



UN Trust Fund to End Violence against Women

Result and Activity Report

Reporting period: Progress Report Y1

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Project Information

Name of Organization	UN Women
Implementing Partner(s)	UNFPA (MWYCFA and MHMS)
Project Title	Keeping the Promise in the Solomon Islands: From Policy to Action
Countries of Implementation	Solomon Islands
Project start date (dd/mm/yyyy)	01/01/2015
Project end date (dd/mm/yyyy)	31/12/2017
Total Grant Approved (USD)	\$ 619,069

I: Project Goal

Project Goal Overall Progress

Please describe the progress made to achieve the project goal during the reporting period (**Maximum 250 words**). If the project has not yet achieved any results at the goal level, please describe the progress made thus far, including any unexpected results and/or ongoing processes that are contributing to changing the lives of the intended beneficiaries at the goal level.

Project Goal	Women and girls who experience domestic and/or sexual violence have greater access to protection and assistance through effective implementation of EVAWG policies, focusing on quality multi-sectoral service delivery
Reporting period: Y1 Annual Progress Report	<p>In the 1st 7-months of Year 1 (January – July 2015), the Joint Programme (JP) focused on start-up work, including: consensus building, recruitment of the JP Monitoring, Reporting, and Evaluation (MRE) specialist, development of the Monitoring & Evaluation (M&E) framework and tools, baseline data collection, signing of a new agreement between Solomon Islands' MWYCFA and UN Women, and planning and preparation for implementing activities. In the 2nd half of Year 1 (August – December 2015) the JP was able to begin moving forward with project implementation and systematic M&E data collection from SAFENET and JP members (see Narrative Report for a more in-depth explanation of activities complete and progress made toward expected outputs and outcomes). The following results have been achieved:</p> <ul style="list-style-type: none"> • A renewed commitment towards coherence, synergy and efficiency of addressing VAWG among JP members; • Improved knowledge of the JP and result-based programming by UN and SIG agencies and SAFENET members • Improved communication and coordination among UN and SIG agencies and relevant stakeholders (including SAFENET members and health workers and service providers); • Increased accountabilities (upward, downward, mutual accountability) through setting up a rigorous result framework. • Establish M&E tools and frameworks that have resulted in the establishment of a systematic data collection system for SAFENET members and improved information systems for key government agencies has led to further collaboration and cooperation among ministries (see the 2015 Annual Report). • Enhanced visibility of the Joint Programme, which has raised the profile of work being carried out by UN and SIG agencies, as well as SAFENET members in the area of EVAW, including increased and improved collaboration with other EVAW stakeholders and donor partners. <p>These milestones will contribute to greater access to protection and assistance in Year 2 of project implementation.</p>

Project Goal Indicators

Please provide the actual data against each goal indicator (**maximum 50 words per cell**)

	Actual data on each indicator
Project Goal Indicators	Reporting period: January to December 2015
<p>Indicator 1: Perspectives of key stakeholders (women and girls, leaders of women's CSOs, service providers) about women's access to protection and services for VAWG, and barriers faced accessing protection and services</p>	<p>Findings of data collection are:</p> <ul style="list-style-type: none"> - Women and girls don't have access to reliable protection and support services, and face significant barriers to accessing services that do exist. - Women and girls lack awareness of services. - Medical attention for DV-related injuries is rarely sought, unless injuries are severe. - Access to protection through the justice system is a challenge. <p>This data was obtained during baseline data collection through interviews with key stakeholders (women and girls, leaders of women's CSOs, service providers) about women's access to protection and services for VAWG, and barriers faced accessing protection and services. This is further explained in the Annexed <i>UNTF 2015 Annual Report</i> (see attached).</p> <p>We have not yet conducted a midline to compared perspectives against the baseline. We have questionnaire (i.e., pre- and post-test scheduled for the future).</p>
<p>Indicator 2: Percentage of women and girls interviewed/surveyed who report satisfaction with services (by type of service accessed)</p>	<p>Based upon a sample of 40 VAWG survivors, 90% of women and girls that accessed VAWG services from the three community-based service providers in Honiara reported the services received were "good" on a 3-point scale of "good, fair, or poor."</p> <p>We will continue to assess the quality of services, as services are ever changing and evolving in Solomon Islands. One of the main service providers have faced severe funding challenges and has to relocate their office. Another service provider is working to grow and improve their services. It will be good to continue to monitor the quality of services and client satisfaction with services, which will provide us with a cumulative data basis and ability to assess changes over time.</p>
<p>Indicator 3: Number of women and girls accessing protection and services for VAWG</p>	<p>The number of women and girls accessing protection and services for VAWG in 2015 is tracked on a monthly basis and reported in line charts on pp9-14, Charts 1-8 in the Annexed <i>UNTF 2015 Annual Report</i>. The data is disaggregated by age (≤ 17 years</p>

	of age vs. 18+ years of age) and type of violence (domestic/family violence vs. sexual violence), as well as type of service accessed.
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Number of beneficiaries reached at the project goal level

How many beneficiaries experienced any changes in their lives during the reporting period (i.e. since the last progress report)?

- Has your project reached the targeted beneficiary groups during the reporting period? If yes, please, please provide the actual number reached for each beneficiary group.
- To avoid double counting from previous reports, please do not count the beneficiaries who have been already reported in the previous report(s).
- If your project has reached other beneficiaries during the reporting period, please add additional beneficiaries groups and report on the number.

	Actual number of beneficiaries reached at the project goal level
Targeted beneficiary groups at the project goal level	Reporting period: January to December 2015
Beneficiary Group 1: Women/girls survivors of violence	480

Changes in the lives of beneficiaries at the Project Goal Level

What were the main changes in the beneficiaries' lives during the reporting period in relation to the specific forms and manifestations of violence addressed? (**Maximum 250 words per beneficiary group**).

Targeted beneficiary groups at the project goal level	Reporting Period	Current situation of beneficiary groups
Beneficiary Group 1: Women/girls survivors of violence	Reporting period: Y1 Annual Progress Report	To be reported after the midline assessment

II: Outcomes

Outcome 1

Overall progress: Describe the progress made during the reporting period to achieve the outcome.

- If the project has not achieved any result at the outcome level, please describe the progress made thus far, including unexpected any results that have contributed to achieving (or hindering) the outcome. (**Maximum 250 words per outcome**)

Outcome 1	National policy frameworks on EVAWG have been strengthened and implemented to support a comprehensive, multi-sectoral response strategy
Reporting period: Y1 Annual Progress Report	<p>Overall Progress: UN and SIG partners, in particular MWYCFA WDD staff and MHMS SWD SAFENET Coordinator have increased their understandings of ‘a whole-of-government’ approach to VAW prevention and response, of the challenges needed to be overcome along the way, and of the need for a common vision and policy framework to ensure a ‘whole-of-government’ approach. This represents long term work involving significant cultural change, and requiring intensive focus on change management and partner development.</p> <p>The MWYCFA EVAW Policy Coordinator and MHMS SWD SAFENET Coordinator now proactively engage with internal and inter-agency advocacy to promote strong leadership, partnerships and networks across departments and sectors, and data and information sharing so that EVAW Policy frameworks are implemented effectively.</p> <p>The increased involvement of both the EVAW and SAFENET coordinators in the JP design start up process – especially the process of development of the M&E framework – has clarified the requirements of interagency policy coordination and led to increased active engagement.</p>

Outcome indicators

Please provide the actual data against each outcome indicator (**maximum 50 words per cell**)

	Actual data on each indicator
Indicators for Outcome 1	End of Implementation: Y1 Annual Progress Report (Reporting period: January to December 2015)
Indicator 1: Proportion of agreed actions in the (a) policy framework for EVAW/G that have been implemented by relevant government agencies, by stage of implementation	<p>Pages 18-20, Charts 12 and 13 in the Annexed <i>UNTF 2015 Annual Report</i> reveals at 6 months, MWYCFA reported only 21% (3 out of 14) of relevant government agencies had developed work plans to implement the EVAW Policy; 42.9% (6 out of 14) were in progress and 35.7% (5 out of 14) had not yet started developing work plans.</p> <p>By the end of 2015, it was reported that 50% (7 out of 14) of relevant government agencies had developed work plans to implement the EVAW Policy; 42.9% (6 out</p>

	of 14) were in progress and 7.1% (1 out of 14) had not yet started developing work plans.
Indicator 2: Perspectives of key stakeholders (relevant ministries and leaders of women's CSO, faith-based organizations and service providers) on the strengths and weakness of the national multi-sectoral response strategy and its implementation	<p>Data highlights a need for:</p> <ul style="list-style-type: none"> - Continued capacity building on coordination and multi-sectoral responses to VAWG - Support to strengthen coordination and improve the functioning of SAFENET - More teamwork among SAFENET members - Greater overall leadership - Regular meetings to improve the referral network system - Increased case management <p>At this time, we do not have disaggregated data based on stakeholder type. The numbers of key stakeholders in each of the different groups (i.e., service providers, faith-based leaders, ministry officers, etc.) are very small; too small to disaggregate the data. However, at the baseline we did attempt to compare perspectives between service providers and ministerial officers. We have not yet conducted a midline to compare perspectives against the baseline.</p>

Number of beneficiaries reached at the Outcome

1. **Number of beneficiaries reached (individual and/or institutional levels):** How many beneficiaries experienced any changes in their behaviors and/or actions during the reporting period?
2. Please provide the number for each beneficiary group.
3. To avoid double counting from the previous report(s), please do not count the beneficiaries who have been already reported in the previous report(s).

Actual number of beneficiaries reached at the outcome level		
Targeted beneficiary groups (Outcome level)	Reporting period: Y1 Annual Progress Report January to December 2015	
	Institutional level	Individual level
Beneficiary Group 1: Civil society organizations (including NGOs)	3 CSOs	19 individuals
Beneficiary Group 2: Government officials (i.e. decision makers, policy implementers)	3 Ministries / Ministerial Departments	4 individuals

Changes in the behavior/actions of beneficiaries at the outcome level

Changes in behavior/actions of beneficiaries: What were the main changes in the beneficiaries' behaviors and/or actions during the reporting period? (Maximum 250 words per group).

Targeted beneficiary groups (Outcome level)	Reporting Period	Current situation of beneficiary groups
Beneficiary Group 1: Civil society organizations (including NGOs)	Reporting period: Y1 Annual Progress Report	No change: Civil society and NGO service providers including members of SAFENET require support to implement a multi-sectoral system of response to VAW. Most beneficiaries' mandates and service delivery models are informed by clearer national legislation and policies in relation to responding to their clients.
Beneficiary Group 2: Government officials (i.e. decision makers, policy implementers)	Reporting period: Y1 Annual Progress Report	<ul style="list-style-type: none"> - Various levels of decision makers, policy implementers, and management within service delivery ministries need technical support to implement national policy and legislative frameworks to EVAWG. - Some beneficiaries have allocated time and resources within their ministries/departments to progressing Implementation of FPA. - MWYCFA EVAW Policy coordinator to gain knowledge on M&E during the UNTF Capacity Development Workshop. <p>During this period, further knowledge transfers occurred between other UN and SIG colleagues. They have provided strategic input into further implementation, preparation of the review of the policies and guidelines.</p> <p>Through their involvement in the JP monitoring activity, key government officers report greater awareness of best practices in monitoring and evaluation and increased confidence in advocating for decision makers to demonstrate their commitment through resource allocation to multi-sectoral service delivery.</p> <p>MWYCFA WDD staff and SWD SAFENET coordinator have become more confident in advocating for adequate resource allocation to the EVAWG policy and legislative frameworks.</p>

Outcome 2

Overall progress: Describe the progress made during the reporting period to achieve the outcome.

- If the project has not achieved any result at the outcome level, please describe the progress made thus far, including unexpected any results that have contributed to achieving (or hindering) the outcome. (Maximum 250 words per outcome)

Outcome 2	Frontline service providers are able to deliver essential services to survivors of VAWG, and in a more coordinated manner
Reporting period: Y1 Annual Progress Report January to December 2015	<p>Outcome 2 implementation has been slow, but a couple of activities have been achieved:</p> <ul style="list-style-type: none"> - UNFPA supported the delivery of a training programme by international consultants in July for 20 health workers from the MHMS. Two key trainers who co-facilitated the training and who were mentored by the Auckland University of Technology (AUT) team are to facilitate trainings in the future. A pool of trainers has been identified, these trainers will receive additional short-training sessions from the MHMS GBV Programme Coordinator on facilitation skills, mentoring, etc. National facilitators with expertise in the area of health responses to VAWG were identified to ensure national ownership and sustainability going forward in delivering the training package to health workers, a pool of expertise in the area of health response to GBV. A Training Plan for 2015-2016 has been completed in collaboration with MHMS GBV Programme Coordinator. - WHO, as part of the ongoing support for the formulation of Clinical Guideline and Policy, has supported an international consultant who provided technical support and a conducted a series of consultations for service providers and health workers on VAWG. This work will continue in 2016 and contribute to the development of the guidelines and a policy.

Outcome indicators

Please provide the actual data against each outcome indicator (maximum 50 words per cell)

	Actual data on each indicator
Indicators for Outcome 2	End of Implementation: Y1 Annual Progress Report (Reporting period: January to December 2015)
Indicator 1: Percentage of frontline service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner	<p>UNFPA and WHO conducted several different trainings, reaching approximately 127 public and private sector service providers in Honiara and Isabel. This included:</p> <ul style="list-style-type: none"> - Training for 110 public and private sector actors were trained as part of the gender sensitization agenda to ensure that knowledge of VAWG is further enhanced - A training programme delivered to 27 service providers (20 in Honiara and 7 from Isabel Province. The training was designed to improve frontline service provider's abilities to deliver essential services to survivors of VAWG, and in a more coordinated way. - UNFPA also trained 20 prosecutors and defence lawyers on understanding myths surrounding forensic medical evidence in cases of sexual assault and rape cases. <p>Pre- and post-test KAP surveys were developed for use with UNFPA's trainings of health care workers, and a pilot test of the KAP survey was conducted with one of the trainings. Survey findings demonstrated increased capacity, capability, and</p>

	confidence of the health workers to respond appropriately and safely to survivors of VAWG.
<p>Indicator 2: Number of referral cases tracked through the referral system by Type of services</p>	<p>When the UNTF proposal was written it was envisioned the World Bank funded referral tracking database would be developed and utilized by SAFENET to track referrals of cases through the referral system; however, given funding challenges and other delays the referral tracking database has still yet to be executed.</p> <p>Given this limitation, steps were taken to incorporate into <i>Self-Reporting VAWG Data Collection Forms</i> a component that allows for the measurement of the number of VAWG cases referred to and from service providers, hospital/health clinics, and justice system agencies from January to November 2015. It is important to note that most organisations and agencies have not historically recorded referral data, so these are early attempts to capture such data. Some organisations and agencies do not report this data in the <i>Self-Report VAWG Data Collection Forms</i>. The accuracy of such data remains in question, as many referrals likely go unrecorded. The data is reported in bar chart in the attached <i>2015 Annual Report</i>.</p> <p>Very few agencies and CSOs record or report to which agencies and CSOs they have referred VAWG survivors to for protection and support services. Nevertheless, a greater number of agencies and CSOs reported referring VAWG survivors to the police (N=65) and CCC (n=50), compared to other service providers and justice system agencies. A significant proportion of agencies and CSOs also referred VAWG survivors to the hospital and health clinics (n=33).</p> <p>A greater number of agencies and CSOs reported VAWG survivors were referred to their agency from the police (n=183) and Seif Ples (n=125). It is important to note Seif Ples is that it is a 24-hour support service provider. Seif Ples has a medical examination room and a nurse(s) who can provide medical care and psycho-social/trauma support to VAWG survivors. They also have a doctor(s) that conducts medical examinations for sexual assault/rape survivors and offer emergency contraception. In addition, Seif Ples provides VAWG survivors and their children with emergency shelter and protection, and is located on the grounds of the main police station in Honiara and in front of the fire department. Seif Ples also operates the 24-hour 132 Hotline that provides referrals to VAWG survivors and other service providers.</p>

	<p>Regarding referral systems: three community-based service providers (i.e., CCC, FSC and Seif Ples) reported that a large number of the referrals they receive are from family, friends, and former clients (n=327).</p> <p>Given this data is preliminary and only partial in count; it is too early to draw any conclusion about practices of referring cases of VAWG and VAWG survivors between services.</p>
Indicator 3: Number of primary referrals made, Type of services	Limited data is available for the measure of primary referrals; solely the number of referrals is being recorded at this stage given the World Bank funded referral tracking database has yet to be developed (and will likely not be developed during the timeframe of this project) which would have allowed for the tracking of primary referrals.

Number of beneficiaries reached at the Outcome

- Number of beneficiaries reached (individual and/or institutional levels):** How many beneficiaries experienced any changes in their behaviours and/or actions during the reporting period?
- Please provide the number for each beneficiary group.
- To avoid double counting from the previous report(s), please do not count the beneficiaries who have been already reported in the previous report(s).

Actual number of beneficiaries reached at the outcome level		
Targeted beneficiary groups (Outcome level)	Reporting period: Y1 Annual Progress Report January to December 2015	
	Institutional level	Individual level
Beneficiary Group 1: Civil society organizations (including NGOs)	3 CSOs (i.e. that participated in specific trainings and received technical support)	29 individuals (i.e. that participated in specific trainings and received technical support)
Beneficiary Group 2: Government officials (i.e. decision makers, policy implementers)	Under UNFPA support: 125 (including 27 service providers in the health sector; 30 in the private sector, e.g. Solomon Islands National Provident Fund; and 45 for probationary nurses based in Honiara.	3 individuals

Changes in the behavior/actions of beneficiaries at the outcome level

Changes in behavior/actions of beneficiaries: What were the main changes in the beneficiaries' behaviors and/or actions during the reporting period? (Maximum 250 words per group).

Targeted beneficiary groups (Outcome level)	Reporting Period	Current situation of beneficiary groups
Beneficiary Group 1: Civil society organizations (including NGOs)	Reporting period: Y1 Annual Progress Report January to December 2015	There are very few CSOs providing support to women and girls who have experienced VAWG and the current system of identification, response, referral and support is uncoordinated. Two CSOs are members of SAFENET, and they have increased their knowledge and skills on data collection, which led to improvement in record-keeping of client data and referral data.
Beneficiary Group 2: Government officials (i.e. decision makers, policy implementers)	Reporting period: Y1 Annual Progress Report January to December 2015	Key decision makers and policy implementers are currently aware of the gaps in the service system responses but lack the technical capacity to build a multi-sectoral response system to VAWG. Through the process of baseline data collection and systematic monthly data collection in 2015, presented in the <i>2015 Annual Report</i> , key government officials will have a deeper understanding of the gaps and the data will be used to identify, analyse, and prioritise needs. The data will also provide direction for more strategic development and implementation of a more coordinated and effective multi-sectoral response system to VAWG.

III: Outputs and Project Activities

Outputs under Outcome 1

- **Overall progress:** Describe the current situation of the output and how it is contributing to (or hindering) the intended outcome(s). Please explain any difference in achieved versus planned outputs during the reporting period. If the project has not yet delivered this output, please describe the progress made thus far, including any unexpected circumstances that have contributed to (or hindered) the output. (**maximum 250 words par output**)
- **Current status of output indicator:** Please provide quantitative and/or qualitative data on the current status of each output indicator (**maximum 50 words per cell**). To avoid double counting from the previous report(s), please do not count the achieved outputs that have been already reported in the previous report(s).

Project Activities under the Output

- **Activity Update:** Please provide a brief description on the current status of each project activity. If relevant, explain delays in activity implementation, the nature of the constraints, and the actions taken to mitigate future delays. (**maximum 250 words**)

Output 1.1	More key government agencies have implemented new and/or improved work plans or programmes for implementing key policies related to EVAWG
Reporting period: Y1 Annual Progress Report	Overall Progress: Consistent ministerial and executive leadership within departments and agencies is a critical enabler for implementing EVAW policies. Ministers and senior bureaucrats are vital in setting aspirational outcomes and supporting their achievement. To ensure high level commitment to implementation of the Family Protection Act (FPA), MWYCFA has identified Secretariat of the Pacific Community (SPC) as a

	<p>partner and is currently planning a training for parliamentarians and decision makers on the FPA and a multi-sectoral response strategy to VAWG.</p> <p>The UN Women JP Coordinator and MWYCFA have developed a plan for evaluating the first EAW Policy and National Action Plan (NAP) and developing the second EAW Policy. The new EAW Policy will have a rigorous monitoring framework and this will increase the accountability of each government agency for implementation.</p> <p>Overall Progress: A total of 5 out of 11 of the key government agencies currently have work-plans or programs/activities for EAWG and the Family Protection Act 2014. At the moment, all of these agencies are currently implementing their work plans, and it is most likely that many of these will roll-over into the next year.</p> <p>The following agencies/divisions within Ministries currently have work-plans, which were submitted to MWYCFA:</p> <ol style="list-style-type: none"> 1. Women’s Development Division (WDD), MWYCFA 2. Children’s Development Division (CDD), MWYCFA 3. Royal Solomon Islands Police Force 4. Social Welfare Division (SWD), Ministry of Health & Medical Services. 5. Office of the Public Solicitor <p>3 out of 5 of these work-plans have been reviewed by MWYCFA, with WDD and CDD rating “Very Good”. SWD rated “Good”.</p> <p>The work plan of the Youth Development Division (YDD) of MWYCFA, however, lacks EAWG related activities. Therefore, is not captured.</p> <p>In terms of output indicator 3, no training has been conducted yet.</p>
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Output Indicator Update	Reporting period: Y1 Annual Progress Report, January to December 2015	
	Quantitative Information	Qualitative Information
Output Indicator 1: Proportion of relevant government agencies that have work plans or programmes reflecting commitments agreed on in the implementation plan of the FPA and the NAP for the EAWG Policy, by stage of development/implementation (in	<p>5 out of 11</p> <p>By the end of 2015, it was reported that 50% (7 out of 14) of relevant government agencies have developed work plans to implement the EAW Policy; 42.9% (6</p>	<p>MWYCFA – 3 departs have achieved developing work plans to implement EAWG policies</p> <p>MHMS – 1 department has achieved developing a work plan to implement EAW policies, and 3 are in progress of developing such a work plan.</p> <p>MJLA - 1 department has achieved developing a work plan to implement EAW policies, and 2 are in progress of developing such a work plan.</p> <p>MEHRD reported they are in progress of developing a work plan to implement EAWG policies.</p>

development, finalized, funded, implemented, monitored)	out of 14) are in progress and 7.1% (1 out of 14) have not yet started developing work plans.	MPNSCS - 2 departments reported they have achieved the development of a work plan to implement EVAWG policies. MECDM reported they have not yet started developing a work plan to implement EVAWG policies.
Output Indicator 2: Extent to which UPR and CEDAW recommendations directly related to EVAWG are addressed and Implementation supported by stage: - IMPLEMENTED- formally acknowledged in a written form ADDRESSED – process Developed – FUNDED -MONITORED		The following UPR and CEDAW recommendations related to EVAWG are currently being “IMPLEMENTED” : <ol style="list-style-type: none"> 1. Disseminate information which is clear and easy to understand, including for women with disabilities on the criminalization of different forms of violence under the FPA among the general public, in particular women; 2. Take measures to ensure that the police respond to and investigate complaints regarding VAW, and perpetrators are prosecuted and punished; 3. Take measures to ensure that the police collect data on number of prosecutions and convictions, including at the provincial level; 4. Actively discourage the use of mediation in cases of domestic violence and monitor compensation and settlements under customary mechanisms, and ensure that these do not violate the convention 5. Strengthen the SAFENET referral system for women victims of violence; 6. Establish shelters for women in all provinces and ensure their accessibility for all women, including women with disabilities; and 7. Allocate financial resources and strengthen the technical capacity of civil society organizations, in particular women’s organizations to provide services and redress for women victims of violence.
Output Indicator 3: Percentage of key policy Programme managers trained who demonstrate improved knowledge, attitudes, and skills of how to effectively implement the Family Protection Act and EVAWG policies (including monitoring of implementation)	TBD (Not yet available because pre- and post-test of training not yet completed)	

Activity Update	
Activity 1: Provide technical assistance for the implementation of the Family Protection Act and EVAWG policies with a focus on training key policy and decision-makers, and programme managers	
Reporting period: Y1 Annual Progress Report	MWYCFA has identified Secretariat of the Pacific Community (SPS) as a partner to conduct a training for parliamentarians and decision makers on the Family Protection Act (FPA) and multi-sectoral response strategy. This initiative includes a “Members of Parliament Consultation”. This has been scheduled for Q1 2016.
Activity 2: Support review of Gender Equality and Women Development Policy and the revision of the EVAW Policy and National Action Plan	
Reporting period: Y1 Annual Progress Report	Recruitment of a consultant was carried out during 2015; the review and revision of the EVAW Policy & NAP is expected to take place in Q1 & Q2 of 2016.
Activity 3: Support the co-ordination for the advancement of the Universal Periodic Review (UPR) and CEDAW implementation and monitoring related to EVAWG and National Action Plan	
Reporting period: Y1 Annual Progress Report	MWYCFA is waiting for the Cabinet to note the report of the delegation and CEDAW report. Once the report is noted by the Cabinet, MWYCFA will start working with the Solomon Islands National Advisory Committee on CEDAW (SINACC).

Output 1.2	There is an effective task force and Result Framework in place to monitor progress on the EVAWG and key Government agencies and partners (including Gender Focal Points) understand their role in it and in responding and preventing VAWG
Reporting period: Y1 Annual Progress Report	<p>Overall Progress:</p> <p>During the process of setting up the M&E framework and tools, and collecting the baseline data for the JP, the MWYCFA WDD staff and MHMS SWD SAFENET Coordinator have increased their understanding of the effectiveness of EVAW legislations and policies and how implementation can be best understood with periodic M&E. Stakeholders highlighted their understanding of how M&E can help to ensure accountability and can be used to improve service delivery systems. This increased understanding of M&E and of implementation of legislation and policies has led to the realisation of the critical roles the MWYCFA staff and the SAFENET coordinators play in ensuring how the EVAW Task Force oversees implementation and the EVAW Policy and FPA, with improved inter-agency communication and coordination.</p> <p>Work is currently on-going to recruit a consultant to conduct trainings for the EVAW National Taskforce (EVAW NTF) on results-based programming and M&E. The capacity building will be conducted concurrently with the review and revision of the EVAW Policy & NAP. The EVAW NTF is the main body implementing, overseeing and monitoring the implementation of the National Action Plan 2010 – 2013. Strong programming knowledge and skills is needed for effective implementation and reporting against agreed plans. The initial plan was to conduct the training and review and revision in 2015, unfortunately, delays related to competing priorities and understaffing within government agencies meant that it did not happen.</p> <p>Data collection method for output indicator 2 is yet to be developed as well, and this is contributing to lack of data to monitor progress of this output.</p>

Output Indicator Update	Reporting period: Y1 Progress Report	
	Quantitative Information	Qualitative Information
Output Indicator 1: Proportion of government agencies who are reporting to the EAW Task Force	No government agencies as yet - the development of the EAW Task Force is one of the first initiatives scheduled for Q1 2016; accompanying mechanisms for reporting to be developed at that time.	
Output Indicator 2: Evidence of national and provincial Gender Focal Points (GFPs) who demonstrate improved Knowledge, attitudes, and skills related to Family Protection Act and EAWG policies, their role as well as monitoring and reporting processes		<p>In an effort to mainstream issues of gender, including EAWG, across the various ministries, most of the ministries have allocated a staff person to serve as a Gender Focal Point (GFP). At the baseline, a focus group discussion was held with 5 GFPs at the baseline, each from different ministries. Gender focal points recognize they are responsible for working in partnership with the MWYCFA to try to integrate gender into their work plans at their respective ministries, and if a work plan has a gender component they are supposed to take the lead; however, some GFPs reported they are not fully clear as to their roles and responsibilities are as the gender focal points.</p> <p>At the baseline, while GFPs reported they can see there is some coordination with MWYCFA, the coordination has been hampered by MWYCFA's inability to monitor progress made by relevant ministries and government agencies to implement agreed upon actions in the EAW Policy, by stage of implementation. In 2015, this was improved as MWYCFA began monitoring progress made by relevant ministries and government agencies to implement agreed upon actions in the EAW Policy, by stage of implementation.</p> <p>During focus group discussions, GFPs spoke about their role in gender mainstreaming, but it was not clear that they understood their roles and responsibilities to ensure their ministries are implementing the EAW Policy or the FPA. Most all GFPs maintained they were not familiar with the contents of the EAW Policy or FPA, as they had yet to be trained on the policies and legislation, particularly the FPA which was passed in 2014 during the last meeting of Parliament. In 2015, that has change as MWYCFA has partnered with SPC to conduct such trainings for GFPs.</p> <p>In general, GFPs agreed there needed to be a more effective network and better coordination across ministries and government agencies to ensure national policy</p>

		frameworks on EVAWG are strengthened and implemented to support a comprehensive, multi-sectoral response strategy to VAWG.
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Activity Update		
Activity 1 Support National EVAW Task Force to implement and monitor with a results framework, and assess progress of EVAW Policy		
Reporting period: Y1 Annual Progress Report	Recruitment of a consultant to carry out training on results-based programming and M&E is currently progressing, and in its final stages. The training will be conducted concurrently with the Review and Revision of the EVAW Policy & NAP 2010 – 2013, with the same consultant implementing both. It is expected to take place in Q1 & Q2 of 2016.	
Activity 2: Support capacity building of a core group of national and provincial Gender Focal Points (GFPs) on gender equality, VAWG, and M&E in order for GFPs to carry out their role effectively		
Reporting period: Y1 Annual Progress Report	Initial discussions within MWYCFA have commenced on activity, with activity i.e. development training projected to happen in Q3/4, 2016.	

Outputs under Outcome 2

- **Overall progress:** Describe the current situation of the output and how it is contributing to (or hindering) the intended outcome(s). Please explain any difference in achieved versus planned outputs during the reporting period. If the project has not yet delivered this output, please describe the progress made thus far, including any unexpected circumstances that have contributed to (or hindered) the output. (**maximum 250 words per output**)
- **Current status of output indicator:** Please provide quantitative and/or qualitative data on the current status of each output indicator (**maximum 50 words per cell**). To avoid double counting from the previous report(s), please do not count the achieved outputs that have been already reported in the previous report(s).

Project Activities under the Output

- **Activity Update:** Please provide a brief description on the current status of each project activity. If relevant, explain delays in activity implementation, the nature of the constraints, and the actions taken to mitigate future delays. (**maximum 250 words**)

Output 2.1	Frontline service providers are able to deliver essential services to survivors of VAWG, and in a more coordinated manner
Reporting period: Y1 Annual Progress Report	<p>Overall Progress: Stemming from UN Women’s work developing a baseline along with an M&E framework and accompanying tools, both JP and SAFENET members have increased their knowledge and skills. In particular, the MWYCFA EVAW Policy Coordinator and SAFENET Coordinator have increased their confidence in working according to the baseline data, and have reported increased understanding of data collection processes for purposes of MRE.</p> <p>Since January 2015, communication and coordination among partners has improved with greater willingness to share information and plan for better outcomes with coordination by the UN Women JP Coordinator. The establishment of a data collection system – as part of the M&E framework – for key government agencies and CSOs to input data into has led to further collaboration and cooperation</p>

	among ministries and with CSOs. Through workshops and individual follow-up meetings, SAFENET members have provided input on the M&E framework and tools that JP and SAFENET members used during Year 1 of the project, and will continue to use in Year 2 of the project. This has created a shared understanding of not only of the data collection tools, but ow data is currently being collected and how data needs to be collected and recorded going forward. An added benefit has been an improved working relationship between JP and SAFENET members.
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Output Indicator Update	Reporting period: Y1 Annual Progress Report	
	Quantitative Information	Qualitative Information
Output Indicator 1: Percentage of frontline service providers who demonstrate improved knowledge, attitudes, and skills to coordinate effectively within the referral system	80% of training participants had never attended a workshop/ trainings. A pre- post-test was design to assess the knowledge, attitudes, beliefs, values, and practice. Pre-test data revealed only 30% of training participants had some knowledge of VAWG issues. Post-test data indicates improved knowledge & practice, but data around attitudes, beliefs and values indicated that continued awareness building and training is needed. Further complicating this issue is the limited space within the health care facility setting, which limits confidential areas for nurse and health workers to talk to survivors.	39 service providers in the health sector have obtained training programme on health response to GBV (20 service providers in Honiara, 7 in Isabel Province and 12 in Choiseul Province).
Output Indicator 2: Proportion of SAFENET members (CCC, FSC, RISPF, PSO, 4 x MHMS: SWD,RH,IMH & NRH) contributing to coordinated data collection, case management and referral systems (including review of case study)	14 agencies are contributed to coordinated data collection, including 3 community-based service providers (CCC, FSC, and Seif Ples), 2 police units (family violence unit and sexual assault/rape unit), 7 health clinics and the National Referral Hospital's Integrated Mental Health Services, and MHMS SWD. Seif Ples is the only non-member of SAFENET	
Output Indicator 3: Number of EVAWG cases reviewed by the members	0 (SAFENET does not do case reviews)	

Activity Update	
Activity 1: Provide technical support for monitoring the co-ordination and implementation of the SAFENET MoU and protocol	
Reporting period: Y1 Annual Progress Report	JP Coordinator and SAFENET had meetings with JP and SAFENET members and development partners, e.g. Australian DFAT, to identify details of activities and deepen their understanding of problems with case tracking, case management and case follow-up. A TOR for a technical consultant for SAFENET monitoring (Activity 2.1.1) and development of the comprehensive training packages (Activity 2.1.3) has been drafted and was advertised during August 2015; consultancy to be conducted during 2016 Q1.
Activity 2: Strengthen data collection and analysis by SAFENET for use by police, judiciary, health and social welfare, including case management and data sharing on VAWG	
Reporting period: Y1 Annual Progress Report	Under the World Bank Project, one of the components of the project was on data. Work on this has initially started under the project but the activity was not completed. The non-completion of this component was due to other competing priorities on the part of the stakeholders as well as the slow progress of the project to take off. The World Bank project has come to an end and going forward, the UNTF aims either extend the work of the World Bank and or explore other new opportunities to implement this activity.
Activity 3: Support development of a comprehensive training package for multi-sectoral response of VAWG for frontline service providers (for FPA, and SAFENET) and training for frontline service providers	
Reporting period: Y1 Annual Progress Report	This activity has not been implemented. Although a training package has been developed and in place, its implementation to rollout has not commenced.

Output 2.2	Health service providers understand and follow new and improved protocols with regard to responding to the needs of survivors of VAWG
Reporting period: Y1 Annual Progress Report	Overall Progress: UNFPA contracted Auckland University of Technology (AUT) to support training and mentorship of MHMS staff responsible for implementing health guidelines on sexual assault care and legal literacy. AUT undertook its mission at the end of July 2015 and delivered a pilot training programme to 20 health workers based in Honiara. The pre- and post-training survey and workshop evaluation suggested the training increased capacity, capability, and confidence of the health workers to respond appropriately and safely to women who have experienced violence. Despite the short direction of the consultancy mission, the AUT training on gender sensitisation was administered to 132 participants from different sectors. The GBV Coordinator is now able to take ownership and to rollout implementation in the Provinces. While the KAP survey for frontline service providers has been developed by AUT, neither pre- nor post-test survey data or findings were shared with the JP or MRE Consultant; therefore these findings are not included in this annual report.

Output Indicator Update	Reporting period: Y1 Progress Report	
	Quantitative Information	Qualitative Information

Output Indicator 1: Percentage of health workers who demonstrate attitudes, knowledge, and ability to respond to the needs of survivors of VAWG	To date, very few health workers have yet strengthened their knowledge, attitudes, and abilities in addressing VAWG. JP partner UNFPA has, however, identified a minimum of two nurses per health facility who are able to deal with VAWG cases, mostly in Honiara. At the provincial level (Isabel Province), UNFPA has focal points, most in the provincial capital.	39 service providers in the health sector have participated in a training programme on health response to GBV (20 service providers in Honiara, 7 in Isabel Province and 12 in Choiseul Province).
Output Indicator 2: Number of MHMS SOPs, guidelines, and protocols related to VAWG revised and improved to be survivor-centred	None at the moment as review consultative process still ongoing	From 9-13 November 2015, JP Partner WHO provided technical assistance and support for a review and consultation process for the formulation of the Policy and Clinical Protocols for Minimum Standards of Treatments of Survivors of Gender Based Violence.

Activity Update	
Activity 1: Support training and mentorship of MHMS staff responsible for implementing health guidelines on sexual assault care and legal literacy	
Reporting period: Y1 Annual Progress Report	<p>UNFPA provided technical support for the development of a training package for health workers which was finalised by MHMS in partnership with Auckland University of Technology (AUT). The training package was delivered during a 5-day training pilot test in July 2015 to 20 health workers. Two key trainers were mentored by the AUT team and are now in a position to facilitate training sessions in the future. These trainers will receive additional short training sessions from the MHMS GBV Programme Coordinator on facilitation, mentoring, etc. A Training Plan for 2015-2016 has been completed in collaboration with the MHMS GBV Programme Coordinator.</p> <p>UNFPA supported the delivery of additional short training sessions to specific audiences (e.g., understanding VAW). These training sessions were either co-facilitated with Solomon Islands colleagues or were delivered by Solomon Islands colleagues with AUT in attendance, in a mentoring and support role. One 3-hour training session included one doctor and 6 out of the 7 nurses stationed in Buala Hospital. Also invited to attend were 7 police officers, 1 Social Welfare officer, and 1 provincial government officer. One 1.5-hour training session was provided to the 30 employees of the NPF Clinic, including senior management and nurses. A short training session on education and awareness around sexual assault was delivered to 45 probationary nurses.</p> <p>WHO provided technical support for the review and formulation of Standard Operating Procedures (SOPs) and a VAWG Clinical Guideline protocol. A series of consultations have been planned for Q1-Q2 2016.</p>
Activity 2: Support the MHMS with its plan to roll out EVAWG-related essential services in the Isabel Province, including reaching people living with disabilities	
Reporting period: Y1 Annual Progress Report	
Activity 3: Develop and review comprehensive health strategies, medical guidelines, and protocols for survivor-centred health response	

Reporting period: Y1 Annual Progress Report	<p>With WHO technical assistance and support, between 9 and 13 November 2015, a review and consultation process was conducted for the formulation of the <i>Policy and Clinical Protocols for Minimum Standards of Treatment of Survivors of GBV</i>.</p> <p>UNFPA decided not to roll out the SOP AUT developed until further review to ensure the SOPs are aligned with the <i>WHO Clinical Protocols for Minimum Standards of Treatment of Survivors of GBV</i>.</p>
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IV: M&E and Audit Activities

M&E and Audit Activity Update: Briefly explain the current status of each M&E and/or audit activity. If relevant, please explain the delays in activity implementation, the nature of the constraints, and the actions taken to mitigate future delays. (maximum 250 words)

M&E and Audit Activity Update	
M&E Activity 1: Conduct a final external project evaluation	
Reporting period: Y1 Annual Progress Report	To be undertaken in 2017
M&E Activity 2: Collect and compile baseline data in collaboration with UN agencies, govt partners and CSOs, and providing ongoing M&E support	
Reporting period: Y1 Annual Progress Report	<p>A MRE consultant was hired in April and made a mission trip to Honiara from 23 May 23 to 2 June. During this visit the baseline was conducted, along with the development of an M&E framework and data collection tools.</p> <p>Throughout the year, the MRE consultant has been involved in overseeing (home-based) in collaboration with the UN Women JP Coordinator, SAFENET Coordinator, and MYWCFA WDD Coordinator to ensure rigorous and systematic collection M&E data. The MRE Consultant has compiled the data for purposes of reporting and completing the baseline and the Year 1 6-month and annual progress reports (in cooperation with the UN Women JP Coordinator).</p> <p>There were challenges and limitations that have affected completion of the baseline which included delays in getting all M&E tools approved by the MWYCFA and SAFENET, along with the necessary approvals from the relevant ministries. In addition, given the lack of capacities of many SAFENET members and other key stakeholders to collect relevant data, this hampered data collection for the baseline.</p> <p>Given the above challenges and limitations, the M&E consultant was unable to collect as much data as hoped for the baseline. To reduce continued problems, the UN Women JP Coordinator will need to play an active role in ensuring that the MWYCFA and SAFENET Coordinator, as well as each of the key stakeholders, submit self-monitoring reports by the deadline. For more detailed information, please review the Annexed <i>UNTF 2015 Annual Report</i> as it provides further data and perspective.</p>
M&E Activity 3: Workshops on JP data collection methods, plans and progress	
Reporting period: Y1 Annual Progress Report	<p>A financial training session was conducted on 14 May 2015 for MWYCFA staff to ensure financial management of UN Women activity implementation. Through a series of meetings and consultation with the JP and SAFENET Coordinator and members during the MRE mission from 23 May to 2 June 2015 the baseline was conducted and the M&E framework and data collection tools were developed and presented to JP members and SAFENET members for comment and feedback.</p> <p>The M&E framework and data collection tools were finalized after the mission trip and a detailed plan was established for MRE. During this mission trip, consultations with the SAFENET Coordinator and the MWYCFA Coordinator on client satisfaction surveys and self-report monitoring tools helped to establish good collaboration and coordination.</p>

	<p>Individual consultations were conducted with JP members on the M&E framework and tools, SAFENET members on the self-report data collection forms and client satisfaction surveys, and individual consultations were also conducted with SWD, IMHS, the Mataniko clinic, Seif Ples, FSC, CCC, the Police Sexual Assault/Rape Unit and Family Violence Unit, UNICEF, UN Women AJGP, and WHO.</p> <p>The M&E consultant piloted the survey of frontline service providers during this mission in an effort to finalize the pre- and post-test surveys of frontline service providers.</p>
M&E Activity 4: Quarterly and annual report preparation	
Reporting period: Y1 Annual Progress Report	<p>The Baseline Report and a 6-month progress report were compiled in July 2015.</p> <p>A 2015 Annual Report and the Y1 Annual Progress report were compiled in January 2016.</p>
M&E Activity 5: Midline assessment of indicators and progress	
Reporting period: Y1 Annual Progress Report	To be undertaken in 2016
Audit Activity 1: Conduct a final project audit	
Reporting period: Y1 Annual Progress Report	N/A