



**PEACEBUILDING FUND (PBF)
END OF PROJECT REPORT
COUNTRY: PAPUA NEW GUINEA
REPORTING PERIOD: 2015-2017**

Programme Title & Project Number
Programme Title: Planim Save Kamap Strongpela Programme Number <i>(if applicable)</i> MPTF Office Project Reference Number: ¹ 93973

Recipient UN Organizations
List the organizations that have received direct funding from the MPTF Office under this programme: UN Women, UNICEF

Implementing Partners
List the national counterparts (government, private, NGOs & others) and other International Organizations: Nazareth Centre for Rehabilitation

Programme/Project Budget (US\$)
PBF contribution (by RUNO) 999,499
Government Contribution <i>(if applicable)</i>
Other Contributions (donors) <i>(if applicable)</i>
TOTAL: 999,499

Programme Duration
Overall Duration <i>(months)</i> 18 months
Start Date ² <i>(dd.mm.yyyy)</i> 1st April 2015
Original End Date ³ <i>(dd.mm.yyyy)</i> August 2016
Final End date ⁴ <i>(dd.mm.yyyy)</i> 28th February 2017

Programme Assessment/Review/Mid-Term Eval.
Mid-Term Evaluation / Review - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
End of project Evaluation- <i>if applicable please attach</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: February 2017

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¹ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to "Project ID" on the [MPTF Office GATEWAY](#)
² The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)
³ As per approval of the original project document by the relevant decision-making body/Steering Committee.
⁴ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed.

PART 1 – RESULTS PROGRESS

1.1 Assessment of the project implementation status and results

For PRF projects, please identify Priority Plan outcome and indicators to which this project has contributed:

Priority Plan Outcome to which the project has contributed. (Priority area 2): Promote coexistence and peaceful resolutions of conflicts:(2.3) conflict prevention/management
Priority Plan Outcome indicator(s) to which project has contributed. The proportion of men who reported committing incidents of gender based violence in the last 12 months; Proportion of women who experienced physical violence from an intimate partner in the past 12 months; The level of awareness of GBV as a health issue; The number of referrals between gender based violence support services; The level of awareness of women and girls of district level gender based violence support services available & Proportion of women who were asked about physical and sexual violence during a visit to a health unit

For both IRF and PRF projects, please rate this project’s overall achievement of results to date: on track with significant peacebuilding results

For both IRF and PRF projects, outline progress against each project outcome, using the format below. The space in the template allows for up to four project outcomes.

Outcome Statement 1: Community-wide support for and commitment to women and girls human rights and Ending Gender Based Violence.

Rate the current status of the outcome: on track

Output progress at the end of project

List the key outputs achieved under this Outcome (1000 character limit). Outputs are the immediate deliverables for a project.

- 1) Curriculum developed to raise awareness on reconciliation, gender based violence, human rights, peace building and trauma healing and pre-tested in 3 Village Assemblies (VA)
- 2) 36 community facilitators identified and trained from 18 village assemblies in South Bougainville
- 3) 20 community counsellors identified and trained to provide counselling services for individuals and conduct referral to Buin safe house
- 4) Baseline and endline survey for the project conducted which reached a total of 344 men and 407 women.
- 5) MoU signed between implementing partner NCFR and Buin District hospital to strengthen collaboration and psychosocial support at community level.
- 6) The trained community facilitators and counsellors now linked to the existing community security committees across the 19 village assemblies in the bid to promote local ownership and project sustainability.
- 7) A leadership dialogue and planning session for COE and Village Assembly leaders from project sites conducted.

Outcome progress at the end of project

Describe progress made toward the achievement of this outcome. This analysis should reflect the above indicator progress and the output achievement. Is there evidence of the outcome contributing to peacebuilding and to the specific conflict triggers (3000 character limit)?

A baseline and endline survey conducted for this project reached a total of 344 men and 407 women and the results are outlined below:

- a) Gender Equitable Attitudes: There were no significant changes in gender attitudes between baseline and endline among women or men.
- b) IPV and Non-Partner Rape Perpetration: Overall, rates of physical IPV perpetration decreased significantly between baseline (58%) and endline (48%).
- c) IPV and Non-Partner Rape Victimization: Overall, women's reported rates were significantly lower at endline compared to baseline for emotional (80% vs. 86%), economic (68% vs. 78%), physical (58% vs. 75%), and sexual (52% vs. 65%) IPV victimisation.
- d) There was no significant change in non-partner rape victimisation between baseline and endline.
- e) Awareness of VAW services: Both men and women reported significantly increased awareness of VAW services between baseline and endline.
- f) Depression: Among men and women there was no significant change in depression between baseline and endline.
- g) There were no significant changes in emotional, economic, or sexual IPV or non-partner rape perpetration between baseline and endline.

The awareness raising sessions through community conversations on Family and Sexual Violence, Human Rights, trauma and Peace building throughout the 19 Village Assemblies led to the roll out of 150 community conversation sessions benefiting 1,530 South Bougainvilleans (814 Females and 716 Males). Furthermore, the sensitization outreach also resulted in increased number of people seeking psychosocial support services mainly counselling at the Buin Safe House and Buin Hospital, following the signing of an MoU between NCFR's Buin safe house and Buin district hospital. Access to and utilisation of counselling services responding to gender based violence at district level health services increased to 360 from the initial less than 30 clients registered in 2015 at project inception. Training of the leadership of COE and VA in dialogue and planning also contributed significantly to promoting inter community dialogue exchanges at community levels thereby strengthening local governance responses to address gender based violence and trauma. Through the project some communities developed local by-laws that have led to the outlawing of the local alcoholic drink- Home Brew.

Reasons for low achievement and rectifying measures

If sufficient progress was not made, what were the key reasons, bottlenecks and challenges? Were these foreseen in the risk matrix? How were they addressed (1500 character limit)?

Despite challenges during implementation, the project was successfully completed with significant achievements and results as noted above. Although the project was an Immediate Response Facility (IRF) with a limited implementation time frame coupled with implementation challenges such as high staff turnover, poor road network limiting accessibility, unpredictable weather weak human resource capacity etc, the objectives and outcomes of the project were fully achieved.

Outcome Statement 2: Improved institutional mechanisms to support women and girls who have experienced gender based violence

Rate the current status of the outcome: on track

Output progress at the end of project

List the key outputs achieved under this Outcome (1000 character limit). Outputs are the immediate deliverables for a project.

- 1) 43 health workers from 18 health facilities were trained to have capacity in providing emergency medical care; psychosocial support and referral services for survivors of family and sexual violence to a catchment population of 167,883.
- 2) 35 counsellors (19 Females and 16 males) were trained in child development and violence prevention. They rolled out an end violence against children campaign to 1,440 Bougainvilleans (712 men and 728 women) in South Bougainville
- 3) 20 counsellors (9 m & 11 f) were trained in psychosocial support through a TOT programme to provide further training to service providers in AROB
- 4) 25 child protection officers from 13 Districts were trained in the new child protection operational guidelines for management of child protection cases.
- 5) 20 Bougainville Police officers were provided knowledge on the Lukati Pikinini Act (LPA) and skills in treatment of child victims and witnesses

Outcome progress at the end of project

Describe progress made toward the achievement of this outcome. This analysis should reflect the above indicator progress and the output achievement. Is there evidence of the outcome contributing to peacebuilding and to the specific conflict triggers (3000 character limit)?

By the end of project implementation, significant progress was made towards realization of the key outcomes related to increased access and utilization of referral services for GBV.

These included:

- a) Supported the temporary recruitment of a nurse midwife to work at the Family Support Centre (FSC) to ensure that FSC provides regular counselling services. The Buka hospital has incorporated the position into their staff structure,
- b) Increased accessibility to emergency medical care, psychosocial support and referral services through training and capacity building of at least two health workers from 18 health facilities in Northern and Central Region of AROB. The number of health facilities with capacity for survivor support services have increased from 1 to 18.
- c) Project support has made it possible for all districts in Bougainville to have at least one trained Bougainville Police officer and a child protection worker with capacity to provide child friendly and gender sensitive services
- d) As an outcome of this project the number of counsellor trainers in AROB has increased from 1 at project inception to currently 20 across AROB
- e) 16,440 Bougainvilleans were reached with awareness raising messages on end violence against women and children through sustained campaigns at church and village assemblies

Reasons for low achievement and rectifying measures

If sufficient progress was not made, what were the key reasons, bottlenecks and challenges? Were these foreseen in the risk matrix? How were they addressed (1500 character limit)?

Despite the initial start up delay which eventually resulted in extension of the project to 2017, significant progress was made in achieving the intended results and the project was able to fully reach its targets.

Outcome Statement 3:

Rate the current status of the outcome: on track

Output progress at the end of project

List the key outputs achieved under this Outcome (1000 character limit). Outputs are the immediate deliverables for a project.

Outcome progress at the end of project

Describe progress made toward the achievement of this outcome. This analysis should reflect the above indicator progress and the output achievement. Is there evidence of the outcome contributing to peacebuilding and to the specific conflict triggers (3000 character limit)?

Reasons for low achievement and rectifying measures

If sufficient progress was not made, what were the key reasons, bottlenecks and challenges? Were these foreseen in the risk matrix? How were they addressed (1500 character limit)?

Outcome Statement 4:

Rate the current status of the outcome: on track

Output progress at the end of project

List the key outputs achieved under this Outcome (1000 character limit). Outputs are the immediate deliverables for a project.

Outcome progress at the end of project

Describe progress made toward the achievement of this outcome. This analysis should reflect the above indicator progress and the output achievement. Is there evidence of the outcome contributing to peacebuilding and to the specific conflict triggers (3000 character limit)?

Reasons for low achievement and rectifying measures

If sufficient progress was not made, what were the key reasons, bottlenecks and challenges? Were these foreseen in the risk matrix? How were they addressed (1500 character limit)?

1.2 Assessment of project evidence base, risk, catalytic effects, gender at the end of the project

<p><u>Evidence base:</u> What was the evidence base for this report and for project progress? What consultation/validation process has taken place on this report (1000 character limit)?</p>	<p>The Planim Save baseline and endline surveys provided an insight into the project implementation progress. There is an existing Memorandum of understanding between the implementing partner NCFR and the Buin Safe House on the provision of psychosocial support services to the communities, whilst the COE and Village Assembly Strategic framework also ensured Local Government's ownership as a project sustainability approach. Updated referral statistical figures at Buin Safe house clearly indicate referral source of survivors as those from community conversations who had acquired knowledge on FSV. Use of this pathway has been strengthened by a targeted refresher training for facilitators and counselors with key emphasis on the need to adhere to the existing referral pathway that had been established through the project. Communities in South Bougainville where the project was implemented now have a thorough understanding of the negative impacts of GBV and how to better support victims.</p>
<p><u>Funding gaps:</u> Did the project fill critical funding gaps in peacebuilding in the country? Briefly describe. (1500 character limit)</p>	<p>The Planim Save project filled a critical funding gap given the limited ABG intervention in addressing violence from a community perspective. The project provided an opportunity to strengthen community based initiatives in South Bougainville based on the foundations of existing plans, community level activities and strengthening district level support services. Government's peacebuilding priorities identified in the ABG Peacebuilding Strategy & Women Peace and Security Strategy and Action Plan, prioritize strengthening women's leadership & participation for conflict prevention, conflict resolution, conflict transformation and peace-building. It also prioritized building their capacities to engender peace & reconstruction processes as well as ensuring a voice and decision-making power for women within the implementation of the Bougainville Peace Agreement. With no sustained work at the community level to address trauma as a result of conflict, the project was able to provide information, referral and counseling on GBV & trauma related issues to women, men, boys and girls. This is addressing the limited or lack of recognition & support as well as the poor understanding for work around trauma and peacebuilding which has not been pursued effectively. Previous interventions at the community level in these areas have been disconnected and not sustained, nor has the local governance structure of the Council of Elders been considered an entry point which it is currently.</p>
<p><u>Catalytic effects:</u> Did the project achieve any catalytic effects, either through attracting additional funding commitments or creating immediate conditions to unblock/accelerate peace relevant processes? Briefly describe. (1500 character limit)</p>	<p>With community members ably running conversations across the project districts in Buin and Siwa, the creation of safe spaces where everyone could discuss key issues affecting their communities, such as violence, human rights or other issues that the communities identified has been key in building social harmony. Participants in community conversations were encouraged to speak out during the information sharing sessions which led to a reduction in violence due to knowledge acquired. The approach is continuously transforming social norms around</p>

	<p>violence, specifically gender based due to improved family relations. One successful COE dialogue and planning session provided the catalyst for local Government's active participation in the implementation of some other project activities. The Project also mobilized \$59,000 from the UN Women ANC in support of the project endline survey. Other non formal financial commitments were registered e.g. European Union visited Bougainville in December 2016, to do a scoping and also took cognisance of a concept note submitted by UNW on women's safety and security in Bougainville. The project also influenced the ABG Government's recruitment of a midwifery nurse to ensure regular and sustained delivery of services for survivors of violence at the Family Support Centre in Buka.</p>
<p><u>Risk taking/ innovation:</u> Did the project support any innovative or risky activities to achieve peacebuilding results? What were they and what was the result? (1500 character limit)</p>	<p>The approach of engaging local community residents as facilitators and basic counsellors was an innovation that would have a long term impact but had to be achieved through unfettered capacity strengthening. With facilitators and counsellors from their respective village assemblies coordinating outreach and strengthening local partnerships, local interest in the approach and ownership was significantly enhanced.</p>
<p><u>Gender marker:</u> How have gender considerations been mainstreamed in the project to the extent possible? Is the original gender marker for the project still the right one? Briefly justify. (1500 character limit)</p>	<p>Planim Save addressed GBV from a variety of angles that included direct assistance to survivors through referrals to the safe house and other safe spaces in Buin and Siwai. It also provided direct counselling and protection services as well as prevention. data sets were also generated from this project for the endline through series of consultations with participants of community conversations and victims.</p> <p>To provide direct assistance to survivors of GBV, UN Women's implementing partner Nazareth Centre for Rehabilitation (NCFR) partnered with local health service providers with expertise, assisting them with the provision of a comprehensive psychosocial support package. On the preventative side, Planim Save balanced advocacy for new community by laws that protected women with legal assistance necessary to prosecute perpetrators and break the cycle of impunity. This was done working through Chiefs and Village Assembly leaders.</p>
<p><u>Other issues:</u> Are there any other issues concerning project implementation that should be shared with PBSO? This can include any cross-cutting issues or other issues which have not been included in the report so far. (1500 character limit)</p>	<p>The project was run with an understanding that it should provide a framework for building on the social cohesion project of the Peace Building Priority Plan. There were discussions with the UNDP to ensure that the two projects worked in tandem especially in the same location where UNW was implementing Planim Save (South Bougainville). Important lessons learned from implementation of Planim Save through its community conversations were shared with the healing of the memories centre in Patpatuai to better inform their interventions with the youth and excombatants whom they provided services to.</p>

1.3 INDICATOR BASED PERFORMANCE ASSESSMENT: *Using the Project Results Framework as per the approved project document- provide an update on the achievement of key indicators at both the outcome and output level in the table below. Where it has not been possible to collect data on indicators, state this and provide any explanation in the qualitative text above. (300 characters max per entry)*

	Performance Indicators	Indicator Baseline	End of project Indicator Target	Current indicator progress	Reasons for Variance/ Delay (if any)	Adjustment of target (if any)
Outcome 1 Community-wide support for and commitment to women and girls human rights and ending gender based violence.	Indicator 1.1 The proportion of men who reported committing incidents of gender based violence in the last 12 months	Processing Baseline & Endline Data underway coordinated by Patners for Prevention (P4P) and the PNG Institute for Medical Research (IMR)	15% reduction of men reporting committing Gender Based Violence in the last 12 months	To date 1,530 participants have participated in the ongoing community conversations with awareness raising on Gender Based Violence (GBV) (814 females and 716 males). More than 1,400 participated in the pre-implemenentation baseline by P4P & IMR.	The pre-implementation baseline conducted by P4P was too comprehensive that took longer time than ealier anticipated. An endline survey commenced in September and completed in November 2016. Final report and data was disseminated in February 2017.	None
	Indicator 1.2 Proportion of women who experienced physical violence	Baseline & Endline coordinated by Patners for	15% reduction	814 women have participated in the community conversations in both Siwai and	Actual baseline analysis was based on the finalized data following the completion of the endline survey in November and feedback sessions in December	None

	from an intimate partner in the past 12 months	Prevention (P4P) and the PNG Institute for Medical Research (IMR)		Buin.		
	Indicator 1.3 The level of awareness of GBV as a health issue	Baseline & Endline coordinated by Patners for Prevention (P4P) and the PNG Institute for Medical Research (IMR)	20% increase in awareness	Community Conversation Curriculum finalized with GBV as a module incorporated in addition to Peacebuilding, Trauma & Human Rights.Over 1,530 participatants so far have been sensitized on the GBV module.	Community Conversations were completed in November 2016.	None
Output 1.1 Widespread understanding of the relationship between human rights, peace	Indicator 1.1.1 Proportion of men and women who believe that a husband can punish his wife.	(from P4P survey) Men 60% Women 45%	Men 20% Women 15%		None	None
	Indicator 1.1.2 Proportion of men	from P4P survey)	Men 10% Women 10%		None	

building, trauma and gender based violence in target communities.	and women who believe that a woman cannot refuse to have sex with her husband.	Men 60% Women 45%				
Output 1.2 Improved access to community level support services for GBV and trauma	Indicator 1.2.1 The number of volunteer community counsellors trained	0	25	20 Community Counsellors trained and same participated in a refresher by NCFR (Implementing Patner).	20 Counsellors trained and did a refresher training in Arawa in August 2016 currently providing counselling services including referrals in the 19 project Village Assemblies in South Bougainville.	None
	Indicator 1.2.2 The number of counselling sessions provided by volunteer community counsellors in 12 months	0	100	360 counselling sessions have been provided to women and men in communities in addition to 20 referrals handled by the Buin Safe House		
Output 1.3 Local governance structures responsible for peace	Indicator 1.3.1 The number of Council of Elders (COEs) that have incorporated gender based	0	2 COEs	COE planning and Dialogue workshop on incorporating Planim Save and GBV through		

building and gender based violence	violence and trauma in Council of Elder responsibilities			Local Government strategic framework conducted in October 2016.		
	Indicator 1.3.2					
Outcome 2 Improved ininstitutional mechnisms to support women and girls who have experianced violence	Indicator 2.1 The number of cases managed by FSCs	434	477 (10% increase)	538	Family support centre evaluation conducted and report disseminated. The evaluation could not establish reliable statistics on FSC service clients across the country due to poor record keeping including referral services. The number indicated is the number reported at FSC	
	Indicator 2.2 Level of awareness of women and girls of district level GBV services	70	50	End of project survey not done	Mobile phone survey of 2,000 adult male and female indicated that 70% of the population are aware of where to go for service. The target set was to increase to 50%	
Output 2.1	Indicator 2.1.1 Number of hrs worked by staff and volunteers in Buka FSC				This indicator was removed due to difficulty in establishing roster system	
	Indicator 2.1.2 Number of health workers who have received medical,	0	20	43	The Evaluation of Family Support Centre recommended that it is important to build the capacity of health facilities at lower level to improve access to FSV services.	

	psychosocial training				The Evaluation also recommended that training should cover critical mass of staff in an institution not just one health worker.	
Output 2.2	Indicator 2.2.1 Number of female and male trainers for community counselling	1: Women 0: Men	15 (8 Women & 7 Men)	20 (9 m & 11F)		
	Indicator 2.2.2					
Output 2.3	Indicator 2.3.1					
	Indicator 2.3.2					
Outcome 3	Indicator 3.1					
	Indicator 3.2					
Output 3.1	Indicator 3.1.1					
	Indicator 3.1.2					
Output 3.2	Indicator 3.2.1					
	Indicator 3.2.2					
Output 3.3	Indicator 3.3.1					

	Indicator 3.3.2					
Outcome 4	Indicator 4.1					
	Indicator 4.2					
Output 4.1	Indicator 4.1.1					
	Indicator 4.1.2					
Output 4.2	Indicator 4.2.1					
	Indicator 4.2.2					
Output 4.3	Indicator 4.3.1					
	Indicator 4.3.2					

PART 2: LESSONS LEARNED AND SUCCESS STORY

2.1 Lessons learned

Provide at least three key lessons learned from the implementation of the project. These can include lessons on the themes supported by the project or the project processes and management.

Lesson 1 (1000 character limit)	The commitment and leadership at District level, particularly the two project districts of Buin and Siwai was critical in promoting Planim Save's sustainability. The lack of Government budget to monitor projects limited the overall project potential and hence minimising local ownership. However, both districts have officially submitted requests for funds to the Regional Government on rolling out the project across all Village Assemblies. This is seen as a positive impact.
Lesson 2 (1000 character limit)	To achieve more tangible outcomes and impacts, a longer project duration be designed in future. This would avert operational pressures as has been witnessed under Planim Save where the 3 key projects phases (Baseline, implementation and Endline) occurred in a very limited timeframe with a number of field unforeseen challenges e.g. staff turn over, a sudden change in the weather pattern especially El-Nino where roads were cut off and project sites rendered inaccessible.
Lesson 3 (1000 character limit)	
Lesson 4 (1000 character limit)	
Lesson 5 (1000 character limit)	

2.2 Success story (OPTIONAL)

Provide one success story from the project implementation which can be shared on the PBSO website and Newsletter as well as the Annual Report on Fund performance. Please include key facts and figures and any citations (3000 character limit).

Chief Cess is 65 years old with four grown children, 3 males and 1 female. He lives in Sisika Village and had come to know Jeff Buchanen and Julius Otim very well. In earlier days Cess worked for Bougainville Copper Limited in the personnel department which explains Cess's strengths in inter-personal skills. Cess's community appointed him as their Paramount Chief in 2005, following the death of the previous Paramount Chief.

Taking on such a role brings with it many responsibilities Cess explains. He works very closely with the Council of Elders (COE) and the ABG Minister for Community Development, the Hon. Jacob Toke, as well as with a wide range of people throughout his community. There are six wards in Cess's COE, Mura, Korekuno, Hari, Konga, Hiruno, and Ruhwaku and Cess plays a key role across all these wards.

Cess first heard about the Planim Save Kamap Strongpela (PSKS) Project when the base line was conducted in Sisika in 2015. His village has completed the four modules, with the last one being on peace building that was held in September 2016.

Community Conversations were conducted in two locations nearest to Cess’s home, Sisika and Rupummo.

During the Bougainville Crisis Cess’s community wasn’t really involved in direct fighting but they were regularly harassed by the Bougainville Revolutionary Army (BRA) and people today still experience flashbacks. He found the session on trauma education very helpful as it explained to participants including himself how to recognize when someone is experiencing trauma and how it can manifest. The men and women who attended the module on trauma have mapped out where conflicts and issues are and have followed through in developing action plans to assist people heal trauma. They are also in the process of setting dates and a program for at least 3-4 reconciliations to occur between 2016 – 2017. These reconciliations are not between communities but rather between former BRAs and the community.

According to Cess, lots of important information imparted through the PSKS has led to positive outcomes and impacts in his community. Being exposed to the modules has even helped the Village Authority (VA) to mobilise with the appointments of key officers such as the Chairman, Vice Chairman, Treasurer. Reflecting on the PSKS module that covered Human Rights, Cess expressed some regret to his attitude some years ago when he banned his people from growing cocoa. It was out of concern for the environment that he wouldn’t allow people to cut down the forest to plant cocoa.

PART 3 – FINANCIAL PROGRESS AND MANAGEMENT ARRANGEMENTS

3.1 Comments on the overall state of financial expenditure

Please rate whether project financial expenditures were on track, slightly delayed, or off track: on track

If expenditure was delayed or off track, please provide a brief explanation (500 characters maximum):

Please provide an overview of project expensed budget by outcome and output as per the table below.⁵

Output number	Output name	RUNOs	Approved budget	Expensed budget	Any remarks on expenditure
Outcome 1: Community-wide support for and commitment to women and girls human rights and ending gender based violence.					
Output 1.1	Community conversations	UN Women	440,372.00	416,200.73	on track
Output 1.2	Community Counselling	UN Women	82,200.00	72,127.15	on track
Output 1.3	Local governance responses to GBV and trauma	UN Women	234,037.00	176,791.70	

⁵ Please note that financial information is preliminary pending submission of annual financial report to the Administrative Agent.

Outcome 2:					
Output 2.1	Support Service capacity building	UNICEF	134,890	138,039	On track
Output 2.2	TOT community Counsellors	UNICEF	108,000	104,764.15	On track
Output 2.3					
Outcome 3:					
Output 3.1					
Output 3.2					
Output 3.3					
Outcome 4:					
Output 4.1					
Output 4.2					
Output 4.3					
Total					

3.2 Comments on management and implementation arrangements

Please comment on the management and implementation arrangements for the project, such as: the effectiveness of the implementation partnerships, coordination/coherence with other projects, any South-South cooperation, the modalities of support, any capacity building aspect, the use of partner country systems if any, the support by the PBF Secretariat and oversight by the Joint Steering Committee (for PRF only). Please also mention if there have been any changes to the project (what kind and when) (2000 character maximum):

The first year of implementation had a lot of focus on strengthening the capacity of the implementing partner. Although the partner had technical expertise in the areas of addressing GBV, peace building, reconciliation, trauma healing, mediation and network; organisational development to Monitoring & Evaluation needed strengthening. The existing different working groups including the Women Peace and Security Technical working Group were very useful platforms for information sharing and mapping in South Bougainville during implementation. Networking facilitated strengthening the referral pathway between the various service providers in the region especially in the provision of counselling. It should also be noted that there was a slight change in the project related to the project location district as originally outlined in the project document. The change to implement in Siwai district as opposed to Bana District was informed by consultations with UNW partner Nazareth Centre for Rehabilitation (NCFR) which revealed that the same partner was implementing a similar project to Planim Save in Bana funded by the Australian Government. Therefore based on the close proximity of Bana and Siwai with both districts sharing borders and having related community challenges, Siwai district was recommended as the project district, a recommendation that was only effected after informing the ABG Government. This decision was to help minimize duplication while ensuring efficient utilization of PBF funds. The results at the end of the project demonstrated it was the best decision to have been taken.

The IRF Planim Save Kamap Strongpela had excellent engagements with the Autonomous Bougainville Government with all the anticipated project deliverables achieved. The adjustment to the project also included a request for a No cost extension in June 2016 that

extended the Planim Save Kamap Strongpela to 28 February 2017, from the original end date of 28 August 2016.