

Terms of Reference for Gud Tumoro Baseline Study

1. PROJECT SUMMARY

Type of study	Baseline Study
Name of the project	Gud Tumoro: Komiuniti Tugeta for Lukautim Pikinini
Project Start and End dates	01 August 2025 – 31 July 2029
Project duration	4 years
Project locations:	8 communities in Western Province and Choiseul Province in the Solomon Islands, with potential scale-up to 6 communities in Malaita in Yr 3-4.
Thematic areas	Child Protection, GEDSI
Donor	Australian Government through the Australian NGO Cooperation Program (ANCP)
Estimated beneficiaries	The project will directly reach an estimated 6,310 individuals, which includes children, youth and adults (parents/ caregivers and community members) as well as service providers and other stakeholders.
Overall objective of the project	To empower children in the Solomon Islands to thrive in safe, respectful communities, free from violence and exploitation, through strengthened families and locally responsive, equitable systems.

2. INTRODUCTION

This document provides Terms of Reference for the baseline study of the Gud Tumoro: Komiuniti Tugeta for Lukautim Pikinini project.

This four-year child protection project aims to create safe communities for children by strengthening the capacity of families, communities, and local systems to prevent and respond to violence, abuse, neglect, and exploitation, while raising the voices of children and empowering them to advocate and express their views within families, communities and with decision-makers. The project is being implemented between August 2025 and July 2029 with funding from the Australian Government through the Australian NGO Cooperation Program (ANCP).

The project will directly reach an estimated 6,310 individuals, which includes 3,568 children and 2,742 adults. The project will initially focus its implementation in 4 communities in Western province and 4 communities in Choiseul province, with possible expansion to 6 communities in

Malaita province in Years 3-4 of the project based on the results of the midterm evaluation (see Annex 2 for list of communities).

The primary objective of this baseline study is to populate values for key project outcome indicators, providing a reference point from which the progress and impact of the project can be measured over time.

The project background, study scope, key questions, methodology, key deliverables and timeframes for its implementation are provided in the sections that follow.

3. BACKGROUND AND CONTEXT

Children in the Solomon Islands face significant risks of violence, neglect, and exploitation due to a complex interplay of factors. Prevailing socio-cultural norms often silence children, limiting their ability to seek help or report abuse. Families often lack awareness of positive parenting techniques, grapple with economic stressors, and navigate insufficient support systems. According to the 2009 Child Protection Baseline Survey, 72% of parents admitted to using physical punishment or violence to discipline children in their households.¹ The primary justification for this type of violence was the intent to discipline or educate children. The methods frequently included smacking, hitting with a stick, or striking with an open or closed hand. This normalization of violence discourages people from seeking help and perpetuate ongoing abuse. The significant obstacle in tackling violence against children is the widespread social acceptance of corporal punishment, which is often seen as a normal and cultural appropriate form of discipline.

At the community level, harmful gender and social norms exacerbate risks, while weak child protection mechanisms and inadequate knowledge of referral pathways leave children vulnerable. The formal system, particularly at the provincial level, is hampered by limited resources, understaffed of social services, and gaps in legislation. Children with disabilities encounter extra challenges and are at greater risk of abuse and exclusion. Many families struggle with limited knowledge of positive parenting practices that are inclusive of gender and disability consideration.

They also face significant financial stress, which is often worsened by climate-related disruptions, and must navigate inadequate and inaccessible support system. Climate change through more frequent extreme weather events and rising sea levels intensifies these vulnerabilities by causing displacement, harming livelihoods, and placing additional strain on families and communities. This can increase the risk of violence, exploitation, and neglect. To effectively respond to these overlapping challenges, a holistic approach that integrates gender equality, disability inclusion, and social inclusion (GEDSI) is essential. Such an approach must empower all children, especially those who are most marginalised, and support families through child protection components. This project is intentionally designed to build a sustainable,

¹ (UNICEF Pacific, 2009. "Protect Me with Love and Care: Child Protection Baseline Report", p.141) (Family Health and Safety Study, op. cit., p.30)

gender-equal, disability-inclusive, and climate-resilient protective environment for children across the Solomon Islands by addressing these interconnected issues directly.

Addressing these challenges requires an approach that empowers children, strengthens families, addresses entrenched norms of power, mobilizes community-based approaches to protection, and advocates for systemic improvements at all levels. This project is designed to create a sustainable protective environment for children in the Solomon Islands by directly targeting these interconnected issues.

This four-year child protection project aims to create safe communities for children by strengthening the capacity of families, communities, and local systems to prevent and respond to violence, abuse, neglect, and exploitation, while raising the voices of children and empowering them to advocate and express their views within families, communities and with decision-makers.

Building on the previous phase of programming, the project uses lessons learned to inform and improve approaches. The project seeks to engage religious leaders and community leaders in the delivery of Safe Families approach to positive parenting; the project will address the specific needs of men through male caregiver-only sessions, utilising trusted Men's Shed content and finally, the project seeks to bridge formal and informal systems through a resourced community-level child protection mechanism. Testing these innovations in Western and Choiseul will provide the necessary data to scale to Malaita Province, the most challenging context to work in terms of changing cultural and gender norms. At the provincial level, the project will strengthen coordination and referral systems through training and collaboration with government and service providers.

The project aims to achieve the following outcomes:

1. Medium/Long-Term Outcome 1: Boys and girls are empowered as active agents of change and feel valued, respected and safe within their family and community.

Short – Term Outcome 1.1: Children have improved knowledge of their rights, protection and where to get support.

Short-term Outcome 1.2: Children have the knowledge and skills to advocate on child rights issues with decision-makers and policymakers.

2. Medium/Long-Term Outcome 2: Relationships between children, caregivers and adults within households are positive, non-discriminatory, gender-equitable and violence free.

Short-Term Outcome 2.1: Caregivers have improved knowledge of positive parenting techniques, child development, and children's rights.

Short-Term Outcome 2.2: Men and boys have increased understanding of caregiving and supportive responsibilities and have increased comfort in discussing gender roles.

3. Medium/Long-Term Outcome 3: Community-based mechanisms provide support to parents/caregivers and children to address PHP in the home and community.

Short-Term Outcome 3.1: Community-based child protection actors have increased knowledge to identify child protection concerns, respond appropriately, and link children with relevant services.

Short-Term Outcome 3.2: Community Child Protection Committees (CCPC) support coordinated responses to protection risks.

4. Medium/Long-Term Outcome 4: Enhanced collaboration and resourcing between community and formal protection mechanisms to safeguard children from physical and humiliating punishment in the home.

Short Term Outcome 4.1: Provincial actors have improved knowledge of their roles in child protection and of coordination mechanisms

Short Term Outcome 4.2: Advocacy efforts are strengthened to increase government investment in social services and the national child protection system.

For further details on project outcomes, outputs and indicators, see the project log frame in Annex 1.

4. SCOPE OF STUDY

4.1 Purpose, Objectives and Scope

This baseline study is being conducted at the inception of the Gud Tumoro: Komiuniti Tugeta for Lukautim Pikinini project. It will serve as a foundational reference point for measuring progress and assessing the impact of interventions throughout the project's implementation period.

The primary objective of this baseline study is to populate values for key project outcome indicators, providing a reference point from which the progress and impact of the project can be measured over time.

The secondary objectives of this baseline study are to:

- Inform the confirmation or adjustments of indicators and targets in the logframe.
- Provide contextual insights on the current situation for children, caregivers, community members and other key stakeholders to inform project content, strategies and activities. Provide recommendations to strengthen project design, implementation, and monitoring systems.

The baseline study will cover the 8 communities in two provinces where the project is confirmed being implemented. Data collection will engage all target groups, including children, parents/caregivers, and relevant government authorities.

4.2 Intended Audience and Use of the Study

The primary audience includes Save the Children, implementing partners, civil society, government stakeholders, and the donor (Australian Government). Save the Children intends to use the findings of the study to support accountability to the donors and project participants on the results of the project over time, as well as to inform programmatic content, strategies and activities. The final baseline study report is expected to be sufficiently technical to suit the needs of these audiences.

A summary 'brief' of the baseline study should also be prepared for non-technical audiences who are less likely to read the full report (e.g. Save the Children management, Government partners, donor). It is expected that both the final baseline study report and the 'brief' will be made available to external audiences. The study team should also propose a plan for how baseline study findings will be shared back with children and communities in accessible, child-friendly formats.

4.3 Key Study Questions

In line with the baseline study objectives above and the key project outcome indicators being populated, the indicative key study questions are:

- What are children's experiences of positive and participatory relationships with their caregivers? (*Indicators MTO 1.1, MTO 1.2*)
- What are children's knowledge and awareness of child rights, child protection, and reporting mechanisms? (*Indicators STO 1.1.1, STO 1.1.2*)
- What are children's and civil society organizations' experiences of meaningful participation in decision-making processes and advocacy for child rights? (*Indicators MTO 1.3, STO 1.2.2*)
- What are young people's confidence and capacities to engage with decision-makers on child protection issues? (*Indicator STO 4.2.1*)
- What are caregivers' parenting practices, attitudes, and knowledge regarding child discipline and positive parent-child relationships? (*Indicators LTO 2, MTO 2.1, MTO 2.2, STO 2.1.1, STO 2.1.2*)
- What are caregivers' attitudes and practices regarding shared parenting responsibilities and equitable gender norms? (*Indicators MTO 2.3, STO 2.2.1*)
- What are the capacities of child protection service providers and actors to prevent, identify, respond to, and refer child protection concerns? (*Indicators MTO 3.1, STO 3.1.1, STO 4.1.1*)
- What is the quality of child protection services provided by formal and informal service providers? (*Indicator LTO1*)
- What is the current state of the child protection system, including legal and policy frameworks, structures, coordination and referral pathways at different levels (national, provincial, community) for children experiencing violence? (*Indicator MTO 4.1, broader understanding of current state of child protection system*).

For more details about the project indicators, please see the logframe in Annex 1. It is expected that the baseline study will apply a GEDSI analytical framework across all key study questions. Data collection and analysis will systematically disaggregate findings by gender, age, disability, geographic location, and other social inclusion factors to identify disparities, barriers, and differential experiences among various population groups.

5. STUDY METHODOLOGY

This study is expected to include a desk review and primary quantitative data collection to establish baseline values and answer the key study questions. Limited qualitative methods may be included if deemed necessary to adequately address specific study questions.

The desk review is expected to include analysis of relevant project documents, national and provincial child protection policies and legislation, strategic plans, previous research and evaluations, program reports, administrative data, and other existing data sources related to the key study questions. The desk review should identify gaps in existing knowledge, establish the context for primary data collection, and provide baseline data where available.

Primary data collection will primarily utilize structured quantitative surveys with representative samples of children, caregivers, and service providers across the two project provinces. The surveys will establish baseline values for project indicators and provide evidence to answer the key study questions. The sampling methodology will be developed by the consultant in consultation with the study commissioners but is expected to use a stratified random sampling approach to ensure representation across key demographic variables. Sample sizes should be calculated to achieve a confidence level of 95% and a margin of error of $\pm 5\%$ for each primary respondent group.

All primary data collection tools must be designed to facilitate disaggregation by gender, age, disability status, and location at minimum. Additional disaggregation variables may be included based on the project context and GEDSI analysis.

The consultant will be responsible for contextualizing, translating, and/or developing quantitative survey tools in close collaboration with the study commissioners. As this project uses a Save the Children global common approach, some tools are already available (in particular, the caregiver survey) and require only contextualization and translation. Other tools will need to be developed. All tools must be aligned to the project logframe, indicator definitions, and baseline key study questions. The consultant is expected to draw on existing standardized, validated instruments where possible to ensure reliability, comparability, and methodological rigour. The tools must be piloted prior to full deployment to ensure clarity, cultural appropriateness, and relevance to the Solomon Islands context. Digital survey tools (with a preference for Kobo Toolbox) should be used to enhance data quality and efficiency.

A data analysis plan will be developed as part of the inception report, outlining how data will be analysed to populate indicator values and answer the key study questions. It is expected that data analysis will include descriptive statistics to establish baseline values for relevant indicators, disaggregation by relevant socio-demographic variables and statistical tests where appropriate to identify significant differences across groups.

Limited qualitative data collection methods may be employed to provide contextual depth for specific study questions, particularly those related to systems strengthening and referral pathways. The consultant should propose the scope and approach for qualitative methods (such as key informant interviews (KII) with government stakeholders and focus group discussions (FGD) with caregivers and children). All qualitative methods should be clearly justified in terms of their added value to the baseline and should use purposive sampling to ensure inclusion of relevant perspectives. Given budget constraints, qualitative methods should only be proposed

where quantitative data alone would be insufficient to adequately answer the key study questions

Ethical Considerations

It is expected that the baseline study will be:

Child participatory. Where appropriate and safe, children should be supported to participate in the baseline study process beyond simply being respondents. Any child participation, whether consultative, collaborative or child-led, must abide by the [9 Basic Requirements for meaningful and ethical child participation](#).

Inclusive. Ensure that children from different ethnic, social and religious backgrounds have the chance to participate, as well as children with disabilities and children who may be excluded or discriminated against in their community.

Ethical: The baseline study must be guided by these following ethical considerations:

- Safeguarding – demonstrating the highest standards of behaviour towards children and adults.
- Sensitive – to child rights, gender, inclusion and cultural contexts.
- Openness - of information given, to the highest possible degree to all involved parties.
- Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.
- Broad participation - the relevant parties should be involved where possible.
- Reliability and independence - the study should be conducted so that findings and conclusions are correct and trustworthy.

It is expected that:

- Data collection methods will be age and gender appropriate, participatory and inclusive.
- Study activities will provide a safe, creative space where children feel that their thoughts and ideas are important.
- A risk assessment will be conducted that includes any risks related to children, young people's, or adult's participation.
- A referral mechanism will be in place in case any child safeguarding or protection issues arise.
- Informed consent processes are used with children (and their guardians) and adults for all data collection activities.
- Save the Children policies, including on Child Safeguarding, Protection from Sexual Exploitation and Abuse, and Data Protection and Privacy, are adhered to at all times.

This study will be required to obtain approval from a Human Research Ethics Committee. Save the Children can provide assistance with this process if its own Human Research Ethics Committee is used for this approval.

6. EXPECTED DELIVERABLES

The study deliverables and tentative timeline (subject to the commencement date of the study) are outlined below. The consultant and Save the Children will agree on final milestones and deadlines at the inception phase. In addition to these deliverables, regular communication between the study team and Save the Children on progress, any emerging issues to be resolved, and subsequent activities to be planned is expected.

Deliverables and Tentative Timeline

Deliverable / Milestones	Timeline (2025-2026)
The study team is contracted and commences work	Nov 28 th , 2025
The study team will submit an inception report* in line with the provided template, including: ▪ Study objectives, scope and key study questions ▪ Description of the methodology, including design, data collection methods, sampling strategy, data sources, and study matrix against the key study questions ▪ Data analysis and reporting plan ▪ Caveats and limitations of study ▪ Risks and mitigation plan ▪ Ethical considerations including details on consent ▪ Stakeholder and children communication and engagement plan ▪ Key deliverables, responsibilities, and timelines ▪ Data collection tools Once the report is finalised and accepted, the evaluator/researcher study team must submit a request for any change in strategy or approach to the study manager or the steering committee.	Dec 12 th , 2025
<i>Save the Children review of inception report and data collection tools.</i>	<i>Dec 19th, 2025</i>
Study team finalisation of inception report	Jan 9 th 2026
Ethics submission approval: Submission will need to include: ▪ study protocols (participant recruitment, data security and storage, consent and confidentiality etc.) ▪ considerations for consulting with children and other vulnerable groups ▪ participant information statement and consent forms <i>Note: it is expected that the study team can proceed with enumerator training and testing of tools while awaiting ethics approval on the assumption that any changes required will be minimal.</i>	Jan 23 rd 2026
Piloting of tools and enumerator training	Jan 23 rd , 2026
Data collection	Feb 6 th , 2026
A Draft Study Report in line with the provided template including below elements: ▪ Executive summary	Feb 20 th , 2026



▪ Background description of the Program and context relevant to the Study ▪ Scope and focus of the study ▪ Overview of the study methodology and data collection methods, including a Study matrix ▪ Findings aligned to each of the key Study questions ▪ Specific caveats or methodological limitations of the study ▪ Conclusions outlining implications of the findings or learnings ▪ Recommendations ▪ Annexes (Project logframe, study ToR, Inception Report, Study schedule, List of people involved)	
Validation/ presentation of key study findings	Before Feb 20 th , 2026
<i>Save the Children technical and quality review of report. For an example of our quality criteria, see Annex 3.</i>	<i>Feb 27th, 2026</i>
Final Study Report incorporating feedback from consultation on the Draft Study Report Complete datasets in digital format, consent forms, etc., must also be submitted to Save the Children in line with data protection protocols.	March 6 th , 2026
Knowledge translation materials: ▪ PowerPoint presentation of Study findings ▪ Study Brief using the Save the Children template	March 6 th , 2026

7. STUDY TEAM AND SELECTION CRITERIA

Interested consultants will be required to submit an Expression of Interest, which should include the following:

- Technical proposal, including proposed methodology and approach.
- Project plan with key activities, timeline and LoE/ days needed to carry out activities.
- Experience and track record of conducting similar studies. This should also include key personnel and their role(s), how the team will be managed, and the team's ability to commit the skills and resources to the study over the period.
- A financial proposal that should include personnel allocation (role / number of days / daily rates / taxes), as well as any other applicable costs (i.e. travel, support costs).
- Sample report/study authored by the consultant(s).
- Contact details for at least two references.

Understanding of Requirements and Experience

To be considered, the study team members together must have demonstrated skills, expertise and experience in:

- Designing and conducting baseline assessments or evaluations with a substantive quantitative data collection and analysis component.
- Conducting studies in the field of child protection.



- Conducting studies in the Pacific and having existing networks of enumerators. Submissions by local consultants or in partnership with local consultants will be highly regarded.
- Conducting ethical and inclusive studies involving children, marginalised, deprived and/or vulnerable groups in culturally appropriate and sensitive ways.
- Managing and coordinating a range of government, non-government and community group stakeholders.
- Strong written and verbal skills in communicating technical and/ or complex findings to non-specialist audiences (especially report writing and presentation skills).
- A track record of open, collaborative and timely communication working with clients.

8. SCHEDULE OF PAYMENT

The following payments will be made to the consultant in 3 instalments using an agreed mode of payment:

- Upon approval of inception report and tools: 20%
- Upon submission of first draft study report: 30%
- Upon approval of final study report: 50%

9. HOW TO APPLY

If interested in applying for this study, please submit an Expression of Interest covering the requirements listed in section 7. Applications that do not cover these requirements will not be considered.

If you have questions or need further information, please send an email to both waleanisia.lilita@savethechildren.org.au and georgina.ohare1@savethechildren.org.au

ToR prepared by:	Georgina O'Hare & Lilita Waleanisia
ToR approved by:	
Date of sign off:	



10. ANNEXES

Annex 1: Project Logframe

Logframe Descriptor	Indicator/s	Project Target	Means of Verification	Responsibility	Frequency
Overall Goal:					
To empower children in the Solomon Islands to thrive in safe, respectful communities, free from violence and exploitation, through strengthened families and locally responsive, equitable systems.	LTO Indicator 1: % of formal and informal SC- and partner-supported child protection service providers with improved service quality	100% 14 informal 9 formal	Quality of Services tool	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
	LTO Indicator 2: % of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	20% of 2,500	Safe Families Caregiver Pre & Post Survey	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
Outcome 1					
Medium/Long-Term Outcome 1: Boys and girls are empowered as active agents of change and feel valued, respected and safe within their family and community.	MTO 1.1: % of boys and girls who report positive caregiver-child relationships	80%	Children Pre & Post Survey	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
	MTO 1.2: % of children who report that their male and female caregivers give them a say in decisions that affect them and listen to what they say	60%	Children Pre & Post Survey	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
	MTO 1.3: % of children supported by SC and/or partners reporting improved access to decision-making processes and agree that the government or other stakeholders includes their voices in planning and decision-making	80%	Baseline, Midline, Endline	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
Short-Term Outcome 1.1: Children have improved knowledge of their rights, protection and where to get support.	STO 1.1.1: % of children with improved knowledge of child rights and child protection	80%	Children Pre & Post Survey	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
	STO 1.1.2: % of children who report increased knowledge of how to report a child protection concern	80%	Children Pre & Post Survey	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
Output 1.1.1: Children are educated about their rights, and protection concerns as part of child empowerment programs	# of children who attend Safe Families children group sessions	1120	Participant List and attendance tracker	Project Implementation team	Monthly, quarterly and biannually

Output 1.1.2: Child friendly resources co-created and reporting mechanisms established in target communities	# of contextualised, child-friendly Child Protection Referral Pathway IEC materials	4	Posters, IEC materials, design briefs	Project Implementation team	Monthly, quarterly and biannually
Short-Term Outcome 1.2: Children have the knowledge and skills to advocate on child rights issues with decision-makers and policymakers.	STO 1.2.2: % of children supported by SC and/or its partners reporting stronger capacities to engage around advancing and influencing respect for child rights	80%	Baseline, Midline, Endline	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
Output 1.2.1: Community forums held with children	# of children who participate in children's advocacy committees	480	CAC Participant List and attendance tracker	Project Implementation team	Monthly, quarterly and biannually
Output 1.2.2: Subnational Events and Media Engagement to amplify Children's voices	# of sub-national events held, with children talking part as speakers or advocates	4	Participant List and Meeting minutes	Project Implementation team	Monthly, quarterly and biannually
Outcome 2					
Medium/Long-Term Outcome 2: Relationships between children, caregivers and adults within households are positive, non-discriminatory, gender-equitable and violence free.	MTO2.1: % of male and female caregivers who report positive caregiver-child relationships	80%	Safe Families Caregiver Pre & Post Survey	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
	MTO 2.2: % boys and girls aged 1-17 who were disciplined with non-violent methods in the past month	80%	Safe Families Caregiver Pre & Post Survey	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
	MTO 2.3: % of male and female caregivers who report sharing of responsibility for child rearing tasks and child-related housework.	60%	Safe Families Caregiver Pre & Post Survey	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
Short-Term Outcome 2.1: Caregivers have improved knowledge of positive parenting techniques, child development, and children's rights.	STO 2.1.1: % of male and female caregivers who believe that physical and humiliating punishment is necessary to raise children	20%	Safe Families Caregiver Pre & Post Survey	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
	STO 2.1.2: % of male and female caregivers who report increased knowledge on positive parenting practices	80%	Safe Families Caregiver Pre & Post Survey	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
Output 2.1.1: Care giver support groups established and Safe Families sessions on positive parenting are delivered	# of 'Pikinini Workers' and religious leaders trained on contextualised Safe Families resources (parenting and child sessions)	16	Participant list, Activity completion report	Project Implementation team	Monthly, quarterly and biannually
	# of caregivers trained on safe families	1120	Participant list, Activity completion report	Project Implementation team	Monthly, quarterly and biannually
	# of community members who attend awareness raising sessions on positive parenting	2880	Participant list, Activity completion report	Project Implementation team	Monthly, quarterly and biannually
Output 2.1.2: Parent-child interaction sessions delivered	# of parents/caregivers who attend adult-child interaction sessions	1120	Participant list, Activity completion report	Project Implementation team	Monthly, quarterly and biannually
	# of children who attend adult-child interaction sessions	1120	Participant list, Activity completion report	Project Implementation team	Monthly, quarterly and biannually

Output 2.1.3. Caregivers have accessed information on alternative livelihoods and climate-resilient income strategies through integrated Safe Families sessions.	# of caregivers trained on adapted food security & livelihood manual into SF curriculum		Participant list, Activity completion report	Project Implementation team	Monthly, quarterly and biannually
Output 2.1.4. Home visits conducted to caregivers of young children aged 3-5 years and children with disabilities	# of home visits conducted		Home visit logs/ records	Project Implementation team	Monthly, quarterly and biannually
	# of households receiving home visits		Home visit logs/ records	Project Implementation team	Monthly, quarterly and biannually
Short-Term Outcome 2.2: Men and boys have increased understanding of caregiving and supportive responsibilities and have increased comfort in discussing gender roles.	STO 2.2.1: % of men who report positive change in attitudes towards equitable gender norms	70%	Men's Shed Pre and Post Survey	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
Output 2.2.1. Male-caregiver only Safe Families sessions conducted	# of male caregivers trained in integrated Safe Families Men's Shed	720	Participant list, Activity completion report	Project Implementation team	Monthly, quarterly and biannually
Outcome 3					
Medium/Long-Term Outcome 3: Community-based mechanisms provide support to parents/caregivers and children to address PHP in the home and community.	MTO 3.1: % of informal service providers supported by the program with improved capacity to prevent and refer cases of violence against children	100%	Quality of Services tool	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
	MTO 3.2: # of children identified and referred to child protection services by community-based mechanisms	56	Referral reports	Project Implementation team	Monthly, quarterly and biannually
Short-Term Outcome 3.1: Community based child protection actors have increased knowledge to identify child protection concerns, respond appropriately, and link children with relevant services.	STO 3.1.1: % of trained 'Pikinini Workers' and CCPC members who report confidence in identifying and referring CP concerns	80%	Safe identification and referral training pre and post-test	Program Quality (MO and CO including the Pacific Regional team)	Midline, endline
Output 3.1.1. Child Protection capacities for formal and informal structures been identified through a mapping exercise	# up to date service directories in place	3	Service mapping documents	Project Implementation team	Monthly, quarterly and biannually
Output 3.1.2. Community Child Protection Committees (CPPC) established and members trained on Child Protection	# of Community Child Protection Committees established	12	Committee meeting records, Activity report	Project Implementation team	Monthly, quarterly and biannually
	# of Community Child Protection Committee (CCPC) members trained on the CP referral pathway	117	Participant list, Activity completion report	Project Implementation team	Monthly, quarterly and biannually
	# of up to date provincial child protection service mapping/service directories in place	3	Service mapping documents	Project Implementation team	Monthly, quarterly and biannually

Output 3.1.3. Child protection referral pathways developed, promoted and monitored in communities.	# of contextualised, child-friendly Child Protection Referral Pathway IEC materials	4	Posters, IEC materials, design briefs	Project Implementation team	Monthly, quarterly and biannually
Output 3.1.4. Identified 'Pikinini Workers' are trained on the child-friendly referral pathway	# of 'Pikinini Workers' trained on child protection and safe identification and referral	12	Participant list, Activity completion report	Project Implementation team	Monthly, quarterly and biannually
Short-Term Outcome 3.2: Community Child Protection Committees (CCPC) support coordinated responses to protection risks.	STO 3.2.1: % of priority CCPC actions implemented	70%	CCPC records, community meeting minutes, project records	Program Quality (MO and CO including the Pacific Regional team)	Midline, endline
Output 3.2.1. Child Protection action plans developed and implemented	# of CP action plans developed	12	CP Action plan report/document	Project Implementation team	Monthly, quarterly and biannually
Outcome 4					
Medium/Long-Term Outcome 4: Enhanced collaboration and resourcing between community and formal protection mechanisms to safeguard children from physical and humiliating punishment in the home.	MTO 4.1: # of legal, policy, budget, structure, and/or system changes which strengthen child protection systems	2	PAACC Action Plans	Program Quality (MO and CO including the Pacific Regional team)	Baseline, midline, endline
Short-Term Outcome 4.1: Provincial actors have improved knowledge of their roles in child protection and of coordination mechanisms	STO 4.1.1: % of trained provincial actors who can correctly identify and refer child protection cases according to established protocols	80%	Pre and post training assessments, referral records, supervision checklists, interviews or surveys.	Program Quality (MO and CO including the Pacific Regional team)	Midline, endline
Output 4.1.1: Provincial workforce trained on Child Protection case identification and referral pathways	# of provincial actors (police, education service providers, health workers) trained on safe identification and referral	55	Participant list, Activity completion report	Project Implementation team	Monthly, quarterly and biannually
Output 4.1.2: Facilitation of PAACC and sub-sector committee meetings supported	# of PAACC meetings held	30	Meeting minutes and reports	Project Implementation team	Monthly, quarterly and biannually
Output 4.1.3. Coordination mechanisms and forums supported between formal child protection actors and informal actors	# of supervision visits or coordination meetings conducted between formal and informal CP actors	40	Meeting minutes and reports	Project Implementation team	Monthly, quarterly and biannually
Short-Term Outcome 4.2: Advocacy efforts are strengthened to increase government investment in social services and the national child protection system.	STO 4.2.1: % of youth participants who report increased confidence in engaging with decision-makers on child protection issues	80%	Pre- and post- training assessments	Program Quality (MO and CO including the Pacific Regional team)	Midline, endline
Output 4.2.1: National-level advocacy campaigns and meetings undertaken	# of structured dialogues facilitated between youth and government representatives	3	Meeting report/ minutes	Project Implementation team	Monthly, quarterly and biannually

Output 4.2.2: SHIFT model used to advance child protection advocacy initiatives in Honiara	# of SHIFT campaign events implemented	4	Project activity records, event or campaign reports	Project Implementation team	Monthly, quarterly and biannually
	# of people reached through youth-led advocacy campaigns	10000	Social media posts links, event reports, media feature records, media post monitoring records	Project Implementation team	Monthly, quarterly and biannually

Annex 2: List of Target Communities

Province	Communities
Western	1. Koriovuku 2. Penuna 3. Rarumana 4. Saint Luke's
Choiseul	5. Papara 6. Sagighae 7. Kakaza 8. Sasamungga

Annex 3: Evaluation quality criteria for prospective consultants

Category	Evaluation Quality Criteria
Purpose, Design and Methods	1. Does the evaluation report clearly identify the evaluation's purpose (including its key objectives, questions and criteria) as set out in the evaluation's Terms of Reference (ToR)?
	2. Are the data collection and analysis methods a clearly justified approach to addressing the evaluation's purpose and questions? (Do they provide valid, reliable and ethical data?)
	3. Is the methodology suitably tailored to the context and population groups to which the evaluation questions relate (e.g. re gender, disability, socio-economic status, geographic location, cultural context, ethnicity)?
	4. Is the size and composition of the sample in proportion to the conclusions sought by the evaluation?
	5. Does the evaluation build on what is already known, for example existing tried and tested frameworks and tools, existing data/evidence, and previous lessons learned?
	6. Are the methods used to collect and analyse data and any limitations of the quality of the data and collection methodology explained and justified?
	7. Has any personal and professional influence or potential bias among those collecting or analysing data been recorded and addressed or mitigated ethically?
Analysis and Findings	8. If evaluating impact, is a point of comparison used to show that change has happened (eg. a baseline, a counterfactual, comparison with a similar group)?
	9. Is the explanation of how (e.g. theory of change, logframe, activities) the intervention contributes to change explored?
	10. Is the data well triangulated, such as by using different data collection methods, types of data and stakeholder perspectives?
	11. Are alternative factors (eg. the contribution of other actors) considered to explain the observed result alongside an intervention's contribution?
	12. Are unintended and unexpected changes (positive or negative) identified and explained?
	13. Are the perspectives of children & communities included in the evidence, including the most deprived and marginalised? Note: For evaluations focused on young children, caregiver perspectives are adequate instead.
	14. Are the findings disaggregated according to sex, disability and other relevant social differences?



	15. Is there a clear logical link between the data that was collected and analysed, and the conclusions and recommendations presented?
	16. Are conflicting findings and divergent perspectives presented and explained in the analysis and conclusions?
	17. Are the findings and conclusions of the assessment shared with and validated by a range of key stakeholders (eg. communities, partners, Save the Children staff)?
Communication and Use	18. Is the analysis and interpretation of the data well communicated through accessible language and helpful visuals (diagrams, graphs, tables as needed)?
	19. Are references, annexes and links included that provide additional relevant data, analysis or references (including key documents and which individuals/stakeholders were involved)?
	20. Is there a clear plan for how to use the results, including recommendations that are 'SMART' (Specific, Measurable, Achievable, Relevant, Timebound) and directed toward the appropriate 'end users', a dissemination plan, and specific actions for implementing these recommendations?

