



UN Trust Fund to End Violence against Women

Result and Activity Report

Reporting period: Y2 Annual Progress Report 2016

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Project Information

Name of Organization	UN Women
Implementing Partner(s)	UNFPA WHO (MWYCFA and MHMS)
Project Title	UN-Government of Solomon Islands Joint Programme on the Elimination of Violence Against Women and Girls: Keeping the Promise in Solomon Islands: From Policy to Action (UN-SIG JP)
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: Y2 Annual Progress Report	<p>In 2016, the UN-SIG JP supported the launch and implementation of the Family Protection Act (FPA) 2014, the collection of data, and implementing activities outlined in the project work plan.</p> <p>In addition to supporting the launch of the FPA 2014 in April 2016, two major UN-SIG JP activities have been initiated:</p> <ul style="list-style-type: none"> - Output 1.1: The UN-SIG JP EVAW and Gender Policy international consultant worked closely with women’s machinery to review the Elimination of Violence Against Women (EVAW) Policy 2010-2016 and Gender Equality and Women’s Development (GEWD) Policy and related National Action Plans (NAPs), and drafted the EVAW Policy 2016-2020 and NAP. By the end 2016 a draft of the policy was finalised, following a validation workshop held in Honiara in October 2016. It was previously intended that the MWYCFA would obtain Cabinet approval for the EVAW Policy 2016-2020 in the 4th Quarter of 2016, followed by appointment of members to its oversight body, the EVAW National Task Force. However, given submission of the EVAW Policy 2016-2020 to the Cabinet came to near to the end of the year, the approval process by the Cabinet was postponed to 1st Quarter of 2017. The consultant will undertake next mission trip to Solomon Islands in the 1st Quarter of 2017, to develop the M&E framework and tools for the EVAW Policy 2016-2020, and deliver trainings to the EVAW National Task Force on its use. - Output 2.1: An EVAW Case Management international consultant provided technical support to SAFENET and SAFENET’s governing body, CARECOM. The consultant reviewed SAFENET’s MOU and Operating Protocol and worked with service providers to develop tools, guidelines, and delivered training to strengthen survivor-centred case management and coordinated referral systems. SAFENET members have already begun using some of the tools; the consultant will return for another short-term in country mission to firmly embed this case management approach in 2017 - it did not occur in the 3rd or 4th Quarters of 2016 because the documents developed by consultant were awaiting review by CARECOM. In addition, there were parallel discussions for shifting of SAFENET coordinating responsibilities under the guise of the MWYCFA.

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: Y2 Annual Progress report
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>Women and girls face significant barriers – e.g. knowledge, bride price and compensation – accessing VAWG response services, and rarely seek medical attention for VAWG-related injuries, unless injuries are severe and/or life threatening. Further strengthening and reach of VAWG services, including police and justice systems, are needed. FPA 2014 awareness-raising activities by MWYCFA and police continues, but much more work is needed to build knowledge within communities about how to use the FPA and how it can support survivors to access protection and justice.</p> <p>In early 2016, UN Women obtained approval for piloting the <i>Global Guidelines on Essential Services Package for Women and Girls Subject to Violence</i> in Solomon Islands as a two-year project. The Essential Services Package (ESP) pilot project will implement activities targeting critical gaps in the UN-SIG JP. The ESP pilot project will aim to ensure that VAWG survivors will have greater access to protection and assistance through effective implementation of EVAWG policies and by enhancing the quality of multi-sectoral service delivery. Some of the key activities of the ESP pilot project will include: production of improved information, education and communications (IEC) materials that will increase the SAFENET referral network's reach and delivery of services to communities; support for awareness-raising priorities of the government on the FPA 2014; and, delivery of an essential set of services that VAWG survivors can access. Over time, this pilot project should impact perspectives of key stakeholders about women's access to protection and services for VAWG, and barriers faced accessing protection and service; especially when coupled with the implementation of the FPA 2014.</p>
Indicator 2: Percentage of women and girls interviewed/ surveyed who report an increase in access to services, and satisfaction with services (by type of service accessed)	Data on the percentage of women and girls surveyed who report satisfaction with access to VAWG services was collected in the 4 th Quarter of 2016 from the three VAWG response service providers. The data is being analysed for inclusion in the 2016 annual report that is still being drafted.
Indicator 3: Number of women and girls accessing protection and services for VAWG in the 2016	<p>Data is collected on a monthly basis using the <i>Self-Report VAWG Data Collection Forms</i>. This is an important step forward in Solomon Islands where recording information has not been a priority, and where developing a system of case management and referrals has been a slow process. Limitations of the data are addressed in each of the sections that follow.¹ At the end of this reporting period, there was still missing data for some months from some service providers and SAFENET members.</p> <p>During this reporting period, the MWYCFA started using monthly data from the <i>Self-Report VAWG Data Collection Forms</i> to prepare their report on the implementation of the FPA 2014, a requirement under the Act itself. This was an unexpected use of the monthly data collected for purposes of M&E of the UN-SIG JP.</p>

¹ Monthly data and analyses are available on the number of women and girls accessing protection and services for VAWG from January 2015 to December 2016 in the 2016 Annual Report of the UNTF-Supported Solomon Islands Joint Programme on Eliminating Violence Against Women and Girls – Keeping the Promise in Solomon Islands: From Policy to Action (to come).

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: Y2 Annual Progress Report
Beneficiary Group 1: Women/girls survivors of violence	367 ²

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: Y2 Annual Progress Report	VAWG survivors now have access to legislation through the FPA 2014, which provides women with access to protection and justice through police safety notices and restraining orders, and to having their abusers arrested. Solomon Islands is currently in the very early stages of implementation of the FPA 2014, but more time is needed to see how the FPA 2014 impacts VAWG survivors access to essential services for VAWG.

² These figures come from monthly data reported by the three VAWG service providers (i.e., Christian Care Centre, Family Support Centre, and Seif Ples); however, the Christian Care Centre and Seif Ples did not provide monthly data for the period of July to December 2016. As a result, the data reported is only partial data. This does not count the numbers of women/girls that called through the hotlines. This does not include data from clinics or the police.

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: Y2 Annual Progress Report	<p>During the extensive preparation for the UN-SIG JP, UN and SIG partners – in particular MWYCFA WDD staff and the MHMS SWD SAFENET Coordinator – increased their understandings of a ‘whole-of-government’ approach to VAWG prevention and response, and the structural challenges needed to be overcome along the way.</p> <p>In 2016, UN Women and UNFPA have worked alongside their respective counterparts, the MWYCFA and MHMS, including SAFENET members and the WHO to support activities across the sectors. For example, gathering monthly data from police and justice agencies, health clinics and hospitals, and social welfare and service providers, as well as frequent engagement with the MWYCFA and MHMS to support the delivery of key EVAW activities, including those not included in the UN-SIG JP workplan and activities.</p> <p>In 2016, there has been an improved and shared understanding of the need for a common vision and EVAW Policy framework that supports a ‘whole-of-government’ approach. This continued to grow as the EVAW Policy 2010-2016 was reviewed and the successor EVAW Policy 2016-2020, drafted. The planning and development of the ESP pilot project also strengthened support for a comprehensive, multi-sectoral response strategy to VAWG, among all involved including SAFENET members who participated in the multiple workplan meetings, lengthy electronic communications, and a meeting in Bangkok, Thailand in November 2016.</p> <p>What still needs to occur is significant strengthening of SAFENET and CARECOM; both SAFENET and CARECOM are central to EVAWG at a multi-sectoral level. The departure of the full-time Honiara-based UN-SIG JP Coordinator compounded the lack of sufficient technical support for MWYCFA and SAFENET, and as a combined group, SAFENET and UN-SIG JP partners did not meet regularly in 2016. As result, inter-agency advocacy to promote strong leadership, partnerships, and networks across departments and sectors has been limited.</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 (Reporting period: Y2 Annual Progress Report)
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>Data-gathering for this report revealed that the MWYCFA has faced significant challenges getting information from ministries about their annual work plans in relation to implementation of the EVAW Policy, the NAP, and the FPA 2014, which has meant that quarterly progress reports have not been fully informed to help monitor the UN-SIG JP. M&E tools were revised by the international consultant, in cooperation with the MWYCFA, to improve self-reporting by each of the relevant ministries. Despite these efforts, the MWYCFA continued to face significant challenges in the 3rd and 4th Quarters getting information from the various ministries and departments about their annual work plans in relation to implementation of the EVAW Policy and NAP, and the FPA 2014.</p> <p>One important lesson that is emerging is that capability and capacity of government GFPs vary significant across ministries and related departments, in turn revealing a gap in technical support from the MWYCFA. GFPs' needs range from access to effective and easy-to-deliver IEC products related to the FPA 2014 and the EVAW Policy 2016-2020, through to specific technical support on developing gender aware tools and policies, as well as facilitating development human rights-based and gender responsive lens from which to influence budgeting and resource allocation within ministries and related departments.</p> <p>Through one-on-one consultations and email and phone contact with select GFPs on the self-monitoring tools, the MWYCFA has identified gaps existing such as:</p> <ul style="list-style-type: none"> • Capacity (basic gender mainstreaming skills and tools) • Visually attractive/reader-friendly IEC materials on the FPA 2014 and relevant policies (such as the EVAW Policy and GEWD Policy) • Linking with Public Service General Orders on sexual harassment/reporting procedures • In-house (MWYCFA) technical support/mentoring of GFPs across ministries • Utilization (or lack of) of GFPs as conduits on policy discussions (such as on developing position papers towards reviews of EVAW and GEWD policies, and CEDAW reports) and standardized EVAWG messaging. <p>Most importantly, MWYCFA understands that these findings should inform how it positions itself to better support the GFPs.</p>

<p>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>	<p>Consultations reiterated the need for improved coordination and functioning of SAFENET’s referral network and for increased case management capacity in order to fully develop a multi-sectoral response to VAWG. These needs were also mapped by the EAW Case Management international consultant in the 1st Quarter of 2016.³</p> <p>In the 3rd and 4th Quarters of 2016, the interim JP Coordinator spent a significant amount of time on improving UN-SIG JP partner coordination to reinvigorate UN-SIG JP momentum, and ensure that projects activities are being implemented according to the workplan and in keeping with staff resources that are available in the MWYCFA and SAFENET, but also that necessary support is provided across the sectors. It was also agreed that greater opportunities for information sharing are critical to ensuring that gaps and potential duplication of training are expediently addressed.</p>
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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 behaviours 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: (Reporting period: Annual Y2 Progress Report)	
	Institutional level	Individual level
Beneficiary Group 1: Civil society organizations (including NGOs) ⁴	3	5
Beneficiary Group 2: Government officials (i.e. decision makers, policy implementers) ⁵	2	5

³ The Consultant will be returning to provide continuity and build further capacity in this area over the 1st Quarter of 2017.

⁴ These figures relate to the three VAWG response service providers, Christian Care Centre (CCC), Family Support Centre (FSC), and Seif Ples and the individuals consulted during the June 2016 consultation.

⁵ These figures relate to the two ministries and their staff met with during the June 2016 consultation.

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

Changes in behaviour/actions of beneficiaries: What were the main changes in the beneficiaries' behaviours 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: Y2 Annual Progress Report	Most beneficiaries' mandates and service delivery models are informed by clearer national legislation and policies, particularly the FPA 2014 and the EVAW Policies (2010-2016, and newly drafted 2016-2020), particularly in relation to VAWG protection and access to justice and support services. The FPA 2014 was launched in April 2016; however, more time is needed to monitor the implementation of the FPA 2014 and women and girls' understanding and use of the FPA 2014. Unfortunately, only one out of three service providers provided data on the number of women and girls that accessed VAWG services in their organizations during the period of July to December 2016.
Beneficiary Group 2: Government officials (i.e. decision- makers, policy implementers)	Reporting period: 6 months, Y2 progress report	Decision makers, policy implementers, and management within service delivery ministries need more technical support to implement national policies and legislative frameworks to EVAWG. Some beneficiaries have allocated time and resources within their ministries/departments to progress implementing the FPA 2014; however, not all ministries were aware the FPA 2014 would be launched in April 2016 and had not therefore allocated budget to implement the FPA 2014 in their own ministry.

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: Y2 Annual Progress Report	<p>The UN-SIG JP has showed some progress mainly on an output level (output 2.1). The UN-SIG JP has facilitated the provision of technical support to SAFENET members in order to deliver mandates of essential services to survivors of VAWG, and in more coordinated manner. SAFENET members agree that sustained technical support is necessary to reach a point of delivering best practice in VAWG response services. In response to this request, UN Women will facilitate the EAW Case Management international consultant to return to Solomon Islands in the 1st Quarter of 2017 to provide additional technical support to SAFENET members on case management and embedding a referral system. In addition, in early 2016, UN Women obtained approval for piloting the <i>Global Guidelines on Essential Services Package for Women and Girls Subject to Violence</i> in Solomon Islands as a two-year project. The Essential Services Package (ESP) pilot project will implement activities targeting critical gaps in the UN-SIG JP. The ESP pilot project will aim to ensure that VAWG survivors will have greater access to protection and assistance through effective implementation of EAWG policies and by enhancing the quality of multi-sectoral service delivery. Capacity building for the ESP pilot project will be through intermittent technical support and mentoring, and through improved processes supporting the provision of coordinated and standard quality, survivor-centred responses to VAWG. The impact of the EAW Case Management international consultant and the ESP pilot project are projected to be significant in terms of supporting frontline service providers to be able to deliver essential services to survivors of VAWG, and in a more coordinated manner.</p> <p>It is also anticipated that the recently launched FPA 2014 and the recently established FPA Advisory Committee responsible for overseeing the implementation of the FPA 2014 will have a further compounding impact on frontline service provider's delivery of essential services to VAWG survivors.</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 2	End of Implementation: (Reporting period: Y2 Annual Progress Report)
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>SAFENET members have reported that the provision of technical expertise and support to SAFENET members and affiliates by consultants from UN Women, UNFPA, and the WHO have reinforced existing knowledge about rights-based and survivor-centred approaches to VAWG survivors, and increased frontline service providers' knowledge, attitudes, and skills/practices to respond to the needs of VAWG survivors.</p> <p>In 2016, a pre- and post-test Knowledge, Attitude, and Practice (KAP) survey was developed for use with UNFPA's trainings of health care workers. The pilot test of the KAP survey was conducted with one of the UNFPA-supported trainings. UNFPA informed the UN-SIG JP that findings from the KAP survey highlighted increased capacity, capability, and confidence among health workers to respond appropriately and safely to VAWG survivors.</p> <p>A separate KAP survey was developed by UN Women's UN-SIG JP M&E international consultant for use with frontline service providers (which includes health workers, as well as social services providers). This KAP survey revealed that frontline service providers have some knowledge and understanding of VAWG and the needs of VAWG survivors; however, some survey respondents still held attitudes that tended to blame the victim for their own victimization. Such attitudes can deter women who experience sexual assault/rape and/or domestic and family violence from seeking help. Findings from the KAP survey demonstrated the need for more EVAWG training and technical support to frontline service providers to ensure they are supporting survivors using rights-based and survivor-centred approaches. In addition, frontline service providers need to have IEC materials to inform VAWG survivors of the FPA 2014, and to know how to utilize provisions of the FPA 2014 to protect VAWG survivors and assist them in accessing essential services.</p>
Indicator 2: Number of referral cases tracked through the referral system in 2016, by Type of services	As previously explained, when the UNTF proposal was written it was envisioned a World Bank funded referral tracking database would be developed and utilised by SAFENET; however, the database was not developed and the World Bank ended the project. Incorporated into <i>Self-Report VAWG Data Collection Forms</i> is a component that allows for measurement of VAWG referrals; however, it is important to note that most organisations/agencies have not historically recorded referral data, and some organisations/agencies are still not reporting such data. Nevertheless, some agencies and CSOs are increasingly reporting VAWG referrals. This data is preliminary so it is too early to draw any conclusions. In 2016, there was a decrease in the amount of referral data reported so a challenge is to sustain reporting referral data over time.
Indicator 3: Number of primary referrals made in 2016, by Type of services	Limited data is available on primary referrals given the World Bank funded referral tracking database was never developed.

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 behaviours 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: (Reporting period: Y2 Annual Progress Report)	
	Institutional level	Individual level
Beneficiary Group 1: Civil society organizations (including NGOs) ⁶	3	7
Beneficiary Group 2: Government officials (i.e. decision makers, policy implementers) ⁷	2	9

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

Changes in behaviour/actions of beneficiaries: What were the main changes in the beneficiaries' behaviours 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: Y2 Annual Progress Report	There are very few CSOs providing essential services to VAWG survivors and the current system of identification, response, referral, and support is only partially coordinated. Referrals are occurring between service providers; however, there still appears to be some competition between service providers. Two CSOs are members of SAFENET, and one is affiliated (this is largely political). CSO service providers have all increased their knowledge and skills on data collection, which led to improvements in record-keeping of the number of VAWG survivors accessing services, as well as referral data and client data in 2015; however, in 2016 monthly data reporting decreased due in large part to the extended time that there was no

⁶ These figures relate to the three VAWG response service providers, Christian Care Centre (CCC), Family Support Centre (FSC), and Seif Ples and the individuals consulted during the June 2016 consultation.

⁷ These figures relate to the two ministries and their staff met with during the June 2016 consultation.

		<p>effective JP Coordinator during the 1st and 2nd Quarters of 2016. In addition, in 2016, the MHMS initiated restructuring of its GBV-response resources, which in turn impacted the coordination of the SAFENET referral network. The SAFENET Coordinator is now the Ministry of Health's GBV Coordinator and has been tasked with developing a new unit to be called GBV Response Unit. Under this newly proposed structure, the GBV Coordinator would report directly to the MHMS Under-Secretary towards a directive to ensure GBV-response across the health sector is improved. Moreover, this affords the GBV Coordinator more influence in decision-making and most importantly, in mobilising resources for deployment across the country on planned priority EAWG activities.</p>
<p>Beneficiary Group 2: Government officials (i.e. decision makers, policy implementers)</p>	<p>Reporting period: Y2 Annual Progress Report</p>	<p>Key decision makers and policy implementers are aware of gaps in the multi-sectoral responses to VAWG. Over the past 2 years, through their involvement in data collection for purposes of M&E, key government officers deepened their understanding of these gaps, which have led them to identify, analyse and prioritise VAWG response and policy needs. Also, members of the UN-SIG JP, including UN Women, UNFPA and WHO international consultants have provided strategic advice on the development and implementation of more coordinated and effective response systems.</p>

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 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 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: Y2 Annual Progress Report	<p>In 2016, the MWYCFA carried out trainings on the FPA 2014 (although this was carried out using resources from UN Women's Regional Access to Justice Programme). The April 2016 launch of the FPA 2014 included awareness-raising trainings on the FPA 2014 for National and Provincial Government Representatives with funding from UN Women's Regional EVAW Programme. Under UN SIG JP support, a two-week workshop was conducted for GFPs and Provincial Focal Points (PFPs) and policy makers on gender and EVAWG; however, it was identified this year that GFPs require sustained, agency-specific trainings on FPA 2014, the EVAW Policy 2016-2020, CEDAW, and Gender-Responsive Budgeting (GRB).</p> <p>UN Women also mobilised the UN-SIG JP EVAW and Gender Policy Consultant to carry out the review of the Gender Equality and Women's Development (GEWD) Policy and the revision of the EVAW Policy and the NAP.</p>

Output Indicator Update	Reporting period: (Reporting period: Y2 Annual Progress Report)	
	Quantitative Information	Qualitative Information
Output Indicator 1: No. of relevant government agencies that have work plans or programmes reflecting commitments agreed on in the implementation plan of the FPA and NAP for the EVAWG Policy,	Status of work plan: TBD (modified M&E tools will improve and assess this indicator in the 3 rd and 4 th quarters and the 2016 annual report).	In 2016, it was revealed that MWYCFA has faced significant challenges obtaining information from some ministries about their annual work plans (planned and achieved) in relation to implementation of the EVAW Policy, the NAP, and the FPA 2014. As referenced earlier, GFPs capacity and capability varies significantly across ministries and related departments, revealing a gap in technical support from the MWYCFA. GFPs needs range from access to effective and easy-to-deliver IEC products related to the FPA 2014 and the EVAW Policy 2016-2020, through to

by stage of development/ implementation (in development, finalized, funded, implemented, monitored)		<p>specific technical support on developing gender aware tools and policies, as well as facilitating development human rights-based and gender responsive lens from which to influence budgeting and resource allocation within ministries and related departments. Numerous ministries and departments are still in process of developing work plans, or have not yet started to develop work plans, and MWYCFYA did not have the human resources and capability needed to review and evaluate the quality of the work plans of other ministries, and to monitor their activities related to implementation.</p> <p>MWYCFYA is currently working closely with UN-SIG JP policy consultants to revise and strengthen the GEWD and EAWG Policies; it is expected that the outcomes of this work will be reflected in relevant ministries' work plans in 2017.</p>
<p>Output Indicator 2: Extent to which UPR and CEDAW recommendations directly related to EAWG are addressed and Implementation supported by stage:</p> <ul style="list-style-type: none"> - IMPLEMENTED- formally acknowledged in a written form - ADDRESSED - process Developed – FUNDED -MONITORED 		<p>The write up of the Delegation Report for the CEDAW Constructive Dialogue although with delayed input from delegation members, was finalised in July 2016. Separate funding enabled a Solomon Islands National Advisory Committee on CEDAW (SINACC) meeting to discuss way forward for the Concluding Observations and to endorse the Plan of Action in August. The CEDAW Delegation Report, Concluding Observation and Plan of Action was submitted to Cabinet and was endorsed by Cabinet on 1 September 2016.</p> <p>The Concluding Observation recommended a mid-cycle report on four critical areas identified as (i) status of the draft federal constitution (ii) police response to complaints on violence against women (iii) education and young mothers, and (iv) age appropriation education on sexual and reproductive health. Updates against each priority areas were endorsed by SINACC in a November 2016 meeting funded by SIG UN JP. The mid-cycle report will be submitted to Cabinet in January 2017.</p>
<p>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 EAWG policies (including monitoring of implementation)</p>	<p>TBD (Not yet available because pre- and post-tests have not been administered as part of UN SIG JP training programs)</p>	<p>TBD</p>

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: (Reporting period: Y2 Annual Progress Report)	<p>As mentioned above, MWYCFA carried out some training on the FPA 2014 during the launch in April 2016; however, UN-SIG JP funds have not yet been utilised for these activities. The launch of FPA 2014 included training, and a two-week workshop with gender focal points and policy makers on gender and EVAW, including, but not limited to FPA, CEDAW, and GRB.</p> <p>As part of the drafting of the EVAW Policy 2016-2020, the MWYCFA hosted a series of consultations with Gender Focal Points (GFPs), Provincial Focal Points (PFPs), and members of the EVAW National Task Force (i.e., the monitoring body of the EVAW Policy). Three in-country missions were led to consult with a total of 300 government officials and representatives from the MWYCFA, Ministry of Health and Medical Services (MHMS), Ministry of Justice (MoJ), Royal Solomon Islands Police Force (RSIPF), Office of the Director of Public Prosecutions, Public Solicitors Office, and the Ministry of Education and Human Resource Development (MEHRD), as well as NGO representatives (i.e., Women's Rights Action Network, Christian Care Centre, and Vois Blong Mere), development partners on EVAWG (i.e., UN agencies, INGOs, Australian DFAT, Secretariat of the Pacific Community, World Bank), and private sector representatives (i.e., Guadalcanal Plains Palm Oil Ltd).</p>
Activity 2: Support review of Gender Equality and Women Development Policy and the revision of the EVAW Policy and National Action Plan	
Reporting period: (Reporting period: Y2 Annual Progress Report)	UN Women mobilised an EVAW and Gender Policy international consultant to carry out the review of the EVAW Policy and providing technical input into the review of the GEWD Policy. The consultant also drafted the EVAW Policy 2016-2020 incorporating feedback and providing structure for the EVAW Policy monitoring framework. The consultant will continue her work in-country in the 1 st Quarter of 2017, following Cabinet approval of the finalised EVAW Policy 2016-2020.
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: (Reporting period: Y2 Annual Progress Report)	In April 2016, MWYCFA met with the Solomon Islands National Advisory Committee on CEDAW (SINACC) to inform them on CEDAW and the CEDAW Committee's concluding observations, including the next reporting obligations (the mid-cycle report was due by November 2016 and the 4 th period report which is due in 2018). MWYCFA has developed a schedule for SINACC, including a planned workshop on the CEDAW implementation plan, and is in the final stages of finalizing the plan and TOR for SINACC members. Funding for this activity came from UN Women, but not the UNTF, although MWYCFA is utilising UNTF funding to establish a small working group to collect information and support/inform the reporting process for CEDAW across the four thematic areas including: 1) provision for equality and discrimination in the new federal constitution; 2) police role regarding VAW, including data on perpetrators and convictions; 3) education, including the second chance education for pregnancy girls; and 4) age appropriate education on reproductive health and rights.

	<p>SINACC was hosted by the MWYCFA in the 4th Quarter of 2016, with the support of a UN-SIG JP-funded local technical consultant. The SINACC was attended by 16 government officials from the Prime Minister’s Office, Ministry of Foreign Affairs (MFA), Ministry of Home Affairs (MHA), MHMS, Ministry of Lands and Housing (MLH), MEHRD, and the Office of Commissioner of the RSIFP. The SINACC endorsed reporting the following progress:</p> <ul style="list-style-type: none"> • Adoption of a new Federal Constitution, including provisions of equality between men and women; there is a 2017 projected time frame for the final draft with ratification and adoption by 2018). • Development of measures to ensure that police respond to and investigate complaints regarding VAWG. This includes the development of the RSIPF Zero Tolerance Policy, Sexual Assault Investigation Policy, Family Violence Policy, Standard Operating Procedures, and Crime Prevention Strategy 2017-2020. • Adoption of the Second Chance Education Policy. The MEHRD update noted 1) the SITESA Bill and School Education Bill; 2) the Education Strategic Framework 2016-2030, referencing long term goals for action and efforts to address gender equality; 3) the National Disability Inclusive Education Policy 2016-2020; 4) the Strategic Support Unit which conducted research and data collection on early school leaving (ESL) to inform the Second Chance Education Policy; and 5) gender mainstreaming practices in the Gender Equality in Education (GEE) Policy. • Development of age-appropriate education on sexual and reproductive health included in the MHMS Annual Operation Plan and National Health Strategic Plan. Also, the delivery of programmes targeting children/youth, such as: Family Life Education (FLE), FLE Information Corners, and FLE trainings for teachers and peer educators.
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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
Y2 Annual Progress Report	<p>Since the start of the UN-SIG JP and the implementation of the M&E framework and tools, MWYCFA WDD staff, MHMS SWD SAFENET Coordinator, and SAFENET members have demonstrated appreciation for a robust process to monitor progress on EVAWG towards accountability of the service delivery system.</p> <p>It is clear that capacity building relating to data collection, survivor-centred case management, and referral networks, and VAWG response for the SAFENET (both the Coordinator and SAFENET members) are high priorities. It is also clear, that SAFENET members and affiliates are increasing their knowledge and understanding around the collection and use of data in order to better understand the functioning of the multi-sectoral response to VAWG.</p> <p>This knowledge transfer is apparent during occasions where M&E data has been collected and presented back to SAFENET members and affiliates. As a result of presenting the data in line chart form to SAFENET members in February and June 2016, as well as process in sharing of the 2015 Annual Report, some SAFENET members have reported they are beginning to see how the data is useful (particularly in relation to some of the clinics who are regularly completely the Self-Report VAWG Data Collection Forms), as information on access to services and justice for survivors of VAWG, and an overview of the functioning (or not) of the multi-sectoral system of response to VAWG. This growing and shared insight will be carefully nurtured to demonstrate how uptake of information and data collecting can help to support a community of practice and strengthen a multi-sectoral response. Despite this progress, data sharing from some service providers was missing from July to December 2016, and it is unclear if they will continue to provide data in 2017.</p>

Output Indicator Update	Reporting period: January – December 2016, Y2 Progress Report	
	Quantitative Information	Qualitative Information
Output Indicator 1: Proportion of government agencies who are reporting to the EAW Task Force	The EAW Task Force is being revised with streamlined TOR. Appointment of members to be actioned in Quarter 1, 2017.	Parallel to the formalisation of the new EAW NTF, discussions are also underway between EAWG stakeholders facilitated by the MWYCFA, to explore how the EAW NTF is placed against other EAWG-relevant oversight bodies such as the FPA Advisory Committee (legislated by the FPA 2014 and comprising same members as the EAW Taskforce), the FPA Working Committee and CARECOM (as SAFENET referral network governance body). The main consideration highlighted being that mandates, operating procedures and schedules needed to be balanced for such a small and interconnected group of stakeholders so as not to be barriers in addressing VAWG in the country.
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		The UN SIG JP developed KAP survey with GFPs has not yet been conducted; however, focus group discussions have been carried out with 5 out of 21 gender focal points from the various ministries. These focus groups have related findings, in part, to knowledge, attitudes, and practices related to their responsibilities to gender mainstreaming, including implementing the EAW Policy and NAP, and the FPA 2014.

Activity Update	
Activity 1 Support National EAW Task Force to implement and monitor with a results framework, and assess progress of EAW Policy	
Reporting period: Y2 Annual Progress Report	In the reporting period, UN Women mobilized technical resources to support the MWYCFA to review and report on implementation of the national EAW Policy 2010-2016. The technical consultant developed the successor EAW Policy 2016-2020 with a final draft validated in October 2016 in Honiara. UN women also supported the continued improvement of EAWG monitoring mechanisms, including the review of TOR and membership of the EAW National Task Force to oversee implementation of the EAW Policy 2016-2020, recommending structural changes and incorporating new developments such as the FPA Advisory Committee, the FPA Working Committee and challenges with implementing the existing oversight body for SAFENET, the CARECOM.
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: Y2 Annual Progress Report	MWYCFA had carried out some training on the FPA 2014 at the time of its launch in April 2016, and subsequently thereafter, with separate funding and technical support from UN Women and from the UN-SIG JP. It is important to note that trainings on the FPA 2014 at the time of the launch in April 2016 did not utilise UN-SIG JP funds; UN Women ERAW and Access to Justice funding were utilised. This included a two-week workshop for GFPs and PFPs, as well as policy makers on gender and ERAW, including the FPA 2014, CEDAW, and GRB. However some SAFENET members have not received an awareness-training on the FPA 2014; they have requested FPA 2014 trainings so they can better understand the FPA 2014 and the responsibilities of police and justice officials, as well as service providers, in terms of access to police safety notices and restraining orders, and other features of the FPS 2014.
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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**)

Reporting period: Y2 Annual Progress Report	<p>Output 2.1 Frontline service providers are able to deliver essential services to survivors of VAWG, and in a more coordinated manner</p> <p>The UN-SIG JP has showed some progress mainly on an output level (output 2.1). The UN-SIG JP and its members has provided technical support to SAFENET members and frontline service providers that are members of SAFENET to be able to deliver essential services to VAWG survivors in a more coordinated manner. It should be noted that it is based upon findings from assessments conducted by UN Women international consultants, with input from UN-SIG JP partners, the SAFENET Coordinator. SAFENET members also recommend that more technical support is needed, and there is a need for strengthened coordination between VAWG service providers. Discussions remain underway to consider 'rehousing' SAFENET coordinating responsibilities under the MWYCFA, as well as how to better position resources and support for a full-time SAFENET Coordinator. Further technical support for strengthening case management and referral systems is planned for 1st Quarter of 2017.</p>
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Output Indicator Update	Reporting period: Y2 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	Of the 61 participants that have gone through the training 54% (27 health workers and 6 Police force workers) have participated at the training on the 3 Provinces.	The Ministry of health and medical services Gender Based Violence program office this year 2016 has conducted Training for health workers and other stakeholders in Solomon Islands. For the period of 2016, three trainings were conducted in 3 provinces; Temotu, Makira and Western Province. The training used the training manual developed together by MHMS and Auckland University of Trauma with support of UNFPA. The aim of the training is to build capacity of health care workers and other stakeholders in the provinces to effectively address issues of violence in their workplace. This include introduction of multi-sectoral survivor centre approach model that was developed nationally (SAFENET)
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)	81% (13 out of 16)	Among SAFENET members, it was determined that the Police Sexual Assault/Rape Unit is unable to provide monthly based upon the way they record data and manage case data.
Output Indicator 3: Number of EVAWG cases reviewed by the members in 2016	0	

Activity Update	
Activity 1: Provide technical support for monitoring the co-ordination and implementation of the SAFENET MoU and protocol	
Reporting period: Y2 Annual Progress Report	A series of consultations on the SAFENET MOU and protocols have been revised and updated. The MRE Consultant for the UN-SIG JP has continued to provide technical support for M&E activities. In addition, the UN Women-contracted EVAW Case Management Consultant supported SAFENET to develop a case management framework, and to prepare and deliver an introductory training/practice package for SAFENET members on case management approach. Another output was the Revised Practitioner's Guide and the review of the reporting form for use by SAFENET members and affiliates aligned with effective case management principles. Some of these outputs have been disseminated to SAFENET partners. Further progression of the case management approach within SAFENET include the SAFENET Coordinator identifying improvements to the Auckland University of Technology (AUT) GBV manual considering the Revised Practitioner's Guide and integrating the same into the 5-days training programme for health workers being rolled out across the provinces.
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: Y2 Annual Progress Report	The MRE Consultant has continued to support the SAFENET Coordinator and UN Women's EVAW/Interim JP Coordinator to collect monthly VAWG data from SAFENET members and affiliates, including police, judiciary, health, social welfare, and NGO service providers on the number of VAWG survivors accessing services, including practices of referring between frontline service providers, police, and judiciary. This data has been analysed and regularly presented/shared with SAFENET members and members of the UN-SIG JP through annual reports. Specifically, information sharing was through

	<p>presentations and discussions facilitated in February and June 2016 with a view to ensuring that SAFENET and UN-SIG JP members are kept informed on short- to medium-term impacts of programme initiatives. Also equally important, discussions are facilitated to highlight how their work and improvements brought about, relates to the larger multi-sectoral response to VAWG in Honiara and Solomon Islands, and that the data generated can be used to inform activities and programming.</p>
<p>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</p>	
<p>Reporting period: Y2 Annual Progress Report</p>	<p>There were several deliverables, some previously mentioned, that were provided as part of a broader set of activities linking Activities 2.11 and 2.1.3. This includes:</p> <ul style="list-style-type: none"> - Consultation reports and a final work plan that was developed to support the development of a comprehensive training package for a multi-sectoral response to VAWG for frontline service providers. - A capacity development report and training package - A SAFENET case management framework and Revised Practice Guide. - Auckland University of Technology (contracted by UNFPA) through the AUT Training Manual - International consultant (contracted by WHO) provided training to frontline service providers/SAFENET members, particularly health service providers on trauma care and working with children for VAWG response services - International consultant (contracted by WHO) progressed case management framework working specifically with SAFENET Coordinator and the SAFENET member Family Support Centre. - WHO developed competency-based” protocols with behavioral anchors in consultation with FSC staff in order to integrate Survivor-Centered Case Management Services into its existing services. In addition to foundational skills in Psychological First Aid, Basic Counseling, and ethics/professionalism, the case management competencies include: Informed consent, Intake/Risk Assessment, Safety Planning, Empowerment Counseling, Action Planning, Advocacy, and Caseload Management. - WHO completed initial data-base development support for the monitoring and reporting of outcomes on case management activities. FSC has trialled the improved protocols with new clients presenting to its offices in the reporting period. - After the launch of the FPA, the MWYCFA provided some FPA training to SAFENET members; it is expected that SAFENET member would then roll out training within their own communities of practitioners. (However it should be noted that SAFENET has requested further followup FPA training prior to rolling this out to their respective communities). - ESP pilot project used as a vehicle for discussion on what-next on a comprehensive training package for SAFENET Members building on the now-revised <i>SAFENET Orientation Handbook for Practitioners</i> and the <i>SAFENET Orientation, GBV and Case Management Training Manual</i>
<p>Output 2.2</p>	<p>Health service providers understand and follow new and improved protocols with regard to responding to the needs of survivors of VAWG</p>

Reporting period: Y2 Annual Progress Report	Development and finalization of Solomon Islands Government Ministry of Health and Medical Services <i>Policy and Clinical Protocols for Minimum Standards of Treatment of Survivors of Sexual and Gender-Based Violence</i> was completed. One-on-one consultations completed with initial draft guideline reviewed and edited to incorporate feedback from wide stakeholder consultations and from MHMS GBV Coordinator/SAFENET Coordinator. WHO facilitated and received technical input from UNICEF consultant on child component of guidelines and incorporated feedback. A final stakeholder workshop was conducted in Dec 5, 2016. Partners and stakeholders requested additional 30 days after the workshop for feedback. WHO support through its Regional GBV advisor (Britta Baer) to finalise the Policy/Clinical Protocols to continue in next reporting period – including formating for publishing, printing. Further support will be mobilised for the rollout of competency-based training aligned with the Policy/Clinical Protocols.
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Output Indicator Update	Reporting period: Y2 Annual Progress Report	
	Quantitative Information	Qualitative Information
<p>Output Indicator 1: Percentage of health workers who demonstrate attitudes, knowledge, and ability to respond to the needs of survivors of VAWG</p>	<p>Of the total 61 provincial participants that have undergone the health sectoral GBV training, 27 are provincial health workers (Doctor (n=1); Health Workers (n=26)</p>	<p>Pre- and post-test Knowledge, Attitude, and Practice (KAP) surveys were developed for use with UNFPA-implemented training programs for health care workers. The KAP surveys were used in the three provincial trainings conducted in the reporting period – specifically in Temotu, Makira and Western provinces. Coordinated and implemented by the MHMS GBV Coordinator/SAFENET Coordinator, findings highlighted increased capacity, capability, and confidence of the health workers to respond appropriately and safely to survivors of VAWG.</p> <p>A separate and distinct KAP survey was also developed by UN Women’s UN-SIG JP M&E Consultant for use with frontline service providers, which was administered in June 2016 to a sample of 16, including 7 registered nurses in Honiara. The KAP survey revealed that frontline service providers have some knowledge and understanding of VAWG, although some survey respondents still hold attitudes that blame the victim for their own victimization. Such attitudes can deter women from seeking help for sexual assault/rape and domestic and family violence. The same KAP survey also revealed a broad request across almost all participants for more EVAWG training and technical assistance in response (including supporting survivors to utilise the FPA). The survey revealed that some are also reluctant to question VAWG survivors about their victimization, but do at the same time understand how to respond to VAWG and to encourage VAWG survivors to access protection and support services. In addition, frontline service providers expressed need to have IEC materials to inform VAWG survivors of the FPA 2014. Also, frontline service providers reported they need to know how to utilize provisions of the FPA 2014 to protect VAWG survivors and assist them in accessing essential services.</p>

<p>Output Indicator 2: Number of MHMS SOPs, guidelines, and protocols related to VAWG revised and improved to be survivor-centred</p>	<p>3</p> <p>(i. AUT Training Manual revisions being documented ii. 5-days GBV Training Program for Health Workers being revised along SAFENET Revised Practitioner’s Guide and iii. WHO-supported clinical protocols?)</p>	<p>Reports and SOPs have been prepared by technical consultants contracted by UN Women, UNFPA, and WHO that prioritise survivor-centred approaches; however, it is not clear the sum total of MHMS SOPs, guidelines and protocols related to VAWG that have been revised and improved to be survivor centred.</p> <p>In the reporting period, WHO supported the development and finalization of Solomon Islands Government Ministry of Health and Medical Services <i>Policy and Clinical Protocols for Minimum Standards of Treatment of Survivors of Sexual and Gender-Based Violence</i>. WHO facilitated technical inputs including from UNICEF consultant on child component of guidelines and incorporated feedback. A final stakeholder workshop was conducted in Dec 5, 2016. Further request for support is being considered for the rollout of competency-based training aligned with the Policy/Clinical Protocols. The key development has been real-time/on-the-job gaps-analysis of the informing document (AUT’s GBV Health Workers Training Manual) and further consideration of how principles of the newly-developed MHMS Policy and Clinical Protocols for Minimum Standards of Treatment of Survivors of Sexual and Gender-Based Violence can be integrated and progressed further – such as into competency-based learning and training programs that build on the current 5-days basics-of-GBV response training being rolled out.</p> <p>The 5 days training program for health workers include improved modules integrating lessons in its 2 years-development, and rollout in 3 provincial sites. Improvements include making appropriate-to Solomon Islands literacy levels in rural areas, as well as translating the diagrams used to Solomon Islands context to enable effective learning.</p> <p>In documenting gaps and recommending changes to the current draft of the AUT Training Manual, MHMS GBV Coordinator/SAFENET Coordinator identified improvements considering the SAFENET Revised Practitioner’s Guide. (He had also integrated the same into the 5-days training program for health workers being rolled out across the provinces.). The provincial rollout of the training manual is also to validate the relevance of the manual, taking into account recent developments of gender work (eg: FPA) and development in the sector (NHSP 2016-2020) and to make appropriate alignment of the training manual to the essential service package in the health sector based on international standards and guidelines as well as national and institutional frameworks. It is anticipated that the finalization of the training manual is expected to be implemented in the first quarter.</p>
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Activity Update

Activity 1: Support training and mentorship of MHMS staff responsible for implementing health guidelines on sexual assault care and legal literacy	
<p>Reporting period: Y2 Annual Progress Report</p>	<p>A training package for health workers was completed by AUT and a facilitator handbook was developed in preparation for the rollout of the training package. With the launch of the FPA 2014 in April 2016, the manual is being updated to include modules on the FPA 2014. SIG UN JP funding was also utilised for roll out of training to the provinces from 30 June onward. Logistical support for provincial rollout includes equipment procurement for the GBV programme and also relating to Output 2.1.2. The SAFENET Coordinator is now responsible for rolling out training to the provinces, using the AUT training modules with SAFENET members.</p> <p>The UNTF under UNFPA implementation supported the development of the Training manual for Health workers as part and parcel of building local capacity in health response to GBV in the health sector. The training manual currently in its draft form has been rolled out in 3 provinces in Temotu, Makira and Western Provinces with a coverage of 61 training participants. Of the 61 training participants, 27 were health workers (1 medical doctor and 26 nurses). The provincial rollout is necessary to ensure validation of the manual with the aim to capture provincial perspective, considers relevance on the ground and for adaptation on the ground. Going forwards finalization, the manual will be aligned to the essential service package guideline and standards and will capture recent developments of of gender work at national level (eg: FPA) and at sectoral level (eg: SOP of the health sector also currently in its draft form).</p> <p>In the last quarter of 2016, UNFPA procured equipment for the GBV Programme of the health sector. This included 2 laptops and one printer/scanner/photocopier as part of service and administrative logistic support for delivery of the training manual and related work.</p> <p>A key development has been applied learning evidenced by the MoHMS GBV Coordinator/SAFENET Coordinator – in progressing principles of separate newly-developed standards. For example, he is considering how the newly-developed <i>MoHMS Policy and Clinical Protocols for Minimum Standards of Treatment of Survivors of Sexual and Gender-Based Violence</i>, can be integrated into his plans for development of competency-based learning as well as the current 5-days health workers' training.</p> <p>Following the launch of the FPA 2014, communication and awareness-raising on the FPA 2014 continued. In particular, the Ministry for Women, Youth, Children and Family Affairs continued refining its pamphlets and posters which provide information about the right to seek help under the FPA 2014. In addition, the SAFENET Coordinator continued to integrate learning modules on the FPA 2014 into its rollout of gender-based violence (GBV) training for health clinic and hospital staff, which has been successfully delivered in Honiara and subsequently rolled out in three more provinces.</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: Y2 Annual Progress Report	There have been no activities this year; however, there are reportedly activities planned by UN Women in terms of their ESP pilot project for 2017.
Activity 3: Develop and review comprehensive health strategies, medical guidelines, and protocols for survivor-centred health response	
Reporting period: Y2 Annual Progress Report	<p>One-on-one consultations were held by UN Women international consultants related to different consultancies with a wide range of frontline service providers, including health care service providers, as well as WHO international consultants to some degree:</p> <ul style="list-style-type: none"> • Social Welfare Director, MHMS • HIV & STI Unit, MHMS • Sexual Assault Unit, Rove Police Station • Integrated Mental Health Unit, National Referral Hospital (NRH) • Public Health Pharmacist, NRH • Child Protection Officer, UNICEF • Under Secretary Health Improvement, MHMS • Manager, Seif Ples • Emergency Department(ED) Nurse Manager, National Referral Hospital (NRH) • ED Clinical Nurse Manager and GBV Focal person, NRH • Director of Nursing, MHMS • Solomon Islands Planned Parenthood Association (SIPPA) • Health Clinics under the guise of the Honiara City Council

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: January – December 2016, Y2 Progress Report	To be undertaken in 2017
M&E Activity 2: Collect and compile baseline data in collaboration with UN agencies, SIG partners and CSOs, and providing ongoing M&E support	
Reporting period: January – December 2016, Y2 Progress Report	Completed in June 2015 and Baseline Report prepared. Baseline data was updated at the midline and included in the midline report (to come).
M&E Activity 3: Workshops on UN-SIG JP data collection methods, plans and progress	
Reporting period: January – December 2016, Y2 Progress Report	Completed in 2015 at the time of the baseline in 2016 at the time of the midline assessment.
M&E Activity 4: Quarterly and annual report preparation	
Reporting period: January – December 2016, Y2 Progress Report	The six-month progress reports and annual reports were completed in 2015 and 2016, along with a baseline report in 2015 and midline assessment report in 2016.
M&E Activity 5: Midline assessment of indicators and progress	
Reporting period: January – December 2016, Y2 Progress Report	The midline assessment of indicators and progress were completed in June 2016 and the midline report was completed in July 2016, inclusive of all data and analyses, which were incorporated into the six-month and annual progress reports for 2016 and this data and information has been incorporated into this results and activity report.
Audit Activity 1: Conduct a final project audit	
Reporting period: January – December 2016, Y2 Progress Report	N/A