

Experience of the Republic of Korea:
Monitoring & Evaluation of Sunflower Centers for
Integrated Support to Survivors of Sexual and
Gender-based Violence



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Bibliography

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- Ministry of Gender Equality and Family. 2019. 'Sunflower Center Business Overview'.
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Foreword

Sexual and Gender-based Violence (SGBV) is one of the most widespread, persistent, and devastating human rights violations. As stated in the Nairobi Forward-looking Strategies for the Advancement of Women, Gender-based Violence (GBV) continues to be an obstacle to achieving equality, development, and peace. This means the Sustainable Development Goals (SDGs) cannot be fulfilled without eliminating GBV.

The SDG Partnerships programme on SGBV promoted by UNDP Seoul Policy Centre (USPC) aims to facilitate dynamic knowledge sharing and peer-to-peer exchange of lessons learned for cross-national collaboration on the elimination of GBV, including on victim support.

This technical paper presents the monitoring and evaluation (M&E) mechanisms of Sunflower Centers in the Republic of Korea (RoK), which are integrated one-stop service centres for SGBV survivors that provide efficient and professional medical, counselling, legal, and police investigation services. The M&E mechanisms, created in 2017, ensure that all Centers are aware of and comply with the quality standards. Through this technical paper, we aim to support our partner countries' understanding of the various aspects of the M&E tools and mechanisms of RoK so that they may apply the learning points in a localized and contextualized way in their country.



Stephan Klingebiel

Director of UNDP Seoul Policy Centre

A handwritten signature in black ink that reads "Stephan Klingebiel". The signature is written in a cursive, flowing style.

Abstract

Sunflower Centers in the Republic of Korea (RoK) are integrated one-stop service centres for victims of Gender-based Violence (GBV), providing effective and professional medical, counselling, legal, and police investigation services. The first Sunflower Center was established in 2004 to assist child victims of GBV. Today, the Centers support victims of all ages. These Centers operate under the partnership among the Ministry of Gender Equality and Family, the Korean National Police Agency, local governments, and hospitals. Most importantly, they are fully funded by the Korean government.

This technical paper aims to share the Sunflower Centers' monitoring and evaluation (M&E) mechanisms from 2017 so that they can become a key reference point when other countries establish their own one-stop service centres and M&E mechanisms. It is certainly not an evaluation or research paper on the M&E mechanisms or guidelines that are to be copied and implemented without modification by other centres.

The M&E mechanisms of Sunflower Centers enhance service delivery in line with the following objectives: to better serve the victims of the GBV, help policymakers make informed decisions on GBV victim support measures, and to ensure transparency and accountability.

Conducted once every three years, evaluations are based on four key evaluation criteria: (i) Facilities and Safety, (II) Management and Human Resources, (III) Service Provision and Human Rights Protection and (IV) Interview-based Evaluation. Each criterion has sub-criteria, indicators, and scores that assure specific and fair assessment and standards. Furthermore, this paper will examine the use of satisfaction surveys with both (i) service providers and (ii) beneficiaries by relevant stakeholders to address any challenges to the Centers. This paper concludes by sharing the challenges, limitations, and overall lessons learned from experience of RoK with Sunflower Center M&E mechanisms.

Please note

This technical paper is based on the 2017 M&E mechanisms and evaluation results from 2018. As of March 2021, the newly-developed 2021 M&E mechanisms are being finalized. The 2021 M&E mechanisms build on the 2017 version by merging certain indicators into one while adding new indicators for a more detailed and objective evaluation. Other improvements will be introduced to streamline the overall evaluation process. USPC plans to publish another technical paper in the future based on the 2021 M&E mechanisms and lessons learned from using the mechanisms to carry out actual evaluations.

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I. One-stop Centers for Victims of Gender-based Violence in the Republic of Korea

I. One-stop Centers for Victims of Gender-based Violence in the Republic of Korea

Gender-based violence (GBV) is a global challenge —almost one in three women worldwide experience physical and/or sexual violence by an intimate partner or someone else in their lifetime. Addressing GBV is also a pressing issue in the Republic of Korea (hereinafter the ‘RoK’). According to a survey of 10,000 people aged between 19 and 64, conducted by the Government of RoK in 2019, 9.6 percent of respondents¹ (18.5 percent of women and 1.2 percent of men) responded that they experienced a physical form of sexual violence, including rape and sexual harassment, at least once in their lifetime.

1. Sunflower Centers in the RoK

To provide effective and comprehensive support to victims² of GBV, RoK established one-stop centres known as the Sunflower Centers. Sunflower Centers are hosted in hospitals and provide medical, counselling, legal, and police investigation services in a single location.

Sunflower Centers operate based on a formal partnership among the Ministry of Gender Equality and Family (MoGEF), the Korean National Police Agency, local governments, and hospitals. MoGEF is the main ministry administering the Centers and coordinates with other ministries, such as the Ministry of Justice. Sunflower Centers are fully funded by the Korean government, through a co-sharing arrangement between MoGEF.

The first Sunflower Center was established in Seoul in 2004, initially to provide professional and integrated support to child victims of sexual violence. Since then, Centers have expanded nation-wide, and services have been made available to victims of all ages for any type of GBV.³ As of March 2021, there are 40 Sunflower Centers in the RoK.

Table 1. Number of Beneficiaries by Type of GBV, 2017-2018⁴

Year	Total Number of Beneficiaries	Sexual Violence	Domestic Violence	Sex Trafficking	Other ⁵
2018	27,450	20,449	4,147	182	2,672
2017	27,225	19,423	4,817	171	2,814

¹ Republic of Korea (RoK), Ministry of Gender Equality and Family (MoGEF), “Results of the 2019 SGBV Safety Investigation”, May 2020, Available at: <https://www.gov.kr/portal/ntnadmNews/2166722>

² The term ‘victim’ refers to the use in the Korean policy documents and texts since the focus is on policies and measures addressing GBV. This is in no way intended to diminish the strength and agency of GBV survivors.

³ Sexual violence, domestic violence, sex trafficking, etc.

⁴ RoK, Women's Human Rights Institute of Korea, “2017-18 Sunflower Center Yearbook”, November 2019, Available at: https://www.stop.or.kr/brdthm/boardthmView.do?brd_id=BDIDX_F5x77rbJ37DSx2fb41PHjo&srch_menu_nix=tvQCd071&cont_idx=8

⁵ School violence, sex counselling, etc.

2. Key Services of Sunflower Centers

a Counselling Services

When victims first visit the Centers, professional counsellors conduct an initial interview with victims. Based on the interview, counsellors identify the support services needed for victims and make referrals to other service groups within the Center. For instance, if victims want to file a crime report, they are referred to the police officers at the Centers. Counsellors provide support to victims and their family members for recovery.

Image 1. Counselling Room⁶



Image 2. Counselling Room⁷



b Medical Services

The medical staff of the Centers provide various support to the victims such as the treatment of physical injuries, provision of emergency contraception, and diagnostic tests for sexually transmitted diseases. In RoK, all Sunflower Centers are established within existing hospitals. This model has the benefit of providing access to highly trained medical staff (including psychologists, child psychiatrists, and gynecologists), medical facilities, and emergency rooms that enable the 24/7 provision of urgent medical support.

The main objective of the medical rooms is to collect forensic evidence necessary for the police investigation. This includes not only the examination of genitals but also the face, body, bruises, wounds, nail marks, etc. If an injury is serious, emergency measures are taken, such as referral to the associated hospital. The evidence is collected following a standardized sexual assault evidence collection kit provided by MoGEF. The evidence collected by the medical staff is handed over to police officers dispatched to the Centers, who in turn, send the evidence to the police investigation team. The evidence is then analyzed by the National Forensic Service and the results are notified to the police. The integration of public services, such as the collection of forensic evidence and recording of victim statements for the investigation by police/prosecution or court trial, is a unique feature of Sunflower Centers.

Image 3. Medical room (for obstetrics and gynaecology) in Central Seoul Sunflower Center⁸



⁶ Seoul Sunflower Center (for Children), Available at: <http://www.child1375.or.kr/sub.php?menukey=11>

⁷ Ibid

⁸ Central Sunflower Center, Available at: http://scsunflower.or.kr/about/about_04.asp

c Police Investigation Services

In RoK, female police officers who are trained on sexual violence and victim investigation methods are dispatched to the Centers to provide investigation support to victims. They maintain a permanent presence so that victims can report their cases to the officers without having to visit a police station separately. Officers interview victims in the designated interview room of the Center, where the interviews are conducted and recorded at the same time. Victims give their written consent for video recording. The interview room is equipped with a video-recording system and can be monitored from a separate room where police officers in charge of the investigation can observe and record the interview.

In RoK, it is mandatory to video-record statements made by children under the age of 19 and persons with disabilities, to prevent them from experiencing secondary victimization by having to give the same testimony to multiple institutions (such as hospitals, police stations, courts, etc). This is explained in detail to the victims in advance.

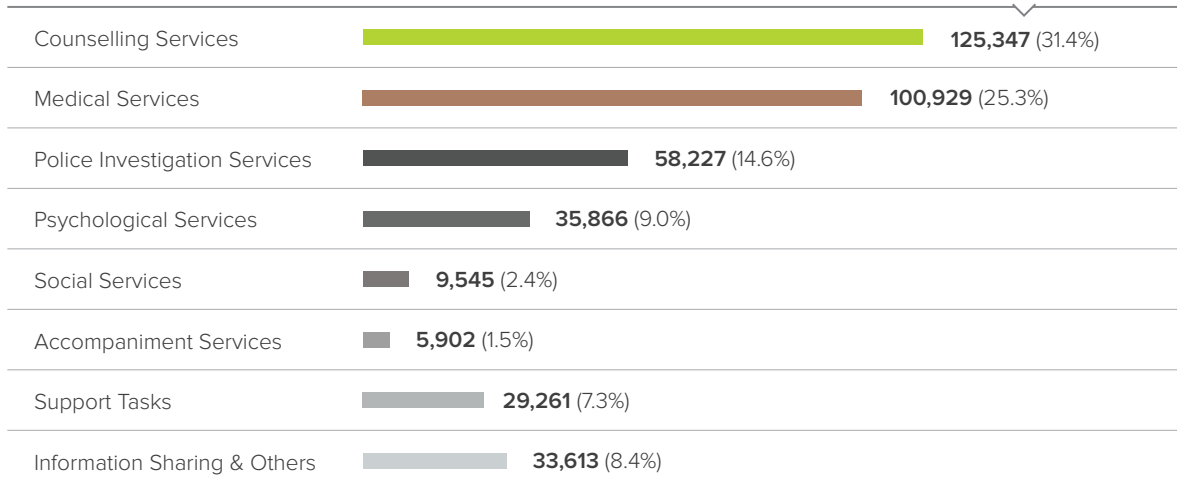
During the interview, other stakeholders, such as trustees, social workers, and public defenders designated by the Ministry of Justice, can participate in the interview to assist the communication and provide emotional support. The interview results, together with forensic evidence, are sent to the police station for further investigation.

Image 2. Counselling Room⁹



Figure 1. Number of Cases for Each Type of Service¹⁰

2018 398,690



⁹ School violence, sex counselling, etc. Image available at: http://scsunflower.or.kr/about/about_04.asp

¹⁰ RoK, Women's Human Rights Institute of Korea (WHRİK), "2017-18 Sunflower Center Yearbook", November 2019, Available at: https://www.stop.or.kr/brdthm/boardthmView.do?brd_id=BDIDX_F5x77rbJ37DSx2fb41PHjo&srch_menu_nix=tvQCd071&cont_idx=8

3. Strengths and Benefits of the Sunflower Center Model

Based on experience of RoK with operating Sunflower Centers since 2004, key strengths and benefits of the Sunflower Center model are outlined below. For more information on Sunflower Center mechanism and lessons learned from the operation of the Center, please refer to the Sunflower Center Resource Book available on USPC's website.¹¹

a Comprehensive and integrated delivery of services for GBV victims

The Sunflower Center model allows for comprehensive and integrated delivery of services for GBV victims by overcoming institutional fragmentation. Before Sunflower Centers existed, service providers worked in silos, leading to inefficient use of resources, disparities in quality of services provided among centres, and limited accountability and monitoring. In contrast, in Sunflower Centers, the service providers from various sectors systematically collaborate and actively share information and knowledge, enhancing the efficiency and effectiveness of service delivery.

b Provision of high-quality, professional services

Sunflower Centers provide high-quality, professional services, leading to the minimization of secondary victimization. All staff are specially trained on GBV and follow tested and proven protocols on victim support, which is based on the specific needs of the victims. The services are accessible in a single location that is designed to make victims feel safe and comfortable, and there is no need to visit different places to testify multiple times. This in turn lowers barriers to receiving support and minimizes secondary victimization.

c Korean government funds 100% of the Centers' operational costs

Based on Article 18 of the Sexual Violence Prevention and Victims Protection Act, the running costs of Sunflower Centers are fully funded by the government through a co-sharing arrangement between central and local governments. This provides consistent funding for the Centers, which in turn, enables them to provide reliable services to GBV victims.

¹¹ UNDP Seoul Policy Centre, "Sunflower Center Resource Book", March 2019, Available at: https://www1.undp.org/content/seoul_policy_center/en/home/research-and-publications/sunflower-center-resource-book.html





II. Monitoring and Evaluation of Sunflower Centers

II. Monitoring and Evaluation of Sunflower Centers

1. Why Monitoring and Evaluation Is Important

The purpose of devising a systematic monitoring and reporting procedure is to better measure and assess performance. Monitoring and Evaluation (M&E) (i) enhances the service delivery for GBV victims in line with the objectives of the one-stop service centres, (ii) helps policymakers make informed decisions on GBV victim support measures, and (iii) ensures transparency and accountability, which are crucial in government-funded public services such as Sunflower Centers.

2. M&E Mechanisms

M&E of Sunflower Centers is conducted every three years by collecting and analyzing data, assessing the performance of the Centers, and identifying and providing solutions to any challenges. The data collected through the evaluation helps substantiate the challenges faced on the ground and allows decision-makers to take evidence-based measures. For the Centers, it is an opportunity to reflect on their own performance and improve their services based on the evaluation recommendations.

MoGEF is the main ministry that is in charge of the operations as well as the M&E of Sunflower Centers. The Women's Human Rights Institute of Korea (WHRIK), which falls under the direction of MoGEF, spearheads the evaluation. The legal basis for conducting M&E is enshrined in Article 12 and Article 25 of the Sexual Violence Prevention and Victims Protection Act. The first evaluation was conducted in 2009, and then in 2012, 2015, and 2018.

For the latest evaluation in 2018, WHRIK commissioned the Korean Women's Development Institute (KWDI), which is the leading research institute on policies promoting gender equality. Under the guidance of WHRIK, KWDI conducted an evaluation of the 37 Centers with more than one year of operations as of 2018.

Key responsibilities of KWDI:

- 1) Recruit and manage evaluators
- 2) Manage field-based and qualitative evaluations
- 3) Conduct a survey of service providers and analyze the results
- 4) Conduct a survey of beneficiaries and analyze the results
- 5) Compile the findings of the evaluation and collect any appeals made by the Centers on the findings
- 6) Review and finalize the evaluation report

Figure 2. Roles and Functions of MoGEF, WHRIK, and KWDI in the evaluation of Sunflower Centers



3. Evaluation Process

For the preparation of the 2018 evaluation, WHRIK disseminated the evaluation criteria developed in 2017 by KWDI to Sunflower Centers. It also organized a workshop to present the evaluation criteria and feedback collected from the Sunflower Centers' management. KWDI staff revised and finalized the criteria based on the feedback.

At the same time, KWDI recruited and trained evaluators who were planning to visit and evaluate each Sunflower Center. The evaluators were recruited from academia, NGOs, and Sunflower Centers' management. KWDI also developed a manual for evaluators and organized a workshop to disseminate guidelines on the evaluation methods and processes.

While KWDI recruits and trains evaluators, Sunflower Centers are requested to conduct self-evaluations based on the criteria developed. KWDI distributes each Center's self-evaluation to a team of two field evaluators. Each team visits approximately 10 Centers upon consultation with the Centers on the date and time of field evaluation. The field evaluators visit the Centers and conduct interviews with the management and staff. Experts from WHRIK and researchers from KWDI also join the evaluators during the visits. The evaluators review and, if necessary, revise the self-evaluations submitted by the Centers when the findings from the visits are different from the submissions. The revised evaluation, along with a report of the interviews, is sent to KWDI. Each Center may appeal to KWDI within 10 days if there are any objections to the revised self-evaluation or score deductions. Appeals need to be backed up with justifiable reasons for objections.

After reviewing the submitted evidence, KWDI decides whether to accept or reject an appeal and notifies the Center at hand. After handling the appeals, KWDI conducts qualitative and quantitative analysis based on the data collected from the field evaluations and final self-evaluation. KWDI then prepares a final report on the evaluation results. After the final evaluation, Sunflower Centers can voluntarily apply to receive consultations from WHRIK to improve their service provision. In 2018, three Sunflower Centers applied for consultations after the evaluation.

Figure 3. Evaluation Process in 2018





III. Evaluation Criteria of Sunflower Centers

III. Evaluation Criteria of Sunflower Centers

In RoK, Sunflower Center evaluation criteria were developed based on the existing evaluation criteria for social welfare facilities, which were refined to reflect the specific nature of one-stop centres.

There are four key evaluation criteria of Sunflower Centers:

- 1) Facilities and Safety
- 2) Management and Human Resources
- 3) Service Provision and Human Rights Protection
- 4) Interview-based Evaluation

There are a total of 10 sub-criteria under the four main criteria. The maximum scores of each criterion are indicated in Table 2 below. The maximum scores represent the weight of each criterion in the evaluation. As in the below table, the Sunflower Center allocates the highest weight (55 percent) to ‘Service Provision and Human Rights Protection’ followed by ‘Management and Human Resources’ (25 percent).

In RoK, the satisfaction surveys of service providers and beneficiaries are not part of the evaluation criteria of Sunflower Centers. They are, therefore, addressed in a separate chapter, Chapter IV.

Table 2. Evaluation Criteria of Sunflower Centers

Criteria	Sub-criteria	# of Indicators	Max. Score
A. Facilities and Safety	Facilities	7	10
	Safety	4	
B. Management and Human Resources	Composition and management of the Steering Committee	1	25
	Staff recruitment and capacity development	3	
	Management and teamwork	5	
C. Service Provision and Human Rights Protection	Service provision	8	55
	Service referral system	2	
	Human rights protection	1	
	Follow-up services	1	
D. Interview-based Evaluation	Interviews with the management and staff of the Centers	3	10
Total		35	100

a Facilities and Safety

The establishment and management of one-stop centres are often based on relevant laws and policies. Therefore, a checklist for the evaluation of facilities and safety measures can be created based on what is already required by the law. For instance, the relevant laws, regulations, and decrees on Sunflower Centers provide some standards regarding the facilities. Also, they are required to be established inside a hospital, with a total surface area of approximately 330m² out of which 100m² should be allocated to counselling, treatment, relaxation, and statement video-recording rooms. Also, the designated spaces should have the necessary equipment for their key services.

The legal requirements for the facility and safety act as the minimum standards for the ‘hardware’ of Sunflower Centers. They help ensure that service centres across the country are equipped with the same facilities. It should be noted that the high standards for the uniform application of facility and safety requirements may be a burden for some prospective hospitals that are interested in establishing a one-stop centre. In this regard, there are two types of Centers that can be considered based on their capacity and available resource: (I) Centers with only the core functions, i.e. forensic evidence collection, medical treatment, and statement recording of victims; or (II) Centers that provide integrated services, i.e. all the core functions plus therapy and counselling. It is imperative to establish context-appropriate facility standards for each centre based on the hospital’s available resources and location.

1) Sunflower Center Evaluation Criteria for Facilities

The indicators for facilities reflect three main areas of services provided at the Centers, namely counselling, medical, and police investigation support. The legal requirements related to the establishment of Centers state that they should have a dedicated space for a counselling room, medical room with OB/GYN equipment, statement-recording room and waiting room.

For counselling services, the evaluation assesses whether the Centers have a dedicated space for counselling, whether the counselling room is spacious, comfortable, safe and whether the room is designed to protect confidentiality (through the use of sound-proof walls and other methods).

Table 3. Evaluation Criteria for Counselling Service Facilities

Indicator	Criteria	
A 1-1. Does the facility have a safe environment for counselling?	a) There is a separate room for counselling.	
	b) The room size is suitable for counselling.	
	c) The room is cozy and comfortable.	
	d) The room is soundproof.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
	1 = Inadequate	Less than two of the above

The evaluation also assesses whether the facilities provide a waiting room where victims, in particular children, can rest and relax while waiting for services.

Table 4. Evaluation Criteria for Waiting Rooms

Indicator	Criteria	
A 1-2. Is the waiting room an appropriate space and environment for victims?	a) There is a dedicated space that functions as the waiting room.	
	b) There are toys, books and magazines prepared.	
	c) The waiting room is spacious.	
	d) The waiting room provides a sense of security and comfort for children.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
	1 = Inadequate	Less than two of the above

The evaluation for medical support facilities assesses: (I) whether there is an appropriate space allocated for rest, treatment, and stabilization (II) whether the medical service rooms are prepared with the necessary equipment, and (III) whether the emergency and examination rooms of the host hospital are easily accessible from the medical service room of the Centers.

Table 5. Evaluation Criteria for Medical Service Facilities

Indicator	Criteria	
A 1-3. Does the facility provide an appropriate space for resting and emergency response?	a) There is a separate room for resting.	
	b) Room size is suitable for resting.	
	c) Bed and bedding are prepared.	
	d) The room blocks off outside sounds.	
	e) The emergency room is easily accessible.	
	f) The examination rooms of the host hospital are easily accessible.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
2 = Average	Two of the above	
1 = Inadequate	Less than two of the above	

A 1-4. Does the facility provide an adequate	a) There is a separate room for psychological treatment.	
	b) Room size is suitable for providing psychological treatment.	
	c) The room is comfortable and pleasant.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
1 = Inadequate	Less than two of the above	
A 1-5. Does the facility provide an adequate place with the needed tools for psychiatric treatment and evaluation?	a) There is a separate room for evaluation.	
	b) There is a separate room for individual treatment.	
	c) There is a room for group treatment.	
	d) There are at least two tools for treating psychological troubles observed young children.	
	e) The rooms are soundproof.	
	f) The evaluation and treatment rooms are adequate for undergoing intensive procedures.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
1 = Inadequate	Less than two of the above	
A 1-6. Is there a separate examining room with appropriate treatment facilities?	a) There is a separate room.	
	b) The room is comfortable and pleasant.	
	c) The room has medical imaging equipment that enables the objective and scientific collection of evidence.	
	d) Equipment for storing evidence (e.g. fridge) is in use and well-managed.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
1 = Inadequate	Less than two of the above	

The evaluation for investigation service facilities assesses: (I) whether there are dedicated rooms for conducting victim interviews and for monitoring from outside, (II) whether the interview room provides an environment where victims can feel safe and comfortable (such as the lighting, color tone of the room, and type of chairs and decoration) and allows other relevant stakeholders to participate (e.g. public defender), and (III) whether the Centers are equipped with facilities to monitor and record the interview¹².

Table 6. Evaluation Criteria for Investigation Service Facilities

Indicator	Criteria	
A 1-7. Does the Center have recording and monitoring rooms for victim interviews?	a) There are dedicated spaces (rooms) for recording and monitoring the victim interview.	
	b) The interview recording room provides an environment for victim interviews to take place in a sound manner and allows relevant stakeholders to be present in the room.	
	c) Rooms are equipped with proper equipment for recording and monitoring statements.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
1 = Inadequate	Less than two of the above	

2) Safety

The evaluation for safety assesses the measures in place to protect the safety of victims and staff of the Centers. It also assesses the safety and accessibility of the facilities for persons with disabilities, as well as the facility management, emergency (e.g. fire) preparedness, and insurance policies of the Centers.

¹² A process legally mandatory in the RoK for cases involving children under the age of 19 and persons with disabilities according to the Sexual Violence Prevention and Victims Protection Act.

Table 7. Evaluation Criteria for Safety

Indicator	Criteria	
A 2-1. Does the Center provide equipment and tools to protect the safety of staff?	a) There is an emergency contact system with police stations.	
	b) There is a security or CCTV system in place.	
	c) There is a visitor identity verification system in place.	
	d) There is an emergency alarm.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
A 2-2. Does the Center carry out adequate emergency management?	a) There are fire hydrants and extinguishers.	
	b) There are automatic fire detectors (e.g. heat detector, smoke detector) installed.	
	c) There are emergency exits.	
	d) There are emergency exit guidelights.	
	e) Fire drills and prevention trainings are held every six months.	
	Scoring	
	4 = Outstanding	All of the above
A 2-3. Did the Center have fire and accident insurance for staff during the past year?	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
	1 = Inadequate	Less than two of the above
A 2-4. Is the facility easily accessible to persons with disabilities?	a) There are ramps in place.	
	b) There are elevators in place.	
	c) There are bathrooms for persons with disabilities in place.	
	d) There are braille guide maps and blocks.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above

b Management and Human Resources

The evaluation for management and human resources takes up one-quarter of the total score, indicating its importance in a multi-disciplinary service setting and the sensitive nature of support for GBV victims. In RoK, the Steering Committee manages the overall planning and implementation of the Centers. It also manages partnerships and cooperation required between the Center and other relevant stakeholders.

1) Composition and Management of the Steering Committee

The Steering Committee plays a crucial role in providing the direction for the Centers. The Committee is responsible for discussing matters such as (I) strengthening cooperation mechanisms among relevant institutions; (II) expanding medical/legal/police investigation support; and (III) establishing business plans and objectives of the Center. The indicator under the ‘Steering Committee’ criterion assesses how appropriate the composition and management of the Committee is.

Table 8. Evaluation Criteria on Steering Committee

Indicator	Criteria
B 1-1. Are the composition and the management of the Steering Committee appropriate?	a) The Steering Committee is composed of members with the capacities and expertise required for managing the Centers.
	b) The committee includes members from local support groups for sexual violence, domestic violence and child abuse victims (i.e. service providers at counselling centres or shelters).
	c) The committee (with the Expert Advisory Group) convenes at least twice a year.
	d) The results of committee meetings are documented and maintained.
	e) The results of committee meetings are reflected in the Centers’ management.
	Scoring
4 = Outstanding	All of the above
3 = Excellent	Three of the above
2 = Average	Two of the above
1 = Inadequate	Less than two of the above

2) Staff Recruitment and Capacity Development

In RoK, the qualifications and requirements of each service group in Sunflower Centers are stated in the relevant law and regulations. Therefore, the evaluation does not assess the qualification and requirements of staff but examines the recruitment process instead.

Table 9. Evaluation Criteria for Staff Recruitment

Indicator	Criteria	
B 2-1. Are the staff hired through an open recruitment process?	a) A hiring committee is formed for the recruitment of staff.	
	b) At least two external experts are included in the hiring committee.	
	c) The recruitment is done through an open and competitive process.	
	d) The recruitment notice is posted for at least 10 days.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
1 = Inadequate	Less than two of the above	

Staff capacity development and continuous learning opportunities are important aspects to managing human resources and ensuring high-quality services for victims of GBV. The indicators for staff capacity development assess the staff participation rate in external training and capacity development programmes. The evaluation examines the percentage of staff who have participated in at least one external training in a year.

Table 10. Evaluation Criteria for Staff Capacity Development

Indicator	Criteria	
B 2-2. What is the staff participation rate in external training and capacity development programmes?	The percentage of staff that have participated in at least one external training in a year.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
	1 = Inadequate	Less than two of the above
B 2-1. Are the staff hired through an open recruitment process?	a) There are relevant provisions on staff training and travel allowance.	
	b) Training allowance is provided to staff who participated in training or capacity development programmes.	
	c) Travel allowance is provided to staff who participated in training or capacity development programmes.	
	d) Measures enabling staff to actually participate in external training and capacity development programmes (e.g. internal authorization/approval of the training, adjustment of work tasks) are in place and implemented.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
1 = Inadequate	Less than two of the above	

3) Management and Teamwork

The evaluation of the Center’s operational direction, plan and implementation is assessed based on interviews with the heads of the Centers. The senior management’s efforts to support staff capacity development are assessed through qualitative evaluation.

Table 11. Evaluation Criteria for Management and Teamwork

Indicators	Scoring		
B 3-1. Does the Head of the Center make adequate efforts to provide operational direction, planning, and implementation of the Center’s activities? (Evaluation based on interview)	4 = Outstanding	Very adequate	
	3 = Excellent	Adequate	
	2 = Average	Somewhat adequate	
	1 = Inadequate	Not adequate	
	0 = Not available	Interview with the head of the Center not available	
B 3-2. Does the Director of the Center actively organize meetings (e.g. weekly and monthly meetings and case meetings)?	4 = Outstanding	At least 21 times annually	
	3 = Excellent	16 to 20 times annually	
	2 = Average	10 to 15 times annually	
	1 = Inadequate	Less than 10 times annually	
B 3-3. Has the business and operation planning been established and has evaluated?	a) A business plan is made early in the year.		
	b) The Center’s annual performance is evaluated.		
	c) Business improvement plan is established based on the performance evaluation results.		
	Scoring		
	4 = Outstanding	All of the above	
	3 = Excellent	Three of the above	
	2 = Average	Two of the above	
	1 = Inadequate	Less than two of the above	
	B 3-4. Are staff meetings held regularly and are the results of these meetings being properly managed?	a) Staff meetings are held weekly.	
		b) The Head of the Center chairs weekly staff meetings.	
c) The minutes of the meetings are documented.			
d) There have been cases in which deliberations of the meetings have been applied.			
Scoring			
4 = Outstanding		All of the above	
3 = Excellent		Three of the above	
2 = Average		Two of the above	
1 = Inadequate		Less than two of the above	

B 3-5. Are there efforts to improve the teamwork and capacity of the staff? (Qualitative write-in evaluation)	* Please identify the efforts that took place to improve the teamwork and capacity of the staff.	
	* The statement must be less than three A4 pages.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
2 = Average	Two of the above	
1 = Inadequate	Less than two of the above	

c Service Provision and Human Rights Protection

There are three sub-criteria under the ‘Service Provision’ and ‘Human Rights Protection’ criteria: service provision, referral system and protection of human rights.

1) Service Provision

The evaluation criteria on ‘service provision’ assess:

- a) Overall service provision
- b) Challenges relating to victim support and planned actions to address the challenges
- c) Case meetings

The data on the number of services provided is based on the digital administration system in RoK. The scoring on the number of services provided is calculated by the percentage of services provided by each Center compared to the average number of services provided by all Centers.

The number of victims visiting the Centers and the number of services provided may vary depending on the location, geographical distribution, accessibility of the Centers and the population of each city. For instance, metropolitan cities are likely to have more victims visiting and a higher total number of services provided compared to small and medium-sized cities. However, the number of services provided for each victim (the ratio of services to beneficiaries) may be higher in small and medium-sized cities. The evaluation scores are calculated in percentages to encourage Centers to provide, whenever necessary, more services for victims based on their needs.

Table 12. Evaluation Criteria for Service Provision

Indicators	Criteria	
C 1-1. How many support services were provided during the past year (from January to December)?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 1-2. How many victims visited during the past year?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 1-3. How many counselling sessions were provided per person on average during the past year?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 1-4. How many psychological support services were provided per person on average during the past year?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 1-5. How many medical support services were provided per person on average during the past year?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 1-6. How many investigative and legal support services were provided per person on average during the past year?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)

The evaluation criteria for the ‘Challenges and planned actions’ criterion assess whether there are any challenges relating to service provision, as well as actions planned and taken by the Centers to address the challenges. The evaluation is conducted through a written questionnaire and interviews with the directors of the Centers on the three most challenging cases supported by relevant Centers. The evaluation is designed to classify the types of cases that are identified as most challenging, assess how the Centers addressed specific challenges, and evaluate how the Centers collaborated with other relevant stakeholders and set up plans to address the challenges

Table 13. Evaluation Criteria for Challenges and Planned Actions

Indicators	Criteria	
C 1-7. What are the challenges relating to victim support and how does the Center manage to address them? (Qualitative write-in evaluation)	* Please identify the three most challenging cases supported by the Center.	
	Scoring	
	4 = Outstanding	Appropriate measures are taken to support victims.
	3 = Excellent	Highly relevant measures are taken to support victims.
	2 = Average	Relevant measures are taken to support victims.
	1 = Inadequate	Somewhat relevant measures are taken to support victims.

Table 14. Evaluation Criteria for Case Management Meetings

Indicator	Criteria	
C 1-8. How are the case management meetings held?	a) Case management meetings are held at least twice a month.	
	b) The minutes of the meetings are documented.	
	c) The meetings are chaired by the senior management (Head, Director, Team Leader, etc.).	
	d) The meetings are supervised by external advisors or experts.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
	1 = Inadequate	Less than two of the above

2) Service Referral System

The indicators on the 'Service Referral System' assess how well the system is managed with relevant stakeholders and the number of referrals made.

Table 15. Evaluation Criteria on Referral System

Indicators	Criteria	
<p>C 2-1. How well is the referral system managed?</p>	a) The Center has a referral system in place with at least ten types of organizations listed below*.	
	b) The Head of the Center, Director, Deputy Director, Team Leaders, and Team Members participate in the meetings held by the organizations mentioned below at least four times a year.	
	c) Members from at least three types of the organizations mentioned below are included in the Center's steering committee.	
	d) Stakeholders from referral organizations participate in the Center's meetings at least once a year.	
	<p>* List of relevant types of organizations</p> <ol style="list-style-type: none"> 1) Police 2) Judicial organizations (Prosecutor's Office, courts) 3) Medical institutions (excluding hospitals that are hosting Sunflower Centers) 4) Other integrated support centres for victims of sexual violence 5) Sexual violence and domestic violence counselling centres 6) Shelters 7) Youth support centres 8) Child protection agencies 9) Emergency hotline for women 10) Mental health centres 11) Support centres for persons with disabilities 12) Schools and other education institutions 13) Administrative institutions (local government agencies) 14) Support centres for victims of crime 15) Emergency hotline for migrant women 	
	Scoring	
<p>C 2-2. How many investigative and legal support services were provided per person on average during the past year?</p>	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
<p>C 2-2. How many investigative and legal support services were provided per person on average during the past year?</p>	1 = Inadequate	Less than two of the above
	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
<p>C 2-2. How many investigative and legal support services were provided per person on average during the past year?</p>	1 = Average	Less than (Average - 10% of Average)

3) Human Rights Protection

The evaluation criteria for ‘Human Rights Protection’ assess whether the gathered information relating to victims is properly stored and maintained, complying with the principle of confidentiality.

Table 16. Evaluation Criteria for Human Rights Protection

Indicators	Criteria	
C 3-1. Is the information related to victims properly stored and maintained, with confidentiality measures in place?	a) Information relating to victims is stored and maintained.	
	b) There is a lock system for stored information.	
	c) There are security programmes installed on the computers.	
	d) There is a responsible person assigned for information management.	
	e) Non-disclosure of personal information agreements are signed by staff and stored and maintained.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Four of the above
2 = Average	Three of the above	
1 = Inadequate	Less than three of the above	

4) Follow-up Services

The indicator also assesses whether there are follow-up services provided to victims.

Table 17. Evaluation Criteria on Follow-up Services

Indicators	Criteria	
C 4-1. Are there follow-up services provided to victims?	a) There are institutional manuals (on workflow and regulations) for follow-up measures.	
	b) Service user satisfaction is recorded after a case is closed.	
	c) Efforts are made to improve the follow-up system and effectiveness of support (e.g. through supervision, meetings, etc.).	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Two of the above
	1 = Inadequate	One of the above

d Interview-based Evaluation

The field evaluators conduct qualitative interviews with the senior management (the Director and Deputy Director) and staff of the Centers. The interview with the senior management assesses leadership, commitment, support to victims, staff capacity building and any challenges related to the Centers' operations. The interview with staff assesses the staff's opinions of the senior management, the Centers, as well as the hospitals hosting the Centers.

The staff interview is assessed in a way so that the more staff participate in the interview, the higher score the Centers receive. This is to encourage more staff to participate in the evaluation, without putting a burden or pressure on the management about external independent evaluators meeting the staff. The purpose of staff interviews is to collect as much information as possible, which are relevant to the service provision and operation of the Centers.

Table 18. Evaluation Criteria on Referral System

Indicators	Criteria
D 1-1. Interview with the Deputy Director	* The interview is conducted by field evaluators visiting the Centers. <ul style="list-style-type: none"> - Describe the efforts made to support victims. - Describe the efforts made to manage the human resources and enhance staff capacity. - Describe the efforts made to resolve conflicts among staff and demonstrate communication-oriented leadership. - Describe any challenges to the Center's operations.
	Scoring
	4 = Outstanding
	3 = Excellent
	2 = Average
1 = Inadequate	

<p>D 1-2. Interview with the Director</p>	<p>* The interview is conducted by field evaluators visiting the Centers.</p> <ul style="list-style-type: none"> - Describe the efforts made to support victims. - Describe the efforts made to manage the human resources and enhance staff capacity. - Describe the efforts made to resolve conflicts among staff and demonstrate communication-oriented leadership. - Describe how you are actively participating in the operations of this centre. - Describe any challenges to centre's operations. <p>Scoring</p> <p>4 = Outstanding</p> <p>3 = Excellent</p> <p>2 = Average</p> <p>1 = Inadequate</p>
<p>D 1-3. Staff interview</p>	<p>* The interview is conducted by field evaluators visiting the Centers</p> <ul style="list-style-type: none"> - Describe any difficulties you faced at work. - Describe any improvement you want from the senior management. - Describe any improvement you want from the Center or the host hospitals. <p>* The field evaluation is conducted with staff who are on duty on the day of the evaluation.</p> <ul style="list-style-type: none"> - Outstanding (4) was given to the Centers that had one employee from at least four different positions participate in the interview. - Excellent (3) was given to the Centers that had one employee from at least three different positions participate in the interview. - Average (2) was given to the Centers that had one employee from at least two different positions participate in the interview. - Inadequate (1) was given to the Centers that did not participate in the interview. <p>Scoring</p> <p>4 = Outstanding</p> <p>3 = Excellent</p> <p>2 = Average</p> <p>1 = Inadequate</p>





IV. Satisfaction Survey

IV. Satisfaction Survey

In RoK, satisfaction surveys of neither the service providers nor the beneficiaries are part of the evaluation criteria of Sunflower Centers. Still, they are used by MoGEF, local governments, Sunflower Centers, and other relevant stakeholders to identify any challenges faced by the Centers and improve service delivery.

1. Satisfaction Survey for Service Providers

The satisfaction survey for service providers is conducted online in RoK. The survey targets the Centers' staff, excluding the senior management. On the survey, service providers are asked about the satisfaction level of their assigned duties, work environment and working conditions.

The satisfaction survey for service providers is not included in the official M&E criteria partly due to concerns that it could create excessive pressure upon the management, which in turn, could put undue pressure on its staff. Although the satisfaction survey is not included in the evaluation criteria, it is used by the MoGEF and local governments to better understand the operations and any challenges faced by the Centers. The results are also used by the Ministry and local governments to advocate for improved working conditions for service providers, which is crucial in ensuring the recruitment and retention of qualified staff.

Table 19. Satisfaction Survey for Service Providers

Year	Indicator	Scoring
Division of labor	How satisfied are you with the Center's division of labor?	4 = Very satisfied
		3 = Satisfied
		2 = Dissatisfied
		1 = Very dissatisfied
Workload at the Center	How satisfied are you on your work at the Center?	4 = Very satisfied
		3 = Satisfied
		2 = Dissatisfied
		1 = Very dissatisfied
Coordination among professional groups within the Center	How satisfied are you with exchanging opinions and receiving advice about support cases at the Center?	4 = Very satisfied
		3 = Satisfied
		2 = Dissatisfied
		1 = Very dissatisfied
Communication at the Center	Does your Center support active communication and understanding among service providers?	4 = Very satisfied
		3 = Satisfied
		2 = Dissatisfied
		1 = Very dissatisfied

Working conditions and benefits plans	How satisfied are you with your working conditions (wage, benefit plans, working environment, etc.)?	4 = Very satisfied	
		3 = Satisfied	
		2 = Dissatisfied	
		1 = Very dissatisfied	
Center's work environment	How satisfied are you with the Center's work environment (the Center structure, space, soundproofing, lighting, ventilation, etc.)?	4 = Very satisfied	
		3 = Satisfied	
		2 = Dissatisfied	
		1 = Very dissatisfied	
Center's efforts in identifying service providers' demands and improving the working environment	Does your Center make efforts to identify the challenges and demands of service providers?	4 = Very satisfied	
		3 = Satisfied	
		2 = Dissatisfied	
		1 = Very dissatisfied	
Center's efforts in identifying service providers' demands and improving the working environment	Does your Center make efforts to improve the work environments of service providers?	4 = Very satisfied	
		3 = Satisfied	
		2 = Dissatisfied	
		1 = Very dissatisfied	
Reasons for leaving the Center (Resignation)	Reasons	Number of respondents	Percentage
	Salary		
	Health issues		
	Problems with co-workers/superiors		
	Commute distance		
	Change of career		
	Other		
	Total		

2. Service Satisfaction Survey for Beneficiaries

In RoK, the service satisfaction survey for beneficiaries is conducted by each Sunflower Center. The survey targets beneficiaries who have received support in the preceding year and no longer receives support from the Centers. The results of the survey are then collected by WHRIK for analysis.

In RoK, although the scores from the beneficiary survey are relatively high, the results are not included in the evaluation criteria. This is partly due to the fact that the survey is conducted through a written form that is passed on directly to beneficiaries by the service providers. Since this could affect the response by beneficiaries, Sunflower Centers use the results as supplementary data only to enhance their service delivery.

While the beneficiary survey is not incorporated in the evaluation criteria, the service satisfaction survey still shows critical aspects of Sunflower Centers' performance, which are to be referred to by the implementing organizations - MoGEF and WHRIK, in the case of RoK

Through the survey, beneficiaries are asked about the number of visits to the Center, types of services received, overall satisfaction level of services provided, satisfaction level by each type of service, whether they would recommend the Centers to other victims, and any other feedback for the Centers.

Table 20. Service Satisfaction Survey for Beneficiaries

Question	Frequency / Rating	
Name	[Please write your name]	
Number of visits to the Sunflower Center	Frequency	Number of respondents (%)
	Once	
	2 - 3 times	
	4 - 6 times	
	7 - 10 times	
	11 - 20 times	
	21 - 30 times	
	31 - 40 times	
	41 - 50 times	
	More than 51 times	
	Total	
Number of services received	Types of service	Number of times received
	Counselling service	
	Medical service	
	Police investigation service	
	Psychological support service	
	Total	

Overall satisfaction with support services	Category	
	1. Quality of the Centre facilities	
	2. Location and accessibility	
	3. Attitude of service providers	
	4. Amount and quality of information given	
	5. Nature/type of service received	
	Rating Scale	
	Very satisfied	
	Satisfied	
	Neutral	
	Dissatisfied	
Very dissatisfied		
Satisfaction level by service type	Types of service	Satisfaction level
	Counselling	Satisfaction level of counselling service
		Satisfaction level of communication in counselling
	Medical treatment	Satisfaction level of medical treatment service
		Satisfaction level of the promptness of treatment
	Investigation and legal support	Satisfaction level of investigation service
		Satisfaction level of legal service
	Psychological support	Satisfaction level of psychological support
		Satisfaction level of post-traumatic stress treatment
	Rating Scale	
	Very satisfied	
	Satisfied	
	Neutral	
Dissatisfied		
Very dissatisfied		
Willingness to recommend the Center to others	Rating Scale	
	Very likely	
	Likely	
	Neutral	
	Unlikely	
	Very unlikely	


The beneficiary survey also includes open-ended questions to collect any other feedback or comments beneficiaries may have for service improvement. The table below shows examples of comments received through open-ended questions. The comments are grouped according to their categories.

Table 21. Examples of Comments Received From Open-ended Questions

Category	Comments
Center accessibility	The Center is too far to access.
	The Center is nearby and easy to access.
	I hope the Center is promoted more so that other victims can also benefit .
	The Center is easily accessible with the transportation provided by the Center.
	Transportation to the Center is inconvenient and it is difficult to walk to there.
	There is insufficient parking space.
	The Center is difficult to visit as it is exposed in open space.
	The Center is difficult to find (i.e. small signs, etc.).
Center environment	Space is confined and narrow in the Center.
	I am satisfied with the Center’s clean and pleasant space.
	The Center is structured so that individual privacy is protected.
	The Center is not sound-proof.
	The Center is inconvenient for people with disabilities or children(i.e. lack of inclined slopes).
Counselling service	I am satisfied with the counselling services provided.
	More appointment options and number of counselling should be provided.
	The counsellor is understanding and compassionate.
	The counselling service is professional.
	Counselling service for infants and toddlers is needed.
	I appreciate the counsellor’s kind consideration toward infants and toddlers.
	The counselling session was helpful to understand my child.
	Information about counselling session plan should be provided in advance.
	Waiting time for counselling is too long.
	I am satisfied with the psychological support service provided.
Medical service	I am satisfied with the medical service I received.
	I am dissatisfied with the medical service provided.
	Waiting time for medical examination and the duration of the treatment are too long.
	I would like to see a female gynecologist.

Police investigation services	I am satisfied with the police investigation service provided.
	I am dissatisfied with the police investigation service provided.
	I was not fully informed about the legal process.
	The advising lawyer did not have the right attitude, nor did the lawyer provide sufficient information.
	The investigation environment is comfortable enough for children to testify.
	I had difficulty giving multiple detailed testimonies.
Staff attitude	They have a good attitude and provide a comfortable environment and attentive services.
	They tried to listen to me attentively and provide practical advice.
	They provided detailed explanation and information.
	Frequent staff turnover was frustrating.
	There was no detailed explanation given about the Center's services.
	I felt humiliated during support service.
Overall experience	I am satisfied with the overall experience at the Centers.
	I appreciate the Center's prompt action to provide support services.
	Follow-up services need further improvement.
	There is a need for a referral system and more information on helpful programmes.
	I do not feel safe nor comfortable at the Center.
	I feel safe as there is no male staff around me at the Center.
	Consistent service delivery is helpful.
	I would like to get more support services.
	I am afraid my identity will be revealed.
(Other responses)	





V. Challenges and Limitations Experienced in Sunflower Center M&E

V. Challenges and Limitations Experienced in Sunflower Center M&E

This chapter takes stock of the challenges and limitations experienced when conducting monitoring and evaluation in Sunflower Centers in RoK in 2018.

1. Lack of systematic follow-up

In RoK, evaluations are conducted every three years based on Article 25 of the Sexual Violence Prevention and Victims Protection Act. However, the results of the evaluations have not been utilized systematically, due to the lack of budget and human resources. The current budget allocated for M&E only covers the evaluation itself, and only a few consultations are offered as follow-up actions. Without a budget and human resources specifically allocated for follow-up measures beyond consultations, it is difficult for the evaluation results to be fully utilized for the future improvements of the Centers.

2. Overemphasis on quantitative indicators related to legal and facility requirements

Quantitative indicators are primarily used in the evaluation of the Sunflower Centers. These indicators focus on whether the Sunflower Centers meet the legal safety and facility requirements for allocated space, rooms, equipment, etc. While they are useful for standardizing the quality of services and ensuring that the Centers meet the minimum standards, it is difficult for quantitative indicators to capture how the services meet the needs of GBV victims in trauma reduction and how the vulnerable groups are supported.

3. Need for confidentiality when conducting beneficiary surveys

The Sunflower Centers conduct surveys that ask how satisfied beneficiaries were with the services provided, such as counselling, medical, legal, and police investigation support. As the survey is conducted through a written form that is passed on to beneficiaries by the service provider, the satisfaction level from the beneficiary survey tends to be relatively high. However, the response rate for the 2017 survey stagnated, remaining only around 10 percent. As a result, the beneficiary survey results are currently only used as supplementary data and are not included in the official evaluation results. The survey can be improved by guaranteeing the respondent's confidentiality and increasing the response rate.

4. Loss of qualified staff due to the lack of incentives and compensation based on experience

Staff members that understand the complexities of GBV well and provide survivor-oriented support are essential to ensure high-quality services at these one-stop centres. However, many of the experienced staff recently chose to leave and pursue more lucrative opportunities because the Centers fail to compensate their staff adequately, taking into account the number of years worked. Although there are human resources related-indicators that evaluate how fair the recruitment procedures and incentives are, there is no indicator for the staff capacity and expertise, which can be measured by the amount of work experience at the Centers.

5. Lack of recognition for high-performing centres

There is a lack of public recognition of high-performing centres. Even if a specific Center demonstrates a commendable performance, such performance is only recognized internally within the respective centres. Notable practices are not shared adequately with other centres or the wider public.





VI. Lessons Learned from Experiences of RoK in Sunflower Center M&E

VI. Lessons Learned from Experiences of RoK in Sunflower Center M&E

Based on the challenges and limitations identified in the previous chapter, Chapter VI provides key lessons learned that may be helpful for other countries or partners seeking to develop and/or apply the M&E mechanisms for one-stop centres for victims of GBV. For countries that have capacity constraints or are just getting started, applying the M&E mechanisms to all service centres across the country from the outset may be challenging. In such a case, applying the M&E mechanisms in pilot centres and then scaling up to other centres and regions could be an option.

1. Maintain continuity and consistency in M&E

In RoK, WHRIK, which falls under the purview of the MoGEF, spearheads the evaluation of Sunflower Centers. Then KWDI won a competitive bid to carry out the evaluation and worked closely with WHRIK to do so. They completed the evaluation of all 37 Sunflower Centers (with more than one year of operations) in 2018.

While there are advantages to putting out a call for proposals to select an institution that will partner with WHRIK in conducting the M&E, it is also important to maintain continuity throughout the different evaluations conducted every three years. If the M&E partner changes every three years, it is hard to retain continuity and consistency of the evaluations. Hence, it is beneficial to have a single institution that is consistently responsible for M&E and carries it out over multiple years, which is the direction RoK is working toward.

2. Allocate a budget for follow-up measures and human resources after the evaluation

The purpose of the evaluation is not to simply state the evaluation results but to improve services based on the findings of the evaluation. From the planning and budgeting phase of the evaluation, the followings should be set out clearly: (I) the evaluation process; (II) the process of developing M&E indicators jointly with the Centers' staff and external experts; (III) how the findings and lessons learned will be documented and fed back into the Centers to improve services; and (IV) the need to allocate resources for follow-up measures such as consultations, workshops and training.

3. Use qualitative indicators to establish survivor-oriented services beyond the minimum standards

On the one hand, quantitative indicators are useful in establishing and rolling out essential public service delivery mechanisms quickly across the country. They provide a clear measure to the services and help provide a uniform standard of basic public service for GBV victims. However, quantitative indicators do not fully answer the questions of whether the services meet the needs of GBV victims, reduce the trauma and prevent secondary victimization, and how well vulnerable groups are supported through the services. In the scale-up and consolidation phase of one-stop service centres, the use of qualitative data is crucial to ensure that the services surpass the minimum standards. In Sunflower Centers, qualitative data gathered through interviews with the senior management and staff of the Centers are used in the evaluation to complement quantitative indicators.

For countries that have limited resources, quantitative indicators can be used first and the use of qualitative indicators, which require more time, resources and deeper analysis, could be introduced later in the M&E process.

4. Conduct beneficiary surveys confidentially to improve the quality of services


A beneficiary survey on services conducted by the service providers through a written form passed on to beneficiaries leaves the possibility for their identities to be compromised. Anonymous web or mobile-based surveys would protect the confidential identities of the beneficiaries and enable the beneficiaries to respond honestly without any influence from the service providers.

5. Develop customized M&E tools for one-stop centres should be an essential component of the integrated evaluation process

The Sunflower Centers are unique and different from other public administrative services or social welfare services for the following reasons: 1) The Centers provide, through its expert staff, legal, material and emotional support for GBV victims who might otherwise feel stigmatized or afraid to report; 2) Unlike other social welfare facilities that are based on a single discipline, one-stop centres provide multi-disciplinary services in one location.

Developing customized M&E tools for one-stop centres for GBV victims may be a labor-intensive task at first, but it is essential to develop such tools at the outset to ascertain the methods that centres use to evaluate their services will ensure efficient, high-quality, and victim-oriented services and map out the way forward.

M&E tools for one-stop centres should be designed in a way that systemically identifies challenges and improves services for GBV victims. To do this, the process of (I) Developing indicators → (II) Carrying out M&E → (III) Implementing follow-up measures → (IV) Revising indicators based on previous evaluation results and follow-up measures, is crucial as it ensures that the M&E tools improve continuously through a feedback loop.



Furthermore, the development of indicators should be a participatory process that includes the staff. It is important for the staff members to understand the M&E indicators that are currently being used and to voice their opinions on them. Only when M&E indicators are well understood by the staff and used to guide the implementation of activities can centres improve their quality of services.

However, one important aspect to remember, especially for those in charge of developing the indicators, is that staff members tend to reject indicators that could potentially disadvantage them because they are the ones who will be impacted directly.

6. Recruit and retain staff who are adequately trained on GBV response to ensure high-quality and survivor-oriented service provision

Supporting GBV victims is a complex and delicate process, requiring personnel with the right expertise. One of the most urgent challenges faced by the Centers is that the staff are underpaid compared to their qualifications. This is due to the fact the budget created by the government does not enable the Sunflower Centers to compensate their staff members based on the number of years worked, as they accumulate. It is crucial to secure a budget that enables centres to retain experienced and competent professionals with the necessary qualifications.

7. Recognize high-performing centres and share best-case practices

Recognition should be given to the one-stop service centres that are found to be the best performers as the result of evaluations. The top-performing centres can be recognized by various ways, such as awards, which would motivate the staff of the centres to excel further in their work. Furthermore, recognition should not stop at simply giving recognition to the top performers, but there should be events and workshops that share and showcase the best-case practices that were identified through the evaluations. Facilitating knowledge exchange and learning opportunities among the centres is crucial to improve the services provided to the victims, who often depend heavily on the centres as a last resort.



Annex 1.

The exhaustive table of the evaluation criteria of Sunflower Centers

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Criterion A. Facilities and Safety

Indicator	Criteria	
A 1-1. Does the facility have a safe environment for counselling?	a) There is a separate room for counselling.	
	b) Room size is suitable for counselling.	
	c) The room is cozy and comfortable.	
	d) The room is soundproof.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
A 1-2. Is the waiting room an appropriate space and environment for victims?	a) There is a dedicated space for the waiting room.	
	b) There are toys, books and magazines prepared.	
	c) The waiting room is spacious.	
	d) The waiting room provides a sense of security and comfort for children.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
A 1-3. Is the waiting room an appropriate space and environment for victims?	a) There is a separate room for resting.	
	b) Room size is suitable for resting.	
	c) Bed and bedding are prepared.	
	d) The room blocks off outside sounds.	
	e) The emergency room is easily accessible.	
	f) The examination rooms of the host hospital are easily accessible.	
	Scoring	
	4 = Outstanding	All of the above
3 = Excellent	Three of the above	
2 = Average	Two of the above	
1 = Inadequate	Less than two of the above	

A 1-4. Does the facility provide an adequate space for psychiatric treatment?	a) There is a separate room for psychological treatment.	
	b) Room size is suitable for providing psychological treatment.	
	c) The room is comfortable and pleasant.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Two of the above
	2 = Average	One of the above
1 = Inadequate	None of the above	
A 1-5. Does the facility provide an adequate place with the needed tools for psychiatric treatment and evaluation?	a) There is a separate room for evaluation.	
	b) There is a separate room for individual treatment.	
	c) There is a room for group treatment.	
	d) There are at least two tools for treating psychological troubles observed young children.	
	e) The rooms are soundproof.	
	f) The evaluation and treatment rooms are adequate for undergoing intensive procedures.	
	Scoring	
	4 = Outstanding	All of the above
3 = Excellent	Three of the above	
2 = Average	Two of the above	
1 = Inadequate	Less than two of the above	
A 1-6. Is there a separate examining room with appropriate treatment facilities?	a) There is a separate room.	
	b) The room is comfortable and pleasant.	
	c) The room has medical imaging equipment that enables the objective and scientific collection of evidence.	
	d) Equipment for storing evidence (e.g. fridge) is in use and well-managed.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
2 = Average	Two of the above	
1 = Inadequate	Less than two of the above	

A 1-7. Does the Center have recording and monitoring rooms for victim interviews?	a) There are dedicated spaces (rooms) for recording and monitoring the victim interview.	
	b) The interview recording room provides an environment for victim interviews to take place in a sound manner and allows relevant stakeholders to be present in the room.	
	c) Rooms are equipped with proper equipment for recording and monitoring statements.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Two of the above
	2 = Average	One of the above
1 = Inadequate	None of the above	
A 2-1. Does the Center provide equipment and tools to protect the safety of staff?	a) There is an emergency contact system with police stations.	
	b) There is a security or CCTV system in place.	
	c) There is a visitor identity verification system in place.	
	d) There is an emergency alarm.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
2 = Average	Two of the above	
1 = Inadequate	Less than two of the above	
A 2-2. Does the Center carry out adequate emergency management?	a) There are fire hydrants and extinguishers.	
	b) There are automatic fire detectors (e.g. heat detector, smoke detector) installed.	
	c) There are emergency exits.	
	d) There are emergency exit guidelights.	
	e) Fire drills and prevention trainings are held every six months.	
	Scoring	
	4 = Outstanding	All of the above
3 = Excellent	Three of the above	
2 = Average	Two of the above	
1 = Inadequate	Less than two of the above	
A 2-3. Did the Center have fire and accident insurance for staff during the past year?	Scoring	
	4 = Outstanding	Both fire and accident insurance for staff
	3 = Excellent	Only fire insurance for staff
	2 = Average	Only accident insurance for staff
	1 = Inadequate	Not insured for either fire or accident insurance

A 2-4. Is the facility easily accessible to persons with disabilities?	a) There are ramps in place.	
	b) There are elevators in place.	
	c) There are bathrooms for persons with disabilities in place.	
	d) There are braille guide maps and blocks.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
1 = Inadequate	Less than two of the above	

Criterion B. Management and Human Resources

Indicator	Criteria	
B 1-1. Are the composition and the management of the Steering Committee appropriate?	a) The Steering Committee is composed of members with the capacities and expertise required for managing the Centers.	
	b) The committee includes members from local support groups for sexual violence, domestic violence and child abuse victims (i.e. service providers at counselling centres or shelters).	
	c) The committee (with the Expert Advisory Group) convenes at least twice a year.	
	d) The results of committee meetings are documented and maintained.	
	e) The results of committee meetings are reflected in the Centers' management.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
2 = Average	Two of the above	
1 = Inadequate	Less than two of the above	
B 2-1. Are the staff hired through an open recruitment process?	a) There is a separate room for counselling.	
	b) Room size is suitable for counselling.	
	c) The room is cozy and comfortable.	
	d) The room is soundproof.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
	2 = Average	Two of the above
1 = Inadequate	Less than two of the above	

B 2-2. What is the staff participation rate in external training and capacity development programmes?	The percentage of staff that have participated in at least one external training in a year.	
	Scoring	
	4 = Outstanding	100% and above
	3 = Excellent	80% - 99%
	2 = Average	60% - 79%
	1 = Inadequate	Below 60%
B 2-3. Is training and travel allowance provided to staff who participate in external training and capacity development programmes?	a) There are relevant provisions on staff training and travel allowance.	
	b) Training allowance is provided to staff who participated in training or capacity development programmes.	
	c) Travel allowance is provided to staff who participated in training or capacity development programmes.	
	d) Measures enabling staff to actually participate in external training and capacity development programmes (e.g. internal authorization/approval of the training, adjustment of work tasks) are in place and implemented.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
2 = Average	Two of the above	
	1 = Inadequate	Less than two of the above
B 3-1. Does the Head of the Center make adequate efforts to provide operational direction, planning, and implementation of the Center's activities? (Evaluation based on interview)	4 = Outstanding	Very adequate
	3 = Excellent	Adequate
	2 = Average	Somewhat adequate
	1 = Inadequate	Not adequate
	0 = Not available	Interview with the head of the Center not available
B 3-2. Does the Director of the Center actively organize meetings (e.g. weekly and monthly meetings and case meetings)?	4 = Outstanding	At least 21 times annually
	3 = Excellent	16 to 20 times annually
	2 = Average	10 to 15 times annually
	1 = Inadequate	Less than 10 times annually

<p>B 3-3. Has the business and operation planning been established and has evaluated?</p>	a) A business plan is made early in the year.	
	b) The Center's annual performance is evaluated.	
	c) Business improvement plan is established based on the performance evaluation results.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Two of the above
	2 = Average	One of the above
1 = Inadequate	None of the above	
<p>B 3-4. Are staff meetings held regularly and are the results of these meetings being properly managed?</p>	a) Staff meetings are held weekly.	
	b) The Head of the Center chairs weekly staff meetings.	
	c) The minutes of the meetings are documented.	
	There have been cases in which deliberations of the meetings have been applied.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
2 = Average	Two of the above	
1 = Inadequate	Less than two of the above	
<p>B-5 Are there efforts to improve the teamwork and capacity of the staff? (Qualitative write-in evaluation)</p>	* Please identify the efforts that took place to improve the teamwork and capacity of the staff.	
	* The statement must be less than three A4 pages.	
	Scoring	
	4 = Outstanding	100% and above
	3 = Excellent	80% - 99%
	2 = Average	60% - 79%
	1 = Inadequate	Below 60%

Criterion C. Service Provision and Human Rights Protection

Indicators	Criteria	
C 1-1. How many support services were provided during the past year (from January to December)?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 1-2. How many victims visited during the past year?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 1-3. How many counselling sessions were provided per person on average during the past year?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 1-4. How many psychological support services were provided per person on average during the past year?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 1-5. How many medical support services were provided per person on average during the past year?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 1-6. How many investigative and legal support services were provided per person on average during the past year?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 1-7 What are the challenges relating to victim support and how does the Center manage to address them? (Qualitative write-in evaluation)	* Please identify the three most challenging cases supported by the Center.	
	Scoring	
	4 = Outstanding	Appropriate measures are taken to support victims.
	3 = Excellent	Highly relevant measures are taken to support victims.
	2 = Average	Relevant measures are taken to support victims.
1 = Inadequate	Somewhat relevant measures are taken to support victims.	

C 1-8. How are the case management meetings held?	a) Case management meetings are held at least twice a month.	
	b) The minutes of the meetings are documented.	
	c) The meetings are chaired by the senior management (Head, Director, Team Leader, etc.).	
	d) The meetings are supervised by external advisors or experts.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Three of the above
C2-1. How well is the referral system managed?	a) The Center has a referral system in place with at least ten types of organizations listed below*.	
	b) The Head of the Center, Director, Deputy Director, Team Leaders, and Team Members participate in the meetings held by the organizations mentioned below at least four times a year.	
	c) Members from at least three types of the organizations mentioned below are included in the Center's steering committee.	
	d) Stakeholders from referral organizations participate in the Center's meetings at least once a year.	
	* List of relevant types of organizations	
	1) Police	
	2) Judicial organizations (Prosecutor's Office, courts)	
3) Medical institutions (excluding hospitals that are hosting Sunflower Centers)		
4) Other integrated support centres for victims of sexual violence		
5) Sexual violence and domestic violence counselling centres		
6) Shelters		
7) Youth support centres		
8) Child protection agencies		
9) Emergency hotline for women		
10) Mental health centres		
11) Support centres for persons with disabilities		
12) Schools and other education institutions		
13) Administrative institutions (local government agencies)		
14) Support centres for victims of crime		
15) Emergency hotline for migrant women		
Scoring		
4 = Outstanding	All of the above	
3 = Excellent	Three of the above	
2 = Average	Two of the above	
1 = Inadequate	Less than two of the above	

C 2-2. How many cases were referred to other stakeholders during the past year?	3 = Outstanding	(Average + 10% of Average) or more
	2 = Excellent	Between (Average - 10% of Average) or more and less than (Average + 10% of Average)
	1 = Average	Less than (Average - 10% of Average)
C 3-1. Is the information related to victims properly stored and maintained, with confidentiality measures in place?	a) Information relating to victims is stored and maintained.	
	b) There is a lock system for stored information.	
	c) There are security programmes installed on the computers.	
	d) There is a responsible person assigned for information management.	
	e) Non-disclosure of personal information agreements are signed by staff and stored and maintained.	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Four of the above
	2 = Average	Three of the above
	1 = Inadequate	Less than three of the above
C 4-1. Are there follow-up services provided to victims?	a) There are institutional manuals (on workflow and regulations) for follow-up measures.	
	b) Service user satisfaction is recorded after a case is closed.	
	c) Efforts are made to improve the follow-up system and effectiveness of support (e.g. through supervision, meetings, etc.).	
	Scoring	
	4 = Outstanding	All of the above
	3 = Excellent	Two of the above
	1 = Inadequate	One of the above

Criterion D. Interview-based Evaluation

Indicators	Criteria
<p>D 1-1. Interview with the Deputy Director</p>	<p>* The interview is conducted by field evaluators visiting the Centers.</p> <ul style="list-style-type: none"> - Describe the efforts made to support victims. - Describe the efforts made to manage the human resources and enhance staff capacity. - Describe the efforts made to resolve conflicts among staff and demonstrate communication-oriented leadership. - Describe any challenges to the Center’s operations. <p>Scoring</p> <p>4 = Outstanding</p> <p>3 = Excellent</p> <p>2 = Average</p> <p>1 = Inadequate</p>
<p>D 1-2. Interview with the Director</p>	<p>* The interview is conducted by field evaluators visiting the Centers.</p> <ul style="list-style-type: none"> - Describe the efforts made to support victims. - Describe the efforts made to manage the human resources and enhance staff capacity. - Describe the efforts made to resolve conflicts among staff and demonstrate communication-oriented leadership. - Describe how you are actively participating in the operations of this centre. - Describe any challenges to centre’s operations. <p>Scoring</p> <p>4 = Outstanding</p> <p>3 = Excellent</p> <p>2 = Average</p> <p>1 = Inadequate</p>

<p>D 1-3. Staff interview</p>	<p>* The interview is conducted by field evaluators visiting the Centers</p> <ul style="list-style-type: none"> - Describe any difficulties you faced at work. - Describe any improvement you want from the senior management. - Describe any improvement you want from the Center or the host hospitals. <p>* The field evaluation is conducted with staff who are on duty on the day of the evaluation.</p> <ul style="list-style-type: none"> - Outstanding (4) was given to the Centers that had one employee from at least four different positions participate in the interview. - Excellent (3) was given to the Centers that had one employee from at least three different positions participate in the interview. - Average (2) was given to the Centers that had one employee from at least two different positions participate in the interview. - Inadequate (1) was given to the Centers that did not participate in the interview. <p>Scoring</p> <p>4 = Outstanding</p> <p>3 = Excellent</p> <p>2 = Average</p> <p>1 = Inadequate</p>
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