



Gender Equality, Disability and Social Inclusion (GEDSI) Analysis Report

Churches promoting healthy, safe & just communities in the Solomon Islands Project



GEDSI analysis exercise conducted by the
Malaita Mothers' Union
with guidance from the Anglican Church of
Melanesia and the Anglican Overseas Aid

With funding support from ACT Alliance and SIDA
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*Image in front cover: Malaita Mothers' Union leaders representing their communities in one of the Gender Justice Project activities, photo taken by an MU member.

Introduction

The Anglican Church of Melanesia (ACOM) in partnership with Anglican Overseas Aid (AOA) and ACT Alliance, is implementing the Churches Promoting Healthy, Safe & Just Communities in Solomon Islands' project, with the aim of increasing awareness and understanding of women and girls' rights and transforming discriminatory social norms. Within this report, the project will be called the Gender Justice project, as this is how it is best known with stakeholders in the Solomon Islands. The project supports the Mothers' Union (MU) in engaging the community particularly traditional and faith leaders, women, girls, men, and boys in promoting gender equality. Part of the project is strengthening the capacity of Mothers' Union as the primary community-based group raising awareness and spearheading advocacy on gender inequality issues.

In 2023, the MU through the Gender Justice Task Force (GJTF) conducted a GEDSI analysis where they listened to members of the communities in Malaita to understand their concerns and the gender issues faced by women and men with and without disabilities and identify opportunities for advocacy. The ideas and reflection of the community interviewed through the GEDSI Analysis is contained in this report.

The findings of the GEDSI analysis will be used by the MU Malaita GJTF in identifying areas of work that the Malaita MU can contribute to addressing through its community work. Together with the findings of similar analysis done in Isabel, this will also form part of the advocacy agenda of the Mothers' Union across Solomon Islands. ACOM will also share this report to the Solomon Islands National Protection Cluster, Ministry of Women, Youth and Children's Affairs and the SafeNet coalition to contribute to national data on gender inequality and social inclusion issues.

Part 1: Methodology

The GEDSI Analysis used both quantitative and qualitative methods to listen to the perceptions and ideas of different groups of women and men. The questionnaire that was used was similar to the set of tools used by the MU in another GEDSI analysis conducted in Isabel Province. However, for this GEDSI analysis, the team reviewed and adapted the questions to suit Malaita's context.

Focused Group Discussion

Separate focused group discussions (FGDs) were conducted with women, men, people with disabilities and care givers. Each session lasted for about one and half hours. Most FGDs were attended by 5-10 people with a couple of the FGDs having only 2-3 participants. The analysis included comparison of perspectives of men and women across the different set of questions and any interesting differences were noted in this report.

Key Informant Interviews

Key Informant Interviews (KIIs) were conducted to explore perceptions of members of the community who were not actively involved in any of the ministerial groups to allow for comparison of perspectives between those who have been actively involved in the project and those who may not have been directly engaged in any of the activities. The interviews were done

one-on-one with the data collectors.

Sampling of the location and respondents

ACOM consulted the Diocese in selecting the communities that would be targeted for data collection. The main criteria used was the communities' involvement in the first phase of the Gender Justice Project.

Most of the communities selected are rural communities with only a couple of them near the urban center such as Tatarabebe, Kokomu and Rurusia. This is a key element in understanding the responses related to access to services around health, education, protection, and services for people with disabilities.

For the FGD, the respective ministerial groups such as MU and men's ministry were selected as the target respondents. For the KIIs, the MU Task Force selected key community members such as community elders and young leaders, people with disabilities, carers and randomly selected community members who were not involved with any of the project activities.

The data were collected from 15 communities in Malaita that were involved in the Gender Justice Project. There were 62 FGDs and 64 KIIs conducted across these communities. Below are details of how many and where the FGDs and KIIs were conducted.

Table 1: Number of FGDs and KIIs conducted in each of the communities

Communities	FGDs		KII	
	Male	Female	Male	Female
1. Dala parish	2	2	2	3
2. Fiu	4	4	7	3
3. Kafomara	2	3	4	2
4. Aligegeo	1	4	4	4
5. Kelakwai	2	2		
6. Dadaisalu	2	2	2	3
7. Kwalubusu	2	3		1
8. Dukwasi	2	2	3	3
9. Gwaisaia	2	2	1	2
10. Tatafurade	3	2	2	3
11. Gwailiki	3	2	2	3
12. Buma parish	3	2	3	2
13. Tatarabebe	1			1
14. Kokomu		1		1
15. Rurusia	1	1	2	1
Total	30	32	32	32

Respondents

There was a total of 385 people who participated in the FGDs composed of 217 women and 168 men. Below is the disaggregation of respondents by age. There is a good distribution of respondents from age 5-17 to 41-60.

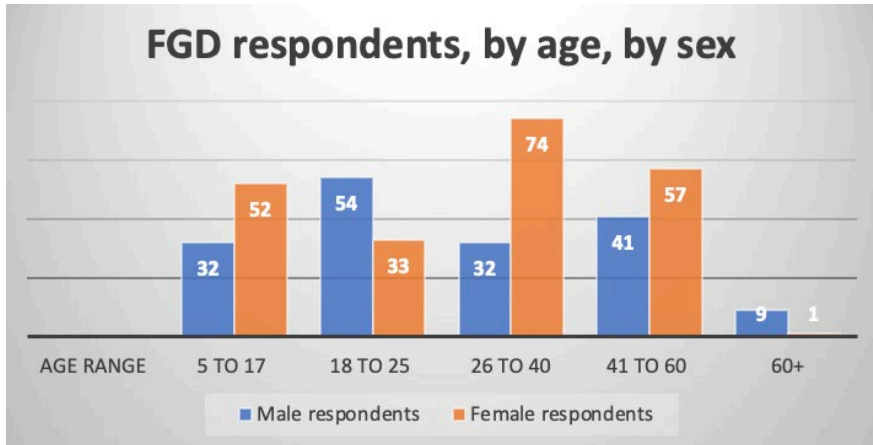


Figure 1: FGD respondents by age and by sex

Sixty-four (64) people participated in the KIIs with equal representation of women and men. Below is the disaggregation of respondents by age group.

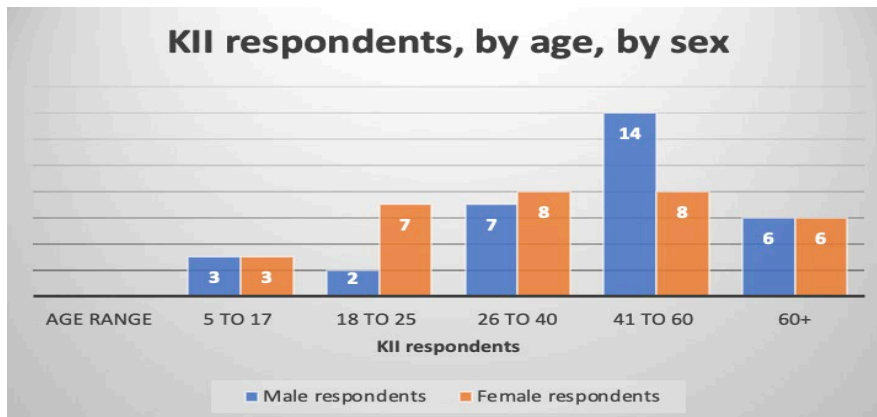


Figure 2. KII respondents by age and sex

People with disabilities and carers were also interviewed. There were 17 people with disabilities and 17 carer who participated in the FGDs and KIIs. Below is the disaggregation of the respondents by sex.

Table 2. Number of people with disabilities and carers interviewed, by sex

FGD and KII respondents	FGD		KII		Total
	Male	Female	Male	Female	
People with disability	11	1	1	4	17
Carer		16		1	17

Data collection

The Diocese coordinated with respective MU Task Force in the selected communities to assign their members to conduct the data collection. In total, there were 26 volunteer data collectors who conducted the FGDs and KIIs, composed of 2 male and 24 female data collectors. ACOM trained the data collectors on how to use the tools which were translated in Pidgin and in Malaita's local language.



Figure 3: Gender Justice MU Task Force members preparing for data collection

Prior to the actual interviews, the Gender Justice Taskforce asked the community leaders for their consent to do the data collection in their communities. The data collectors also introduced the intent of the interviews and gather consent from the selected interviewees before the interviews were conducted. Responses to the interview questions were recorded manually in a written questionnaire. The data collection happened from August to October 2023.

Processing and analysis of the data

ACOM recruited a data entry person who translated the data from Pidgin to English and processed the data using excel spreadsheet. A different consultant was hired to analyse the data and write this report.

Limitations

There are several limitations that were noted while analysing the data from the communities. These are:

- Data were summarised with little elaboration of what the responses are, often captured in one or two words. Thus, in several parts of the report, the responses were just enumerated with little analysis provided.
- As the data was translated from Pidgin to English and was processed in-country, it is likely that key responses were lost in translation.
- Some of the questions were very broad and could be interpreted in many ways. As a result, some of the responses do not answer the questions directly. In several cases, there were only few relevant responses which limited the discussion in few of areas of query in this report.

Part 2: Findings

A. Significant Changes

When asked about the changes that they have seen in their communities, there were more negative changes that were identified than positive ones. These changes are:

Table 3: Changes - Then and Now (positive)

Before	Now
Poor hygiene	See the need to change hygiene practice
Not all children are in school	Many people are well educated and contributing to the community
Women are not allowed to do certain jobs	People start to identify the need for equality from both men and female
Lack of awareness	People see the need for more awareness

Table 4: Changes - Then and Now (negative)

Before	Now
People obey their leaders	By-laws and leaders are not respected
People go to Church	Majority of young people do not go to Church or participate in Church activities; spiritual life is weak
No division in the family	Domestic violence, drug addition, alcoholism
Law and order are effectively observed	Laws do not protect the people, laws are breached
Land available can produce and feed the family and communities	Food scarcity, gardens are not producing enough
Simple life	Tough and difficult life, a lot of challenges and very miserable life
Peaceful life	They don't feel safe
People practice culture/ custom, respect elders	Culture is fading and elders are not respected

From among the basic services that they need, there were mixed opinions about the changes that occurred in relation to law enforcement. While some said that law enforcement is now very weak, there were others who believe that police and chiefs are now working together to enforce by-laws and laws against violence.

Changes that are important

Of the changes that happened, respondents highlighted their spiritual life and the conservation of their culture as the most important in life. Women and men shared that although life is difficult, they still pray for guidance and protection. They also emphasized the need to keep their culture alive and for the elders to teach and guide young people to practice it. Female respondents shared that community cooperation and actively promoting participation of community members in activities are also important.

Whilst living their faith and culture is very important, many respondents shared that for them to thrive, accessibility of basic services should be given equal importance. They identified the need for law and order in their communities, support and care for people with special needs such as people with disabilities and older people, access to education and the need for parents to support their children to finish school, availability of job opportunity, promotion of self-reliance and sustainable agriculture, and accessibility of health services.

“We need law and order should be restore back in our Homes and communities in alignment to our cultural values and principles.” – male leader from Aligegeo village

Changes that they see in the community in the past two years

When asked about the changes in their community in the past two (2) years, COVID 19 and its effect on social and economic welfare of the community members were identified by many respondents. Social issues such as domestic violence, drug addiction, teenage pregnancy worsened during this time. Financial issues arose out of the restriction during the pandemic. Female respondents also shared that spiritual life also weakened noting that only women are attending church services.

Many respondents noted the changes among young people being influenced by global trends and foreign culture. This however may have been an issue even before the pandemic. Waning interest in upholding SI customs was the most articulated sentiment of the community with western culture changing the communities' way of life. Women and young people were highlighted as specific group who are greatly influenced by these social changes.

“Church and communities must support youths in Sports and Church program engagements” – man from Dadaisalu village

Female respondents highlighted changes in how people relate to each other. Several shared that people do not cooperate anymore. Some are disrespectful of family members. There is abuse, violence and a general feeling of being unsafe. Some said that young people are involved in drugs and alcohol consumption with some of them illegally producing alcohol in the community.

*“Involvement of drugs, kwaso and marijuana is increasing in our communities with our young people and we leaders need to stop this now.”
– man from Tatafurade village*

Positive changes were also noted by some respondents relating to people's resiliency and motivation to work harder to survive despite these challenges. They noted that children are attending formal education and attending Sunday schools, and people with disabilities are being cared for. Several respondents shared that life returned to normal after the pandemic.

Changes they have experienced

When asked what changes they have experienced, women and men identified the following changes:

Mental health challenges. Interestingly, male respondents identified concerns that relate to their mental health. They shared that life has become very challenging and tough. They worry

about life and the many problems that have come their way. Several male and female respondents shared that life used to be peaceful and now it has been very difficult.

Health challenges. Health-related challenges were also identified. Several respondents shared that they lost family and friends during the pandemic, and many in their families was sick. Food shortage was also identified as a challenge. Male and female respondents shared that production of food from gardens have become very unstable. This has resulted in families not having enough farm produce to sell and to consume.

Economic difficulties. Respondents shared that life has become very costly. Some have lost their source of income. Several female respondents said that finding food for the family is a daily struggle. Many respondents shared that their source of income came under threat during the pandemic and that they struggle to meet the needs of their family.

Positive changes. Despite the health, social and economic challenges they faced, respondents shared that they work harder to look after their family. They emphasized their intention to help each other, work together, abide by their community rules and customs, and practice their faith.

Coping mechanisms

KII respondents shared that their families are their main support system during difficult times. Other ways that people are coping, albeit, only raised in several FGDs and KII responses are MU task force and programmes of the Church such as pastoral counselling, support to people with disabilities, and ministerial group consultations.

Most of the FGD discussions highlighted community-based system of settling cases within the community. In 42 FGDs and 23 KII respondents, the respondents shared that chiefs and the community committee are primary actors in addressing disputes and issues in the community. They enforce and are guided by the community by-laws. Whilst some of the respondents shared that cases are dealt first at the community-level using traditional systems, respondents also raised that the community and the police collaborate in upholding the law. Village elders and chiefs deal with minor issues while bigger issues such as criminal cases are reported to the police and other government agencies. As to what extent this has been done across all communities involved in this analysis, this can't be assumed with the data collected. This however indicates that there are some shifts from traditional ways of settling disputes to more adherence to national laws related to violence.

B. Right to health and education, and decision-making

Right to health

There is a general understanding that everyone especially minority groups have the right to visit and receive health care. Seventy eight percent (78%) of the respondents shared that minority groups have the right to visit/ receive health care.

There is also a general understanding that not everyone can exercise this right. Reasons for not accessing health services include lack of understanding on the importance of accessing health services and the need for women, girls, and people with disabilities to ask permission to access the services. Both male and female respondents also shared that lack of financial ability to pay

for health service and limited accessibility of health clinics due to remote location are factors that prevent marginalised/ minority groups from accessing health services.

Right to education

Male and female respondents believe that everyone has the right to education. However, there is a general sense that not all are able to exercise this right. Following are the reasons given why this happens:

- Men/ boys are given priority over women/ girls,
- Women, girls, and people with disabilities need permission to access schools/ education facilities,
- Lack of financial support,
- Schools are far from the communities,
- Parents do not see the need to send their children to school,
- Hours are not convenient for girls/women/people with disability, or another minority group, and
- Parents are not guiding and supporting their children.

Decision Making (FGD)

Joint decision making on household spending is being practiced by women and men according to more than half of the respondents (58%). Of the 30% of respondents who shared that husbands are the primary decision makers on household spending, 66% are female respondents.

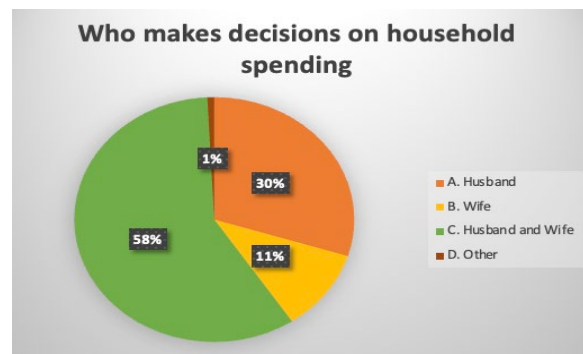


Figure 4: Distribution of responses on household spending decision making

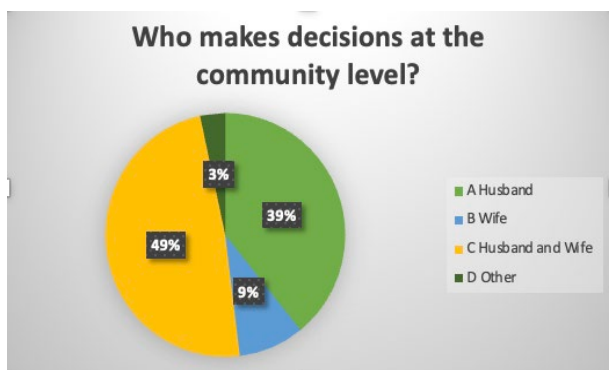


Figure 5: Distribution of responses on community level decision-making

Almost half of the respondents (49%) shared that decision making at the community level is also shared by husband and wife. But a good number of respondents or 39% believe that men dominate decision making at this level.

C. Violence, harm and abuse

Women and children particularly girls are more likely to experience harm, violence, or abuse in the home and in the community. However, there were other groups of people who were also identified who experience violence, harm, and abuse. Refer to the table below for more responses.

Table 5: Number of FGDs and KIIs, by responses on who experiences violence, harm and abuse

Who experiences violence, abuse and harm	Number of FGDs this was raised	Number of KII responses
Women	31	41
Children	24	24
Girls	15	10
Everyone	11	10
People with disabilities	6	1
Youths	-	7

Men were identified as likely perpetrators of violence in their community. From among the 25 FGDs who said this, 17 of these are FGDs with women. Women also identified youths and teenagers as among the perpetrators of violence, identifying boys as the likely perpetrator amongst teenagers. Male respondents, however shared that both women and men are perpetrators of violence in families and communities.

“In the past our communities were safe but now domestic violence and social issues are increasing and we need to address today this problem now not tomorrow.”

- female leader from Tatafurade village

When asked about violence that people with disability experience, respondents shared that people with disabilities often experience neglect particularly from their own relatives. They also feel disrespected, face discrimination and threat, receive abusive language and other forms of crime from community members. Many respondents shared that people with disabilities need to be protected. Female respondents in particular shared that people with disabilities need supportive and caring environment. They lack necessities such as shelter, food, access to health and income.

Safety needs KII

There was not much direct response on what safety needs the community requires. However, they suggested ways to keep the community safe and prevent violence. These are:

- Need to have more police presence patrolling their community and enforcement of law and community by-laws,
- Need to specifically protect vulnerable people – people with disabilities who experience abuse and neglect,
- Need to involve the Church in raising awareness and other community activities to address people’s safety, promote fellowship and spiritual life, and
- To keep women safe, they should be under strict discipline at home. Women should be accompanied and/ or for women to be aware of safety issues in their communities.

These suggestions indicate how diverse the community's understanding of how to address violence and safety issues particularly in relation to those committed against women and girls. Some see the need for more protection, others see the need for the Church to contribute to preventing violence and others think that focus should be on women and to curtail her movement to lower the risk of violence being committed against her. Interestingly there was no specific suggestion to work with men to shift attitude and behaviour about violence even though it was noted that they are the most likely perpetrators of violence.

Reference to men in relation to safety issues was mentioned in several KIIs where they raised the issue of men and boys engaging in drugs and alcohol abuse. Whilst there wasn't much elaboration on the link between safety and drugs/ alcohol abuse, it was a usual perception that men commit violence when they are in the influence of alcohol and drugs. This however is not true all the time because violence against women and girls can happen with or without using drugs or alcohol. Therefore, there is a need to have a clear understanding and awareness within the community on safety issues in particular the root cause of violence.

There was no response from the FGD that relate to specific safety concerns faced by people with disabilities even within the FGD with people with disabilities. This may indicate the lack of general understanding of their issues regarding safety. Responses that were often articulated are those related to basic needs such as inclusive shelter and having supportive community.

Community action: Addressing issues raised during the GEDSI data collection

As a result of the listening exercise (GEDSI data collection), MU members in one of the communities worked together to install streetlights where women and girls feel unsafe walking at night particularly in the seaside and bush which they often use for sanitation. These same areas are frequented by youths and adults consuming alcohol and drugs. The installation of lights in these areas and the enforcement of a community policy on where to consume alcohol are contributing to increasing safe places for young girls, women and people with disabilities.

Ways to end violence at home and in community

There were several ways that respondents identified on how women and men talk about and end violence in the home and in the community. Female respondents are leaning towards making efforts to communicating their concerns/ issues to each other and working towards settling them. Some men also identified this way of ending violence but there were more FGDs participated by women who identified communication and resolving in families as their first means to address this. Some women identified other members of the family such as parents being asked to assist in discussing and resolving any concerns of women and men.

Female and male respondents solve and prevent violence by,

- Working together, discussing with family, and settling at the family level
- Joining Church fellowship, praying and attending pastoral counselling
- Consulting relevant authorities, tapping community partnership- police, Church, chief and other experts
- Tapping on elders to mediate and facilitate resolution of domestic concerns,
- Reporting to authorities, and
- Raising awareness about violence.

Of all the ways that men identified, there were more who mentioned that involvement in NGO programmes and awareness raising are helping men end violence in the home and community. They see organizations as a resource that teach them ways to end violence.

D. People with disability

Many of the respondents shared that people with disabilities are neglected and discriminated in their communities. They shared that special care and inclusive environment both within their homes and in the broader community is needed to support involvement of people with disabilities in community life. They need financial support, protection, access to food and health.

When asked what is stopping people with disabilities from exercising the rights, many KII and FGD respondents seem to think that there is nothing preventing people with disabilities from exercising their rights which indicates a lack of understanding on the different barriers that people with disabilities face.

People with disabilities who were interviewed shared that their health condition or impairment is the main hindrance for their participation in community life. However, they shared that involvement in community activities, inclusive environment, positive attitudes towards them and providing opportunities based on their abilities can enable them to actively participate in the community.

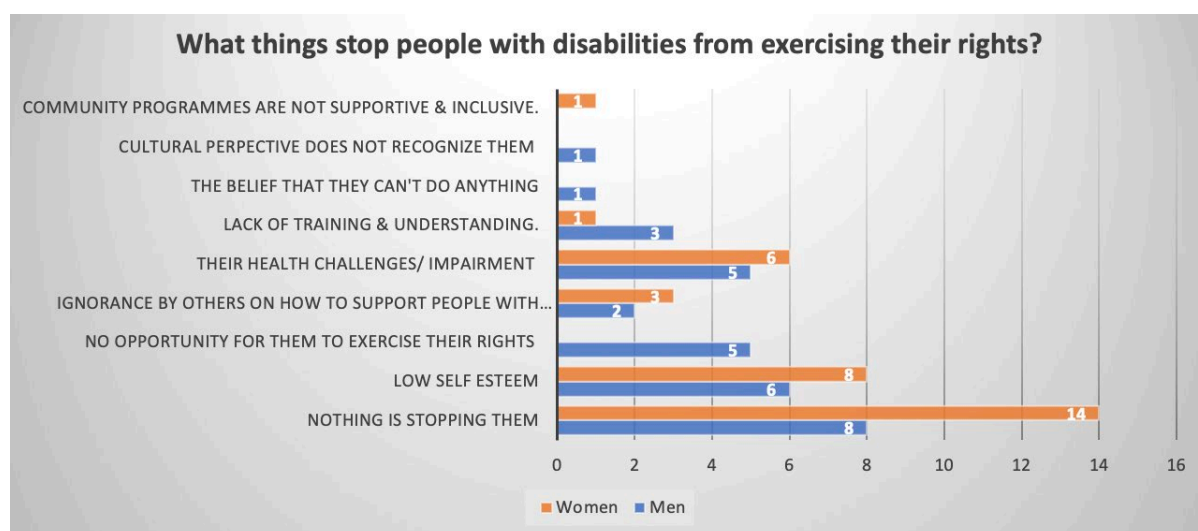


Figure 6: Distribution of responses on what is stopping people with disabilities from exercising their rights, by sex

Many respondents acknowledged that people with disabilities lead more difficult lives. They suggested a whole-of-community support to help them be part of the bigger community. They shared the following ways that can enable participation of people with disability in community life:

- Encourage and provide opportunities for people with disabilities to engage in activities based on their interest and abilities,
- Provide ways to accommodate and build their potentials,
- Provide inclusive programmes and involve them in mainstream activities such as through Church activities, fellowship and sports,

- Engage them and give them roles in the community with the support of community leaders,
- Visit them in their homes,
- Help them with essential needs,
- Open spaces where they can participate in community decision making, and
- Support them physically, emotionally, and spiritually.

Whilst a Disabled People's Organisation (DPO) exists in Auki, their reach is limited to those in the urban centre, and respondents from 13 out of the 16 communities shared that there are no DPOs working in their community. Some respondents mentioned that there is some support from organizations based in Auki and some work in nearby communities but not in their communities. Red Cross, Save the Children and Oxfam were identified as organizations implementing activities with people with disabilities. Several KII respondents shared that the community committee provide support to people with disabilities in lieu of DPOs working in the community.

Conclusion

The ideas, thoughts and perceptions of women, men, boys, and girls with and without disabilities identified key challenges and concerns about the changes that is happening in the community and the ripple effects on other aspects of their community life. These challenges also highlighted the need for the community, service providers, families, other stakeholders such as NGOs, and leaders to step up to address both the short-term effects as well as long-term changes that they are experiencing. These are:

- While spiritual life is important to community life, many are not engaging in religious practices. This was noted as happening amongst youths and men.
- Western culture has influenced their lives. There is a waning interest and observation of Solomon Islands culture particularly amongst the youth.
- Life has become very challenging particularly during and after the COVID-19 pandemic. Health issues to include mental health, economic difficulties, and social issues such as alcoholism, drugs, domestic violence were noted to have increased.
- Universal access to health and education are still not happening due to gender inequality (women needing permission from the husband to access health care), lack of understanding on the importance of health and education, distance, and financial capacity.
- People with disabilities experience neglect, discrimination and threat, are excluded from community life, have limited access to food and health care, lack inclusive environment and lack opportunities to earn income. This indicates that the community still excludes them because of their disability and that there is little understanding of how to support and empower people with disabilities.
- Community partnership with the police and service providers are improving and addressing violence against women but there is a still a challenge around enforcing community by-laws.
- Women, children and girls are more likely to experience violence. Men and boys were identified as the most likely perpetrators of violence in the community.
- Communicating and discussing conflicts within the home has been identified by many as their way to end violence at home and in community. If not settled within the immediate family, relatives, elders, the community committee, and the police are asked to intervene.

Recommendation

There are opportunities, community strength and value system within the community that can be tapped to mitigate effects of negative changes and to address the issues raised by the community members. Respondents identified the following actors to strengthen efforts to address these challenges:

- Community policing need to be strengthened even further. Partnership of the community and service providers are expected to address violence against women, and other safety issues.
- Service providers need to address access needs of people with disabilities and a whole-of-community support need to be mobilised to provide inclusive environment (e.g., inclusion in community activities, participation in decision-making).
- Community leaders, parents and the Church need to support youths through sports and Church programs to bring them back to their faith and their culture.

There are also other ways to help address some of the issues through strengthened partnership, conducting more “listening exercises”, and advocacy with stakeholders such as:

Inclusion of people with disabilities

- Need to have more community understanding on the lived experiences of people with disabilities. Bringing them into community life would require the broader community to understand and remove the barriers that exist that prevent them from being included.
- Have more discussions with people with disabilities to understand and value their capacity and contributions, and bring their unique experiences of the barriers they face, the safety issues that they experience and the ways that inclusion can be promoted within their context.

Gender-based violence

- Continue strengthening partnership between community-based mechanisms and service providers. There is an increasing belief that this partnership is addressing the issues and making headways to making communities safer.
- Raise awareness broadly within the community – parents, influential relatives, elders and other actors within families and smaller communities so they have the same understanding on how they can help settle and resolve domestic violence in a survivor-centred way.
- Strengthen prevention efforts and facilitate attitude change amongst identified perpetrators potentially through faith-based interventions or through stronger enforcement of laws.

Access to health and education

- Work with service providers to address access issues particularly for women and people with disabilities.
- Engage families in discussions about the importance of health and completing education for all children.

Annex 1: Focus Group Discussion Questionnaire

'Churches promoting healthy, safe & just communities in Solomon Islands' project.

Focus Group Survey

Instructions for interview team:

- Please be well prepared. You might like to practice the questions together, and think about what information you will need to write down.
- Decide who will ask the questions, and who record participant information and who will write down the answers that are given.
- Please organise a separate focus group discussion with each of these groups so that all genders/ages are covered. Each group should be made up of 5-6 people.
 - Women
 - Men
 - Girls
 - Boys
 - People with disabilities / their carer or family member
- If someone has already done an individual interview, they should not be part of the focus group.
- Please fill out the participant information for every person who is part of the group. It is very important to know the numbers of people, how old, marital status etc.
- When conducting focus group interview, please make sure everyone is taking part and make sure all their responses are accurately counted and written down in the third column.
- At the end of the focus group discussion, check that you have got all the information that you need to record.

Name of interview team members (MU taskforce members doing the interviews)		✓ CDC to check if completed
Name		
Name		
Name		

Type of focus group	Who is coming?	✓ CDC to check if completed
Focus Group 1	Women	
Focus Group 2	Men	
Focus Group 3	Girls	
Focus Group 4	Boys	
Focus Group 5	People with disabilities and their carers/families	

To introduce the survey:

We are going to ask you some questions today to help the Mother’s Union Gender Justice Taskforce in Malaita better understand life for women and girls, and people with disabilities in Malaita. This is part of a project of the Anglican Church of Melanesia called ‘Churches promoting healthy, safe & just communities in Solomon Islands’.

In our group today, we would like to understand more about:

- The differences in power, roles and responsibilities, resources, capacities and vulnerabilities of women, men, girls and boys,
- How roles, relations, resources and capacities are different for people who are vulnerable because of their disability, ethnicity, age, etc.
- Coping strategies and safety concerns of people in your community.

This information will help the Mother’s Union and the Anglican Church of Melanesia, understand the challenges, raise awareness about gender issues in Malaita, and make plans to address these issues.

This group survey will take about 20 minutes of your time. Please answer the questions as accurately and honestly as you can. There are no wrong answers. All your ideas are important and helpful for us. You can stop the survey at any time or decide not to answer a question if you feel uncomfortable. It is also ok to decide not to do the survey.

We will keep your information safe. We will not write down your name or tell anyone how you answered the questions. We will write down your gender and community name. Your answers will be written down and shared only with the project team/report writer. We are doing this interview with lots of people in Malaita, and everyone’s answers will be grouped together to write a report that shares common experiences. Your individual answers cannot be identified.

Do you have any questions that you would like to ask before we start the survey?

Information to collect	Response	✓ CDC to tick if information is complete. If not complete, add missing information ✓
Name of person asking the interview questions (MU taskforce member)		
Date		
Diocese		
Village/Parish		
Please circle the type of group that is being interviewed	1. Women 2. Men 3. Boys 4. Girls 5. People with disabilities and families	

Participant information –collect this information for every person in the group

Person 1		✓ CDC to check if complete
Gender	Male / Female	
Age	5-17 years 18-25 years 26-40 years 41-60 years 60+ years	
Status	Married / Single / Widowed / Divorced	

Person 2		✓ CDC to check if complete
Gender	Male / Female	
Age	5-17 years 18-25 years 26-40 years 41-60 years 60+ years	
Status	Married / Single / Widowed / Divorced	

Person 3		✓ CDC to check if complete
Gender	Male / Female	
Age	5-17 years 18-25 years 26-40 years 41-60 years 60+ years	
Status	Married / Single / Widowed / Divorced	

Person 4		✓ CDC to check if complete
Gender	Male / Female	
Age	5-17 years 18-25 years 26-40 years 41-60 years 60+ years	
Status	Married / Single / Widowed / Divorced	

Person 5		✓ CDC to check
Gender	Male / Female	
Age	5-17 years 18-25 years 26-40 years 41-60 years 60+ years	
Status	Married / Single / Widowed / Divorced	

Person 6		✓ CDC to check
Gender	Male / Female	

Age	5-17 years 18-25 years 26-40 years 41-60 years 60+ years	
Status	Married / Single / Widowed / Divorced	

If there were more participants, add their information below.

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1. Question	Suggested Answers	Write the number of people who replied to each option
Who makes decisions in the household about spending money?	Husband (Aárai)	
	Wife (Aheé)	
	Husband and Wife (Arai & Aheé)	
	Other (Thielauú)	

2. Question	Suggested Answers	Write the number of people who replied to each option
Who makes decisions at the community level such as at the village/chief committee level?	Men	
	Women	
	Men and Women	
	Other	

3. Question	Suggested Answers	Write the number of people who replied to each option
Who has the right to visit/receive health care?	Males	
	Males with disability	
	Females	
	Females with disability	
	Other groups? Minority groups?	
If there are some people who do not have the right to visit health care in the community, please share why.	Suggested Answers	Write the number of people who replied to each option
	• Not safe for girls/women/people with disability, or other minority group access the service	
	• Priority is given to men	
	• Girls/women/people with disability, or other minority group not permitted to access their services by their families	
	• Hours are not convenient for girls/women/people with disability, or another minority group	

	Other reason – Please write down any other reasons that were shared.	
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4. Question	Suggested Answers	Write the number of people who replied to each option
Who has the right of entry to education?	Males	
	Males with disability	
	Females	
	Females with disability	
	Other groups? Minority groups?	
In the community are there are some people who have no right of entry (access) to education. Why?	Suggested Answers	Write the number of people who replied to each option
	• Not safe for girls/women/people with disability, or other minority group access the service	
	• Priority is given to men	
	• Girls/women/people with disability, or other minority group not permitted to access their services by their families	
	• Hours are not convenient for girls/women/people with disability, or another minority group	
	Other reason – Please write down any other reasons that were shared.	

5. In the home and in the community who experiences harm, violence or abuse?

Who causes the violence? (Don't ask for names. E.g. age, gender, other characteristics)

6. What are concerns do people with disabilities have about safety and what types of violence do they experience in their homes and community?
7. What things stop people with disabilities from exercising their rights, such as community participation? Are there any cultural or traditional beliefs involved?
8. Are there Disabled People's Organisations working in this community or easy to get to in this community?
9. What are some of the ways that people cope during difficult times in your community? What are the systems that exist (e.g. how do you get help for health, if there is violence, cope difficult times, protection/referral system – traditional or new)
10. How do women and men talk about and do things to end violence in the home and community?

Please finish the group discussion by thanking the group for sharing their time and ideas.

Annex 2: Key Informant Interview Questionnaire

'Churches promoting healthy, safe & just communities in Solomon Islands' project.

Key Informant Interview

Start by introducing yourself/other team members to the person you are interviewing.

We are going to ask you some questions today to help the Mother's Union Gender Taskforce in Malaita better understand life for women and girls, and people with disabilities in Malaita. This is part of a project of the Anglican Church of Melanesia called 'Churches promoting healthy, safe & just communities in Solomon Islands'.

We would like to understand more about:

- The roles of men and women, boys, and girls, and how they work together in the home and in the community.
- Knowledge and understanding about how and where to report if anyone sees abuse happening.
- The experiences of people with disabilities.

This information will help the Mother's Union and the Anglican Church of Melanesia, understand the challenges, raise awareness about gender issues in Malaita, and make plans to address these issues.

This survey will probably take 20 minutes of your time. Please answer the questions as accurately and honestly as you can. There are no wrong answers. All your ideas are important and helpful for us. You can stop the survey at any time or decide not to answer a question if you feel uncomfortable. It is also ok to decide not to do the survey at all.

We will keep your information safe. We will not write down your name or tell anyone how you answered the questions. We will write down your gender and community name. Your answers will be written down and shared only with the project team/report writer. We are doing this interview with lots of people in Malaita, and everyone's answers will be grouped together to write a report that shares common experiences. Your individual answers cannot be identified.

Do you have any questions that you would like to ask before we start the survey?

Information to collect	Response	✓ CDC to tick if information is complete. If not complete, please add missing information ✓
Name of person asking the interview questions		
Date		
Diocese		
Village/Parish		
Gender	Circle gender: Male / Female	
Age	Circle age:	

	5-17 years 18-25 years 26-40 years 41-60 years 60+ years	
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Part 1: Overview of Most Significant Changes

1. What changes have you or your community experienced in the past 2 years?
 - o *Follow up: what changes have you experienced as a woman/man/boy/girl?*
2. Of those changes, which is the most important and why?
 - o *Follow up: how were things before that change happened? How are things now? Why does it matter?*
3. What are the main safety needs of women and girls, and of men and boys?

Part 2: Reporting and Protection

4. In the home and in the community who experiences harm, violence or abuses? Who causes the violence? *(Don't ask for names. E.g. age and gender or other characteristics)*
5. What are concerns about safety, or what violence is faced by people with disabilities in their homes and communities?
6. What things stop people with disabilities from exercising their rights, such as to participate in community life? Are there any cultural or traditional beliefs involved?
7. What enables people with disabilities to be part of community life? How have you seen this happening?
8. Are there Disabled People's Organisations working in this community or easy to get to in this community?
9. What are some of the ways that people cope during difficult times in your community? What are the systems that exist (e.g. how do you get help for health, if there is violence, cope difficult times, protection/referral system – traditional or new)
10. How do women and men talk about and do things to end violence in the home and community?

Please finish the interview by thanking the person for sharing their time and ideas.