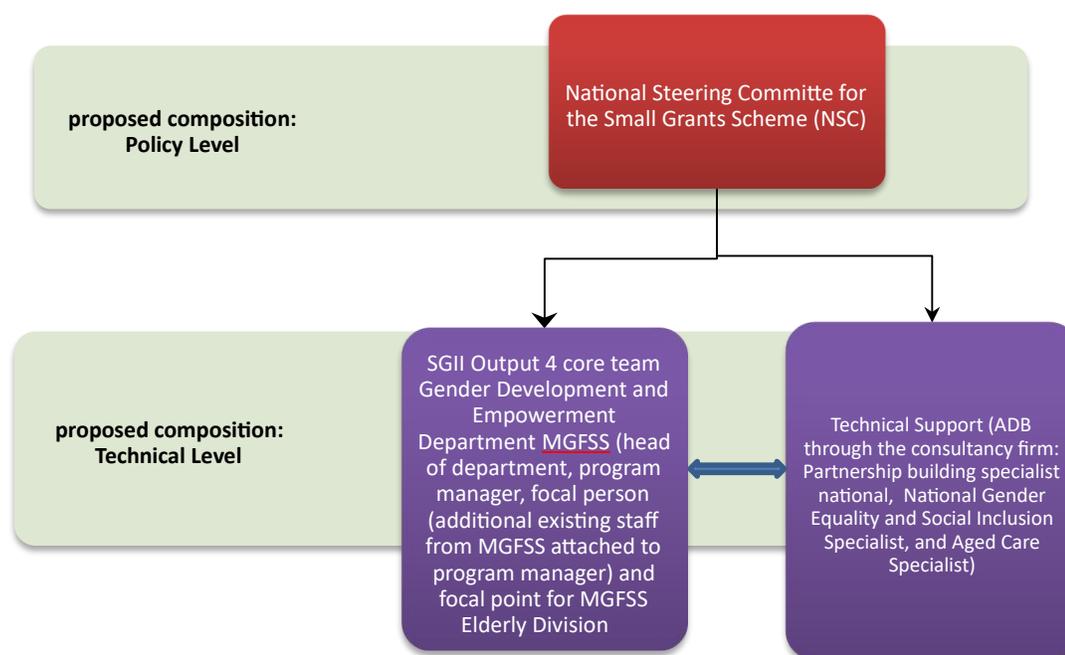


Figure 1: Institutional and Implementation arrangement for Output 4

- A National Steering Committee (NSC) for Small Grants Scheme with the overarching responsibility to provide policy guidance on key decisions that are to be made during the design, implementation, monitoring and evaluation, and learning of the SGII-Output 4 small grants scheme will be formulated with representation from the following key institutions.
 7. Ministry of Gender, Family and Social Services (MGFSS)
 8. Ministry of Finance (MoF)
 9. Ministry of Youth, Sports and Community Empowerment (MYSCE)
 10. Local Government Authority (LGA)
 11. Business Center Corporation (BCC)
 12. Long-term care and support technical working group.
- It is proposed to involve the state agencies mandated to strengthen CSO and community engagement in the NSC thereby contributing to learning from and support sustainability of activities in the long-term.
- The SGII-Output 4 small grants scheme's NSC will be chaired by the State Minister of Ministry of Gender, Family and Social Services. Other members shall be of the State/Deputy ministerial level or equivalent from respective institutions which they represent. The secretariat of the SGII-Output 4 small grants scheme's NSC will be at Gender Development and Women's Empowerment Department.

Role of the NSC

- Serve as the apex body to provide policy guidance and facilitate the implementation and coordination of the SGII-Output 4 small grants scheme.
- Review and endorse the Standard Operating Procedure (SOP) of the grants scheme outlining the detailed design of the partnership funding mechanism.
- Review and validate the pre-qualifying criteria for CSOs to participate in the partnership building and capacity building activities.
- Review the shortlisting criteria and endorse the 10 shortlisted CSOs (for DV/GBV grants) and 6 (for aged care grants) to be invited for the partnership building workshop.
- Review and endorse the agreed criteria to select the final partnerships to be progressed to the full proposal development stage.
- Review the pre-screened partnerships and endorse the final selection prior to awarding the grants.
- Review progress of partnership projects implementation at quarterly meetings (minimum) and through monitoring reports submitted by the program manager, Gender Development and Women's Empowerment Department and Elderly Division focal point in the case of the aged care grants.
- Provide strategic guidance in planned Monitoring, Evaluation and Learning (MEL) and in resolving any conflict that may arise (eg: grievance redress from any CSOs that expressed interest during Phase 1, or failure to adhere to contractual obligations).
- Provide strategic guidance on the sustainability of achievements and the institutionalization and replication, scaling up of learning and good practices.

Role of ADB

- To review and endorse the pre-qualification criteria
- To review and endorse the selection criteria
- To review selected grant applicants following due diligence completed by MGFSS, and issue no objection certificate.

Institutional arrangements for leadership and management of O4 within MGFSS

- The head of Gender Development and Empowerment Department in MGFSS will lead partnership building and Output 4. SGII will also support the position of a program manager at MGFSS for first 2 years (Phase 1) to manage all activities proposed for output 4, with the plan that MGFSS will cover the costs of the position thereafter. An existing staff from the Gender Development and Empowerment Department of MGFSS will also be attached with the program manager as a focal person for SGII output 4 for the DV/GBV grants and from the Elderly Division for the aged care grants, from the inception to facilitate the institutionalisation of the work within the MGFSS. This is the proposed core technical team for SGII output 4 from MGFSS.
- The technical consultants (the national partnership building specialist, gender equality and social inclusion specialist and aged care specialist) from the consulting firm supported by ADB will work closely with the MGFSS's Focal Person (existing staff of Gender Development and Empowerment Department and relevant Elderly Division focal point) and core technical team for the grant scheme.

Proposed Financial management arrangement and disbursement triggers under the grant scheme¹⁰

Due Diligence. The MGFSS will screen all grant applications and conduct a due diligence of the shortlisted applications. As part of the due diligence the following financial management related eligibility criteria will be scrutinized:

- i. Legally registered entity;
- ii. Compliance with the applicable regulatory requirements including statutory accounting and audit requirements;
- iii. Should not have any significant audit observations or irregulars observed in recent audits; and

The complete eligibility criteria under the grant scheme is outlined in the PAM.

Subproject/Grant Approval. Subject to a satisfactory due diligence, the grant application submitted by the beneficiary organization may be approved by the MGFSS/PMU and subsequently the Implementing Agency will enter into a grant agreement with the beneficiary organization. The grant agreement will clearly specify the financial management and audit requirements as well as disbursement conditions and triggers.

¹⁰ The section is taken from the draft Financial Management input provided by Mikael.

Accounting and supporting documents. The Grant Recipient shall maintain separate books for the sub-project transactions in accordance with acceptable accounting standards. The accounting records shall include a separate cash book, general ledger, journal register. The Grant Recipient shall maintain all supporting documentation of receipts and expenditures (e.g. contracts, purchase orders, invoices, interim payment certificate, proof of payment) in a separate file and in an organized manner.

Financial Reporting. The Grant recipient shall prepare annual utilization certificate showing the receipts and uses of the grant proceeds which will be submitted to the MGFSS/PMU within 45 days after the end of each fiscal year. The utilization certificate will include the information on receipts, payments as well as opening and closing balance for the fiscal year and cumulative. Within 60 days after sub project completion, the grant recipient will prepare a final utilization certificate covering the entire subproject implementation and all receipts and payments and the closing balance at the end of the sub project implementation.

Audit arrangements. The Grant Recipient shall cause the final utilization certificate to be audited/certified by an independent chartered accountant in accordance with acceptable audit standards and submit it to MGFSS/PMU within four months after the end of the sub project completion. Moreover, the Sub-project may be audited on a sample basis by the independent auditor appointed to audit the MGFSS/PMU and the overall project. The Grant Recipient shall make available all necessary financial information to the project auditor. In addition to the audit requirements outlined above, each Grant Recipient shall comply with the applicable statutory requirements.

Disbursement of grant proceeds. The grant proceeds will be deposited in the Grant Recipient's bank account operated under the joint signatures of at least two persons designated by the Grant Recipient and these persons will be specified in the grant agreement.

Disbursement triggers. The disbursement of the grants proceeds to the beneficiary organization will take place in annual instalments in accordance with the disbursement schedule and will be subject to meeting the necessary conditions as follows:

- i. First instalment of the grant will be disbursed subject to satisfactory receipt of the following by the MGFSS/PMU:
 - a) Duly signed grant agreement;
 - b) Evidence of bank account maintained by the beneficiary organization; and
 - c) Request for the first instalment of the grant proceeds and the necessary banking details;

- ii. Second instalment (if applicable) of the grant will be disbursed subject to satisfactory receipt of the following by the MGFSS/PMU:
 - a) Request for the second instalment of the grant proceeds and the necessary banking details;
 - b) Evidence/technical report demonstrating the achievement of agreed activity milestone;
 - c) Duly signed Utilization certificate certifying that at least 80% of previous instalment has been utilized. Copies of supporting documentation of all

- expenditures incurred (invoices, proof of payment, etc.) will be attached duly attached to the utilization certificate; and,
- iii. The final instalment of the grant, will only be disbursed subject to satisfactory receipt of the following by the MGFSS/PMU:
- a) Request for the third instalment of the grant proceeds and the necessary banking details;
 - b) Evidence/technical report demonstrating the achievement of agree activity milestone;
 - c) Duly signed Utilization certificate certifying that at least 80% of the 'second instalment' and 100% of first instalment has been utilized; Copies of supporting documentation of all expenditures incurred (invoices, proof of payment, etc.) will be attached duly attached to the utilization certificate; and,

Sub-project completion. Within four months after the completion of the subproject, the Grant Recipient shall submit the final audited utilization certificate and other reports as required to the MGFSS/PMU. Any unspent balance after the completion of the subproject shall be refunded by the Grant Recipient to the MGFSS/PMU.

Monitoring, Evaluation and Learning (MEL).

Implementation monitoring: The project will support MGFSS to undertake quarterly and annual progress reviews of implementation of the partnership projects. This will include consultant support via the project consultancy firm to support the Gender Development and Women Empowerment Department and Elderly Division as relevant to manage and monitor the implementation of the partnership projects supported by the small grants scheme.

The project consultancy firm will agree the implementation data that will be monitored with MGFSS once they are on-boarded. The process of defining the implementation monitoring indicators, frequency and source of data collection will form part of the learning-by-doing capacity building of MGFSS staff. Indicators that implementation monitoring is likely to cover are shown in Figure 2 below.

Figure 2: Potential implementation monitoring indicators

Phase	Potential indicators	Source of data
Phase 1: 12-18 months, laying the ground for partnerships	Number of CSOs expressing interest for call for Eol, disaggregated by location.	Eol evaluation report, Project documentation
	Number of CSOs shortlisted for invitation to partnership building workshop	Eol evaluation report, Project documentation
	Number of joint proposal concepts with local partnerships for DV/GBV	Presentations and Reports from the Partnership building workshop no:2
	Number of local partners progressing to full proposal development	Meeting minutes NSC
	Number of people trained in foundational capacity building workshops by gender, location, type of partner, and level of workshop	Participants lists, workshop reports
	Number of grants awarded (individual agencies vs partnerships)	Project documentation
Phase 2: 18-57 months, implementation of	Training Needs Assessment (TNA) of the final grant recipients	TA firm report

partner projects	Number of trainings held disaggregated by area covered, participants by gender, location, and type of partner	Training reports, project documentation
	Number of customized training modules developed	project documentation
	Number of local partners trained on 4R (Recognizing, Recording, Responding and Referral)	Training reports
Thematic Area		
Budget	Authorised budget and grant budget spent by quarter	Grants disbursement records, financial management reports
NSC	Number of NSC meetings held in 12 months	NSC meeting minutes
Supervision and QA visits	Number of visits by year and duration	Field visit reports
Grant Management Capacity	Training received by MGFSS staff on grant management disaggregated by type of training, duration and number of participants (%women)	Project Documentation
Monitoring, evaluation and learning	Number of meetings and workshops that staff (%women) participated in on MEL	Project Documentation

**Indicators will be adapted as relevant for the aged care grants based on learning from the DV/GBV grants as they progress and priority activities and outcome indicators of successful grant applicants.*

Evaluation: ADB will fund an impact evaluation of the project in the latter stage of implementation. The project Steering Committee and Technical Committee will oversee the evaluation. The evaluation will be contracted out to an external organisation by ADB under Attached Technical Assistance. The evaluation firm will build interest and ownership in the evaluation study through validation of design, presentation of findings and validation of recommendations. The project consultancy firm will provide support to MGFSS to convene and facilitate interagency participation in the oversight of the study, and in facilitating executive decision-making on the implications for policy and programming. The evaluation will span the entire scope of the project and measure achievements of the project against the Design and Monitoring Framework. For output 4, partner perspectives will be collected especially vis-à-vis governance, community mobilisation, the delivery of services by CSOs, local councils and WDCs and the broader package of partnerships for DV/GBV and aged care, respectively.

Additional Risks

The key risk to the implementation of partnership projects supported through the small grant's mechanism will be retention of trained and sensitized staff from CSOs, and other local partners (WDC and Local Councils), and timely provision of technical assistance from MGFSS and consulting firm. It is important to note the high risk of change of representatives from island councils and WDCs and technical staff from the local partners, as well as MGFSS and thereby there is a need to implement a continuous training program. This may include refresher trainings for existing staff and new orientation and training programs for staff that may join at a later stage.

It is also important that ADB technical consultants and core technical team of MGFSS continuously engage with local selected partners and closely monitor and provide timely technical backstopping for smooth implementation.

Inputs and costing

Inputs	Estimated budget
CSO grants for DV/GBV	\$400,000
CSO grants for aged care	\$200,000
Workshops and capacity building activities	\$56,000
Local grant manager full time	2 years
National Partnership Building Consultant	314 days
Support of National Gender Equality and Social Inclusion Specialist costed under Output 3	
Support of International Aged Care Specialist costed under Output 3	
Support of National Policy and Program Development and MEL Specialist costed under Output 3	

Below is a list of workshops to support implementation of Output 4. This list will be reviewed and revised as necessary during implementation for continued relevance, alignment with other project inputs, and to avoid duplication of effort with other government and development partner support.

Figure 3: Planned workshops to support implementation of Output 4

Title	Number of Participants	Venue and Location	Duration
DV/GBV CSO partnership building workshop and follow up workshop	30	Male	3 days followed by 2 days
Consultant cost			
Non-consultant cost			
DV/GBV CSO partnership capacity building workshop	30	Male	2 days x 2 rounds
Consultant cost			
Non-consultant cost			
DV/GBV CSO partnership MEL workshops	40	Male	2 days x annual over 3 years
Consultant cost			
Non-consultant cost			
Aged care CSO partnership building workshop and follow up workshop	30	Male	3 days followed by 2 days
Consultant cost			
Non-consultant cost			
Aged care CSO partnership capacity building workshop	30	Male	2 days x 2 rounds
Consultant cost			
Non-consultant cost			
Aged care CSO partnership MEL workshops	40	Male	2 days x annual over 2 years
Consultant cost			

Non-consultant cost			
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