



The United Nations Trust Fund to End Violence Against Women

Basic Project Information

Name of Administrative Agent	UNDP
Name of Coordinating Agent	UN Women
Name of Participating Agencies	UNFPA and WHO
Project Title	Keeping the Promise in the Solomon Islands: From Policy to Action
Countries of Implementation	Solomon Islands
Project start date (dd/mm/yyyy)	01/01/2015
Project end date (dd/mm/yyyy)	31/12/2017
Total Grant Approved (USD)	619,069
Total Grant Received to date (USD)	\$284,823
Type of Report (Annual or Final Report)	Annual Progress Report
Reporting Period (dd/mm/yyyy – dd/mm/yyyy)	01/01/2016 – 31/12/2016

3.1 Project context

Please provide a short description of any change in context during the reporting period, specifically linked to the project.

Family Protection Act 2014 - A key legislative development was the official launching of the Family Protection Act (FPA) 2014 in April 2016. A critically important piece of ending violence against women and girls (EVAWG) legislation for Solomon Islands, the Act defines domestic violence and makes domestic violence an offense punishable by fine or imprisonment. The FPA 2014 also provides domestic violence victims with

preventative measures, including access to police safety notices and restraining orders, and generally enhancing the power of the police and the Courts to provide appropriate protection to survivors of violence against women and girls (VAWG). In this reporting period, communication and awareness-raising on the FPA 2014 continued. In particular, the Ministry for Women, Youth, Children and Family Affairs (MWYCFA) 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 – Temotu, Makira and Western provinces.

Review of the National Policy on Eliminating Violence against Women (EVAW Policy) - The Ending Violence against Women (EVAW) Policy 2010-2016 was reviewed and a revised EVAW Policy 2016-2021 was drafted. The EVAW Policy 2016-2021 focuses on ensuring multi-sectoral efforts to address VAWG are in line with the Gender Equality and Women’s Development (GEWD) Policy 2016-2018; particularly, two key GEWD Policy outcomes: 1) To enhance the coordination, implementation, and monitoring of the National EVAW Policy and the FPA 2014; and 2) To enhance support for victims of sexual and gender-based violence (SGBV) and extend quality services to rural areas.

As part of the drafting of the EVAW Policy 2016-2021, 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).

Ministry of Health and Medical Services (MHMS) restructuring – In this reporting period, 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’s GBV Coordinator, tasked with developing a new unit to be called GBV Unit. Under this newly proposed structure, the GBV Coordinator would report directly to the MHMS Under-Secretary, affording the GBV Coordinator more influence in decision-making and most importantly, in mobilising resources for deployment across the country on planned priority EVAWG activities. “

New legislative and policy developments – There were three new legislative and policy developments in Solomon Islands during this reporting period, external to the UN SIG JP, but relevant to progress of the programme goals, including:

Child and Welfare Bill - The new Child and Welfare Bill was passed by Solomon Islands Government through Cabinet, and will go before Parliament in 2017. The Child and Welfare Bill will impact the role of the SAFENET Coordinator and SAFENET referral network; these

implications will need to be considered in light of recent discussions to move coordination responsibilities for the SAFENET referral network to the MWYCFA, and the goal to finalise the move in the medium-term which includes part of SIG UN JP programme timeframe. This proposed change would benefit coordination of services for VAWG survivors as the MWYCFA can ensure alignment with new legislative and/or policy changes, such as the FPA 2014 and the Child and Welfare Bill.

Development partner support to priorities in new National Health Strategic Plan 2016-2020. MHMS is in the first year of implementing the National Health Strategic Plan 2016-2020. Australian DFAT, under its Health Sector Improvement Program III (HISP III), will support the rollout of services for VAWG survivors to the provinces, based upon lessons from the model piloted by Seif Ples. Seif Ples is a service provider that offers 24-hour protection and support to VAWG survivors, including rape kits and emergency contraceptives, and operates a support hotline. Seif Ples was a partnership between the Honiara City Council, the Royal Solomon Islands Police Force, and the MHMS. Priorities for Australian DFAT will also consider the new WHO Clinical Guidelines and early work on developing National Counselling Framework by the MWYCFA.

Provincial Capacity Development and Rollout of the Health Response Training Manual: Under the UNTF Project (UN JP on EVAW), the Ministry of Health and Medical Services has facilitated and validated the delivery of the GBV Health Response Training manual in 3 Provinces covering Temotu Province, Makira Province and Western Province. The objective of the provincial training is to further validate the training manual to ensure provincial perspective and other recent developments in the country as they relate to gender development is captured in the Training Manual. About 61 provincial stakeholders including provincial health workers have benefited from the provincial trainings on GBV health response.

Finalisation of the National Policy and Clinical Protocols for Minimum Standards of Treatment of Survivors of GBV – WHO, which is one of the United Nations-Solomon Islands Government Joint Programme (UN-SIG JP) partners, finalised the National Policy and Clinical Protocols for Minimum Standards of Treatments of Survivors of GBV at the end of reporting period.

Essential Services Package – In early 2016, UN Women obtained approval for piloting the *Global Guidelines on Essential Services Package for Women and Girls Subject to Violence* in Solomon Islands as a two-year project. The Essential Services Package (ESP) pilot 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. The priority activities of the ESP pilot project have been informed by an extensive consultation process with a broad range of government bodies and agencies, international organizations, non-government, and civil society organizations, and development partner agencies. The planning process involved a gender-focused review of the health sector, a SAFENET referral network review involving all key frontline service providers, and discussions with partners from police and justice system agencies. 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 accountability of 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. Capacity building through the ESP pilot project will be by targeted technical support and mentoring, and through improved processes supporting the provision of coordinated and standard quality, survivor-centred responses to VAWG.

3.2 Progress summary

What progress has the project made during the reporting period towards achieving the outcome(s) and the project goal? For whom (specific beneficiaries)? How? Provide concrete evidence if possible. Feel free to include large successes, as well as unexpected and/or incremental changes. (Maximum 1,500 words)

During this reporting period, the UN-SIG JP focused on supporting the launch and implementation of the FPA 2014 and implementing UN Trust Fund supported activities under all four output areas of the work plan, along with collecting monitoring and evaluation (M&E) data.

Outcome 1: National policy frameworks on EVAWG have been strengthened and implemented to support a comprehensive, multi-sectoral response strategy

Implementation of the FPA 2014 continued to be a recurring theme in all of the UN-SIG JP supported activities; in particular, identification of issues in applying provisions of the FPA 2014 were documented and informed technical support across Outputs 1.1, 1.2, and 1.3.

Under the UN-SIG JP, an EVAW Policy international consultant worked closely with the women’s machinery in Honiara to review the GEWD Policy, EVAW Policy, and related National Action Plans (NAPs). Consultations were held with stakeholders in Honiara and in two provinces to ensure a wide range of feedback. Priorities recommended for the new EVAW Policy 2016-2020, included a specific focus on women and girls living with disabilities, and improving coordination to enable access to VAWG services in rural areas and the provinces. Consultations also highlighted that consistency in messaging by EVAWG partners is important, as are activities to raise awareness on the FPA 2014, as opposed to only focusing on how provisions of the FPA 2014 are applied by the police, health workers, and social service providers.

The EVAW Policy international consultant also worked with SIG stakeholders and other relevant partners to improve the monitoring of the implementation of the new EVAW Policy 2016-2020 based on lessons from the previous EVAW policy. During this reporting period, recommendations were also finalised for the roles and responsibilities of implementing partners, and makeup and membership of the EVAW National Task Force, which is the oversight body for the EVAW Policy. Appointment of members to the EVAW National Task Force, and training of Task Force members on monitoring processes is planned for the 1st Quarter of 2017.

EVAW Policy 2016-2020 was finalised in the 4th Quarter of 2016, with plans to present it to the Cabinet in the 1st Quarter of 2017. EVAW Policy 2016-2020 highlights five priority outcome areas: 1) Prevent VAWG; 2) Strengthen legal frameworks, law enforcement, and the justice system;

3) Strengthen and improve protective, social, and support services; 4) Rehabilitate and hold perpetrators accountable, and 5) Develop national commitments and coordinate services.

Technical support mobilised under the UN SIG JP for the review of the EAW Policy, also provided technical input into development of the Solomon Islands Government *National Gender Equality and Women's Development Policy*.

Under Output 1.3, the Solomon Islands National Advisory Committee on CEDAW (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 meeting was funded by UN SIG JP. 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:

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). Worthy of specific mention is Clause 19 (1) and (2) which provide for equality between men and women, and a specific prohibition of 'direct and 'indirect' discrimination. Also, Clause 19 (3) prohibits multiple and intersecting discrimination, and sanctions for discrimination. Finally, Clause 49 (5) and (6) outlines to protect or advance the National Human Rights Commission, and Clause 198 (3) outlines investigation for government and persons in other spheres that discriminate.

Development of measures to ensure that police respond to and investigate complaints regarding VAWG. This includes the development of the RSIFP 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 put forth: 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 conducts 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 that has been included in the 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.

During this reporting period, UN Women and UNFPA also worked alongside relevant counterparts – MWYCFA, MHMS, SAFENET referral network members, and WHO - to support activities across the social service, health, police, and justice sectors. For example, UN Women

undertook efforts to gather monthly data from VAWG service providers, health clinic and hospitals, the RSIFP Domestic Violence Unit, Public Solicitors Office, and the MHMS Social Welfare Department (SWD). UN Women and UNFPA also frequently engaged with relevant counterparts to support the delivery of key EAWG activities, including those not captured within UN-SIG JP activities. These activities led to an increased shared understanding of the need for a common vision and EAWG Policy that supports a ‘whole-of-government’ approach; however, this will need to be sustained and balanced with other emerging priorities.

It is also important to note that sustained strengthening of coordination mechanisms, particularly the SAFENET referral network and CARECOM, is central to a multi-sectoral approach to EAWG. Neither the SAFENET referral network, as a group, nor its governance body, CARECOM, met regularly in 2016. As a result, inter-agency advocacy to promote strong leadership, partnerships, and networks across important EAWG partners, departments, and sectors has been limited during this reporting period.

The MWYCFCA has also faced significant challenges getting information from the various ministries and departments about their annual work plans in relation to implementing the EAWG Policy and related NAP or the FPA 2014. Moreover, the EAWG Policy 2016-2021, which is the key policy document and starting point for EAWG priority activities and the development of a comprehensive, multi-sectoral response strategy to VAWG, had yet to be endorsed at Cabinet level for implementation by the end of this reporting period. Relevant ministries and departments had yet to communicate their efforts to adopt or implement gender aware or gender mainstreaming policies, as gender mainstreaming and gender budgeting is not fully understood, nor are resources adequately allocated for it to happen at meaningful levels.

One important lesson that is emerging is that capability and capacity of government GFPs vary significant across ministries and related departments, revealing a gap in technical support from the MWYCFCA. GFPs needs range from access to effective and easy-to-deliver IEC products related to the FPA 2014 and EAWG Policy 2016-2020, through to specific technical support on developing gender aware and gender mainstreaming policies, as well more training on human rights-based and gender responsive lens from which to address budgeting and resource allocation within ministries and related departments. Among the six relevant ministries, three more capable GFPs – MHMS, MEHRD, and Ministry of Environment, Climate Change, Disaster Management and Meteorology (MECDM) – have had significant development and donor partner investment to support gender aware and gender mainstreaming policies. Ultimately, the M&E process for the UN-SIG JP is highlighting significant technical gaps, for which the MWYCA will be supported by the UN-SIG JP to better address.

Outcome 2: Frontline service providers are able to deliver essential services to survivors of VAWG, and in a more coordinated manner

During this reporting period, the UN-SIG JP has progressed activities relating to both outputs under Outcome 2, including: Output 2.1, frontline service providers have strengthened coordination for effective referral and case management; and, Output 2.2, health service providers understand and follow new and improved protocols with regard to responding to the needs of survivors of VAWG.

UN Women, UNFPA, and the WHO provided technical expertise and support to SAFENET referral network members and affiliates, including frontline service providers, health workers, and police and justice officials to improve the delivery of essential services to VAWG survivors, with vision for enhanced multi-sector coordination.

Under Output 2.1, an EAW Case Management international consultant provided support to CARECOM, the SAFENET Technical Advisory Monitoring Committee, as well as reviewed the SAFENET MOU and Protocol. The international consultant also worked closely with frontline service providers to identify gaps, develop tools and guidelines, and deliver introductory trainings to strengthen frontline service providers' capacities to deliver survivor-centred services to VAWG survivors. Basic training was also carried out on case management to move toward developing an enhanced coordinated referral system.

Consultations conducted with SAFENET referral network members revealed that technical expertise and support provided to SAFENET members by consultants from UN Women, UNFPA and WHO in 2016, reinforced existing knowledge about rights-based and survivor-centred approaches, and increased frontline service providers' knowledge, attitudes, and practices related to responding to the needs of VAWG survivors.

The second part of the technical support to the SAFENET referral network has been delayed to 2017, given two separate developments, i.e., the review of its governing mechanism CARECOM, and discussions to move the SAFENET coordinating role under the guise of the MWYCFA.

UNFPA also supported the MHMS GBV Coordinator/SAFENET Coordinator to roll out a package of training for health workers in responding to GBV. The trainings were conducted in Honiara, and in three provinces namely Temotu, Makira and Western Provinces covering a total of 61 beneficiaries and comprised five-day training with a mix of modules on clinical training and gender responsive and human rights-based approaches to GBV. The provincial rollout of the Training Manual was purposely to validate the manual to ensure relevant alignment to the essential service package, further ensure that provincial perspectives on the ground and recent developments of gender work in the health sector are captured. The training was also extended to wider-range of EAWG stakeholders (non-health workers) in each of the three provinces, reinforcing referral networks existing (albeit informally) already. This training program rolled out in the provinces was informed by the GBV Training Manual for Health Workers developed by Auckland University of Technology (AUT), which was also contracted by the UNFPA as part of its implementing the UN SIG JP. The AUT Training Manual for Health Workers is a key document that will be finalized in 2017. In further supporting the GBV Program of the Health sector, UNFPA procured equipment which included 2 Laptops and a printer/scanner/photocopier. The equipment is purposely for service support as part and parcel of the delivery of the provincial rollout of the health response training.

In addition, at an individual (but impactful owing his GBV response coordinating role and increased influence within health executive team) level, there is evidence of uptake of effective case management approach through the MHMS GBV Coordinator/SAFENET Coordinator – he has recommended improvements to the AUT GBV manual considering the SAFENET Revised Practitioner’s Guide and integrating the same into the 5-days training programme for health workers being rolled out across the provinces. This signifies evidence of increased understanding and application in mainstreaming survivor centered approaches.

During this reporting period, 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.

A separate and distinct 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 EAWG training and technical assistance 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 frontline service providers need to know how to utilize provisions of the FPA 2014 to protect VAWG survivors and assist them in accessing essential services.

As has been documented in previous reports, when the UN Trust Fund proposal was written it was envisioned the World Bank-funded referral tracking database would be developed and utilized by SAFENET to track referrals of cases through the referral system. However, given funding challenges and other factors the referral tracking database was not developed, and the referral tracking databased project ended. Implementation of Activity 2.1.2 was therefore impacted. A compromise was to incorporate into *Self-Report VAWG Data Collection Forms* (completed by frontline service providers), a component allowing measurement of the number of VAWG cases referred to and from service providers, hospital/health clinics, police, and justice system agencies. Data collection related to referrals continued throughout 2016 using the *Self-Report VAWG Data Collection Forms*. Administering the data collection process highlighted new developments in data collection in Solomon Islands, primarily the introduction of the Justice Information Management System (JIMS) in the 3rd Quarter of 2016.

The JIMS is an Australian DFAT-funded initiative under its Justice Program. The JIMS is currently being used to varying degrees by the RSIPF, Public Solicitors Office, Office of the Director of Public Prosecutions, Magistrate Courts, the High Court, the National Judiciary (which is responsible for administering the courts), and the Correctional Services of Solomon Islands (CSSI). In particular, the RSIPF reportedly adapted data fields of the JIMS to be able to track calls entering its toll-free numbers and response time to family violence-related calls. The JIMS has

been approved for rollout by the Commissioner of the RSIPF and an application will be located on terminals of approved officers. Data fields will include such information as the numbers of cases which will enable tracking of cases across agencies.

In light of the various developments above, the UN-SIG JPs immediate focus has been on supporting the MHMS GBV Coordinator/SAFENET Coordinator to explore how data from the JIMS can be used by the SAFENET referral network and what are the opportunities to integrate data needs to improve coordination of service providers that provide essential services to VAWG survivors (e.g., police and justice agencies, as well as Seif Ples, Christian Care Centre, Family Support Centre).

Observations of General Progress Made by the UN-SIG JP

Data collection system being recommended to inform MWYCFA reporting, including reporting to Parliament on the implementation of the FPA 2014 - Data collected as part of the UN-SIG JP is shared with the SIG through the MWYCFA and with the MHMS (the latter though by default as GBV Coordinator/SAFENET Coordinator is MHMS staff). During this period, the MWYCF prepared to report on implementation of the FPA 2014, a requirement under the Act itself, using monthly data from *Self-Report VAWG Data Collection Forms*.

Increased uptake of, ownership of, and accountability to UN-SIG JP outcomes – The MWYCFA has made significant progress accounting for its part in achieving UN-SIG JP outcomes. There is marked improvement in management of funding - at the end of this reporting period MWYCFA was nearing completion of the process of acquitting funds as required for 2016 Quarter 4 financial report. The MWYCFA Quarter 3 financial report as another comparison, was only two weeks overdue. And prior to that, MWYCFA had not completed financial reports for a previous four quarters – it had received Tranche 1 of UN-SIG JP funds in October 2015. UN Women technical support enabled MWYCFA to improve management of financial records. Outstanding matters to be resolved include invoices filed as payment-receipts, and invoices supplied not reflecting monies then receipted by goods/services suppliers. Inclusion of key UN-SIG JP supported activities (Outputs 1.1, 1.2 and 2.1) in the MWYCFA quarterly and annual reporting on EAW, further demonstrates ownership of activity objectives. Key activities being progressed under the UN-SIG JP supports MWYCFA to meet its obligations under the FPA 2014. This includes: counselling framework and national regulations on counselling; training needs analysis across sectors responsible for implementing the FPA 2014; and, recommendations for standards of quality and training for key partners in the RSIFP and local lawyers, magistrates, and justice officials.

In 2016, UNFPA submitted an addendum to the UN-SIG JP Project Document, proposing reallocation of funding under Activity 2.1.2. In reallocating the funds, UNFPA acknowledged current constraints in progressing the activity, citing the recent EAW Case Management international consultant's assessment of the status of data collection within the referral network. The assessment recommended significant strengthening of SAFENET referral network members and agencies/organizations, as well as the governance body, CARECOM, and significant investment in systematizing data collection towards prevalence data-tracking and case management. At the moment with the SAFENET

Coordinator also fulfilling the role of MHMS GBV Coordinator, this coordination role is fragmented; thus, any monitoring of services, let alone analysis of collected data, is still rudimentary.

It is also important to note that the WHO supported the SAFENET referral network by progressing key steps from SAFENET technical input, i.e., a case management framework. The WHO worked with the Family Support Centre to review current practices and identify resource and capacity gaps. In cooperation with the Family Support Centre, the WHO developed competency-based protocols to integrate survivor-centred case management services into its existing services. In addition to foundational skills in psychological first-aid, basic counselling, and ethics/professionalism, the case management competencies include: informed consent; intake/risk assessment; safety planning; empowerment counselling; action planning; advocacy; and, caseload management. Support also included initial database development to support monitoring and reporting of outcomes on case management activities. Next steps include the MHMS GBV Coordinator/SAFENET Coordinator presenting results of the review of current Family Support Centre practices and steps for alignment with a case management framework to the Family Support Centre Board of Directors in the 1st Quarter of 2017. Pending approval of the recommended revisions by the Family Support Centre Board of Directors, there are ongoing parallel efforts to mobilize additional funding to stage a pilot roll out of the case management framework through the Family Support Centre.

Although a case management framework has been extensively workshopped with and is understood by the MHMS GBV Coordinator/SAFENET Coordinator and Family Support Centre members, the requisite resourcing is an implementing issue. In the 3rd Quarter of 2016, the WHO supported the Family Support Centre to bid for funding, as minimum resources, for a case management hub under the Solomon Islands pilot of the *Global Guidelines on Essential Services Package for Women and Girls Subject to Violence*. With the Family Support Centre, the WHO developed a resource list for implementation of the case management framework.

Increased cross-sector demand for accountability to VAWG survivors – Within the current legislative and policy environment, efforts to address VAWG has been influenced by consultations, recommendations, and implementation lessons to date. In fact, during this reporting period, new legislation (such as the FPA 2014, Penal Code Review, and Child and Welfare Bill) and new policies (such as the EVAW Policy 2016-2021), along with the development of new protocols and guidelines for case management has created an environment where a much more nuanced conversation about multi-sectoral approaches to VAWG and multi-sectoral coordination for a better delivery of essential services has been able to take place. This was especially noted during the scoping discussions for the ESP pilot project. It was evident that SAFENET referral network members who were involved in the planning of the ESP pilot project were learning from lessons coming out of these policy and legislative reforms, and from the implementation of FPA 2014 and UN-SIG JP activities.

This reporting period (January to December 2016) ended with very strong agreement that VAWG services could be delivered better and that the first step would be to place the ESP pilot project in a context of improving coordination of all service providers, both governmental and nongovernmental service providers. And that this improved coordination had to go hand in hand with services being made more widely

accessible. There was little doubt though among SAFENET referral network members and partners that there is a need for VAWG services in rural and provincial areas; however, this need must be balanced with ensuring quality VAWG services are delivered to VAWG survivors throughout the Solomon Islands. Everyone agreed the focus should be on improving reach, and quality and standards of service delivery should be addressed at the outset, rather than an afterthought.

It was in this context that SAFENET referral network members and partners agreed to a set of concrete and far reaching decisions:

The ESP pilot project workplan should include discrete small value procurements, such as: short-term TA to write the national regulations on counselling standards; refurbishment of the GBV room at the National Referral Hospital; through to large-scale activities (e.g., piloting the case management framework through a case management hub).

Each SAFENET referral network member was requested to initiate discussions within their own agencies/organizations on findings that came out of the consultations – considering recommendations to move the SAFENET referral network coordination responsibilities out of the MHMS and over to the MWYCFA; and within the MWYCFA itself, the Minister and the Permanent Secretary, would be engaged on recommendations that MWYCFA sets VAWG policy and standards, as the monitoring agency on EAWG in the Solomon Islands.

Each partner also agreed to re-examine existing mechanisms in the Solomon Islands for monitoring EAWG interventions. Recent assessment reveals that multiple levels and bodies, with so few stakeholders, and cumbersome operational procedures and mandates have served as barriers in addressing VAWG in the Solomon Islands.

Finally, the group agreed that EAW Case Management international consultant be mobilized under the UN-SIG JP in early 2017, and focus on supporting SAFENET referral network members in progressing these next-steps.

Government agencies setting standards and monitoring interventions – The MWYCFA is in key position to set standards for EAWG work in the Solomon Islands, and in monitoring interventions according to policies, protocols, and guidelines. In the course of reviewing the EAW Policy 2010-2016 and drafting the EAW Policy 2016-2020, inconsistencies were identified, such as: the need for effective prevention messages; the need for effective awareness raising messages as to the FPA 2014; defining counselling standards that can be enacted nationally; and, most importantly, that the MWYCFA take ownership of its strategic role in standards-setting and monitoring interventions. These are unintended, but welcome linear progressions that show signs of maturity and progression among UN-SIG JP implementing partners to support EAWG.

3.3 Lessons learned

What are the main lessons learned so far? Please describe what worked well and what did not work well and explain why.

Highlight key lessons that can feed into learning and planning of new projects/initiatives. Please do not hesitate to highlight how mistakes might have led to new approaches, ideas and/or results. (Maximum 1,500 words)

The **extended absence of effective programme coordination** by UN Women during the 1st and 2nd Quarters of 2016 meant that high-level engagement and buy-in both within and across UN agencies, as well as key ministries (MWYCFA and MHMS) was negatively impacted. Ready engagement by the Permanent Secretary of the MHMS, Permanent Secretary of the MWYCFA, the UN Joint Presence Coordinator (i.e., the UNDP Head), UNFPA Regional GBV Specialist, the Permanent Secretary of the MoJ, and the Permanent Secretary of the RSIPF which was initiated in Year 1 (2015) of this project was not sustained. Moreover, the UN-SIG JP key coordinating body, that is the UN-SIG JP Steering Committee, did not meet regularly in 2016. Another immediate and observable consequence was that visibility of the UN-SIG JP, especially among supporting partners in their implementation of specific obligations under the FPA 2014, was negatively impacted. It meant that once an interim JP Coordinator was contracted, that person had to spend considerable time and effort engaged in mobilization during the 3rd Quarter of 2016, to reinforce and validate the relevance of UN-SIG JP, and to reestablishing relationships with these key partners to ensure activities continued and data collection for effective M&E continued.

In spite of this unplanned UN Women staffing issue, the challenges faced during this reporting period, which was also the **initial 10 months of implementation of the FPA 2014**, for which the MWYCFA, RSIPF, and other justice system agencies and officials helped emphasize was the immediate relevance of the UN-SIG JP goals and activities to support a ‘whole of government’ approach to EVAWG, to improve access to services for VAWG survivors, and ensure a standard of quality care and effective coordination of essential services. Among partner agencies, the recurring theme in UN-SIG JP activities and consultations was, necessity of improved coordination and enhance quality of VAWG services.

As referenced earlier, during this reporting period, UN Women mobilized additional resources to implement a ESP pilot project for VAWG survivors; this was in addition to ongoing implementation of UN-SIG JP activities. This involved multiple work plan meetings, lengthy electronic communications, and that SAFENET referral network partners (i.e., UNFPA, MWYCFA, MHMS, RSIPF, MoJ, and the Family Support Centre) attendance at a meeting in Bangkok, Thailand in November 2016. Nevertheless, partners worked through to the two-week Christmas shutdown period to implement UN-SIG JP activities, implementing 9 out of the 11 planned activities for this implementation and reporting period (January to December 2016).

UN JP design to implement Outcome 1 and part of Outcome 2 through funding a grant for MWYCFA was appropriate to its capacity. Funding to the MWYCFA, through the legally binding Letter of Agreement, was based upon discrete deliverables, such as: meetings convened; consultations hosted; policies developed, and more, was and continues to be appropriately aligned with the MWYCFA's staffing capacities. During this reporting period, the primary MWYCFA UN-SIG JP counterpart was on annual leave for eight weeks. An assessment of MWYCFA's internal annual reporting for the 3rd and 4th Quarters of 2016, showed that of the 12 EVAWG activities planned by the MWYCFA, 7 of those implemented were UN-SIG JP supported activities. This is good considering that these activities were ongoing simultaneously and being implemented by two officers (the MWYCFA EVAW Coordinator, ½ of Director of Women's Development Division and ½ of CEDAW Officer); in effect, this progress is an indication of appropriate level of implementation sharing.

Corralling multiple activities in the EVAWG sector effectively. With funding support under Activities 1.1.2 and 1.2.1, the MWYCFA was able to access PFPs on gender equality and EVAWG, as well as select ministry-level GFPs. Consultations for the EVAW Policy and the midline assessment for the UN-SIG JP provided opportunities to meet and engage with these focal points on capacity needs and operational challenges faced in carrying out their responsibilities; this process afforded the MWYCFA an opportunity to review the type and level of support it was providing to GFPs. A potential next step for 2017, is to utilize the GFPs more effectively as entry points to initiate discussions about gender equality and the government’s policies and priorities in addressing VAWG.

During this reporting period, UN Women also fielded technical support for MWYCFA to review the national EVAW Policy 2010-2016, and to support the EVAW National Task Force to monitor implementation of the EVAW Policy 2010-2016 against a results framework. By the end 2016, the EVAW Policy international consultant had finalized the EVAW Policy 2016-2021, following the final validation workshop held in Honiara in October 2016. Prior intentions were for the MWYCFA to obtain Cabinet approval for the EVAW Policy 2016-2021 in the 4th Quarter of 2016, followed by appointment of members to the EVAW National Task Force. However, given submission of the EVAW Policy 2016-2021 to the Cabinet has been delayed to the 1st Quarter of 2017, the international consultant will undertake their next mission trip to Solomon Islands in the 1st Quarter of 2017, to develop the M&E framework and tools for the EVAW Policy 2016-2021, and deliver trainings to the EVAW National Task Force on its use. It should be noted that the MWYCFAs plan is to present three different papers at the same time to the Cabinet in the 1st Quarter of 2017 for endorsement. This includes the EVAW Policy 2016-2021, as well as the Women, Peace and Security Policy and National Action Plan, and the Annual Report to Parliament on Implementation of the FPA 2014. In part, delay in finalizing the Women, Peace and Security Policy and National Action Plan in the 4th Quarter of 2016 contributed to delays in the planned timeline for bringing the EVAW Policy 2016-2021 to the Cabinet for endorsement.

Implementation of the new Family Protection Act 2014. As previously mentioned, in April 2016, the FPA 2014 was officially launched and the MWYCFA hosted a launching ceremony. Prior to this launch, key implementing partners met as an informal group, along with other EVAWG stakeholders; this meeting was largely driven by the Police Commissioner from Office of the RSIPF.

Separately, the formal governance mechanisms for the FPA 2014 started convening in second half of 2016, which raised a critical question of governance and accountability, as well as potential duplication of discussions and resolution of issues. The formal mechanism prescribed in the FPA 2014 is led by the Family Protection Act Advisory Council (FPAAC), which was to be chaired jointly by the MWYCFA and MoJ. The two different groups ran parallel through until the 3rd Quarter 3 of 2016, before the FPAAC was convened more regularly. There is a third mechanism that has been initiated, the FPA Implementation Working Group, which met for the first time in the 4th Quarter of 2016; the next meeting of the FPA Implementation Working Group is planned for February 2017. In other words, there are multiple lines of reporting on the implementation of the FPA 2014; therefore, this was a constant issue that the MWYCFA had to address throughout 2016.

Another implementation issue that was highlighted across the sectors was that training on the FPA 2014 needed to be tailored to the agencies concerned. For example, police training on the FPA 2014 was trained on the application of the FPA 2014; whereas, training for nongovernmental service providers would need to be focused on disseminating information on the provisions and the rights of victims of family violence under the FPA 2014. The FPAAC is considering this further in its meetings which are attended by the Police Commissioner for the RSIFP, as well as administrative heads of relevant ministries, including the MoJ. There is also a plan to deliver VAWG-specific training to police officers in a planned National Police Conference during the 1st Quarter 1 of 2017. As the MWYCFA has stated, *“the RSIPF is planning to conduct a training for officers on the Public Safety Notice in March 2017. This is an entry point for MWYCFA to conduct a refresher TOT. Manuals should also be made available for them during this training. Further discussion needs to happen with the Police Academy”* (excerpt from MWYCFA_WDD_EVAW_2016 Q3&Q4 Report).

It is also important to note that UN-SIG JP government partners raised concerns about messages being presented on the FPA 2014 by all EVAWG partners in the Solomon Islands. The issue raised was whether the IEC materials used and the language/content presented is based on VAWG prevention principles and appropriately aligned with human rights-based approaches. The potential for inconsistency in messaging across the different stakeholders is a real risk that has already been documented during different consultations and meetings in Honiara and in the provinces.

To this effect, the MWYCFA applied and received approval for funding to research effective communication about VAWG and EVAWG, considering it essential in addressing social attitudes and norms condoning VAWG. The secondary consideration of the research proposal is to investigate how to go beyond raising awareness to actually mobilising communities in preventing VAWG. The MWYCFA based their proposal on understanding better the language most effective in addressing popular beliefs and cultural attitudes that serve as barriers to EVAWG; and, at the same time, provide sound evidence to inform the next steps for improving implementation of the FPA 2014.

Flexibility in implementation of the UN-SIG JP workplan to address emerging priorities related to EVAWG - UN Women mobilized a technical consultant to meet the objectives of Activities 2.1.1 and 2.1.3 during the 1st and 2nd Quarters of 2016. The consultant assessed capacity-gaps of the SAFENET referral network and member agencies/organization to deliver VAWG services, including case management and referrals. Another part of the support was reviewing the current training package for frontline service providers (of which familiarization on the Standard Operating Procedures is a feature). The assessment found that SGBV/EVAWG trainings had been conducted, but to varying standards, with none focused specifically on case management. Knowledge of the SAFENET referral network’s Standard Operating Procedures was also uneven across and within member agencies/organizations. Given the fact that many trainings have been one-offs, combined with the high turnover rates of members, meant that institutionalizing of EVAWG capacities risk being diluted and lost through departures. There were revisions recommended on the training package which is awaiting approval/endorsement by SAFENET referral network members and its governance body, CARECOM. Delivery of training for 43 frontline service providers was initiated in the 2nd Quarter of 2016; this training was informed by the capacity/gap analysis that was conducted on EVAWG services and case management. The training was conducted over a four-day period in April 2017, and included introduction

to survivor-centred case management. Since then, the international consultant has had to reschedule the next mission trip to the 1st Quarter of 2017.

Also, earlier referenced discussions to review the governance body, CARECOM, and the proposal to move coordinating responsibilities for the SAFENET referral network to the MWYCFA has validated this change in the workplan.

3.4 Innovative methodologies

Is your project using any new/innovative methodology?

- Yes
 No

If yes, please describe it briefly and how it is being applied to the project. (Maximum 1,500 words)

During this reporting period, the MWYCFA made progress on the activities it was responsible for under Outcome 1, with an innovative solution for Activities 1.1.1 and 1.1.3.

Given previously planned engagement of the Secretariat of the Pacific Community’s Regional Rights Resource Team (SPC RRR) on the development and delivery of training for members of Parliament on the FPA 2014, the MWYCFA opted to engage a local consultant with extensive legal policy experience in Pacific Island countries to complete this as one of three outputs. Having also been involved in preparing the Solomon Islands delegation and report to CEDAW, this consultant was also contracted to support coordination of CEDAW implementation related to EVAWG. A final output for this same consultant was the development of a national counselling framework that could become a regulation subsidiary to the FPA 2014. Considering the expertise of the consultant engaged and the remuneration sought, the 90 day contract with the following three deliverables was sound value for the money. In addition, the process of developing the TOR was independent of UN Women support, and management of the inputs and deliverables by this local consultant was the responsibility of the MWYCFA EVAW Policy Coordinator. This is demonstration that MWYCFA is maturing in its articulation of capacity needs, and managing resources for maximum impact across its priority areas.

Another innovation affording invaluable insights is the parallel process that has helped MWYFCA identify gaps in capacities of GFPs across the ministries that was identified as part of the UN-SIG JP M&E processes. Through one-on-one consultations and through email/phone contact with select GFPs on the self-monitoring tools, the MWYCFA has identified gaps existing such as in:

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 to GFPs across ministries

Utilization (or lack of) of GFPs as conduits on relevant policy discussions (such as on EVAW, GEWD, and CEDAW) and key EVAWG messaging to be mainstreamed.

The MWYCFA understands that these findings should inform how it positions itself to better support the GFPs.

3.5 Existing methodologies

Is your project replicating and/or scaling up any existing methodologies?

- Yes
 No

If yes, please describe it briefly and how it is being applied to the project. (Maximum 1,500 words)

3.6 Issues and challenges

Was there any issues and/or challenges that have affected project implementation during the reporting period?

- Yes
 No

If yes, please describe the key issues and/or challenges that have affected project implementation during the reporting period. For each issue and challenge identified, please provide the action(s) taken to manage the issues and/or challenges. (Maximum 800 words per issue/challenge and per action taken)

Box 1. Issues and Challenges in 2016	
Risks	Risks Management
Data collection by frontline service providers – for who and for what?	The JP Coordinator worked closely with the MHMS GBV Coordinator/SAFENET Coordinator to ensure that M&E tools were used by relevant ministries and key SAFENET partners. This involved

<p>The purpose behind the data collection system was something constantly raised in the reporting period by partners to the M&E system, including UN partners, WHO, and Seif Ples.</p> <p>The forms being used in the UN-SIG JP M&E process is currently very similar to forms developed for Seif Ples Clinic admissions and quality-control systems. Completing Client Admission and tracking forms for their clients as well as completing the ones required under the UN-SIG JP resulted in an increase in workload for their limited number of staff.</p>	<p>multiple follow-up emails and phone conversations after his initial emails/phone calls. Good engagement was received from the Christian Care Centre, Family Support Centre, and all Honiara City council clinics that are members of the SAFENET referral network.</p> <p>Discussions with key partners also progressed to beyond data collection for merely the sake of the UN-SIG JP to supporting the MWYCFAs responsibilities for the Annual Report to Parliament on the implementation of the FPA 2014.</p> <p>Data collected under the UN-SIG JP M&E process was shared with SAFENET referral network members during the 2nd Quarter of 2016 to ensure proper feedback and development of understanding of the data and the outcomes from the monthly data collection.</p> <p>Data collected under the UN-SIG JP M&E process was shared with the UN-SIG JP members, including MWYCFAs staff (particularly the WDD Director and EAW Policy Coordinator) during the 4th Quarter of 2016. It is an objective of this deliberate act, that using data such as this, that was not previously collected, in their FPA 2014 mandated reporting, the MWYCFAs will appreciate the value of regular data collection and monitoring by service providers. Hopefully, this will help to reinforce requests for the monthly submission of data in 2017 and regularly data collection by the SAFENET Coordinator and UN-SIG JP.</p>
<p>Related to data collection again is the introduction of new JIMS to the RSIPF and justice system agencies, resulting in more regularly data collection and collation at the national level, including some data required by the UN-SIG JP as part of the M&E process, as well as needed by the MWYCFAs for their Annual Report on the implementation of the FPA 2014. The Public Solicitors Office was able to extract needed data from the JIMS for the period of January to April 2016.</p>	<p>The JP Coordinator invested significant time and effort in following up on outstanding data via phone, email and in person. It was an important consideration that the MHMS GBV Coordinator/SAFENET Coordinator remains to be perceived as the main driver, pushing for monthly data collection. At the end of this reporting period, there was still missing data for some months from some service providers and SAFENET referral network members.</p>

	<p>In the next reporting period, it will be important that request for data occur more regularly, preferable on a monthly basis, on the 10th of every month, and then by phone call, text message and email for every day after until the 15th or submission, whichever comes first.</p>
<p>The World Bank-funded GBV project ceased without implementing the prerequisite referral tracking database to track referrals of cases within SAFENET, impacting activity on referral data collection (Activity 2.1.2)</p>	<p>During this reporting period, the UNFPA assessed the current VAWG data collection and analysis system in place within the SAFENET referral network. In light of the findings, in the 4th Quarter of 2016, the UNFPA submitted an addendum to the project document, proposing that the remaining USD 45,000 in Activity 2.1.2 be reallocated as follow:</p> <ul style="list-style-type: none"> USD 5,000 reallocated to Activity 2.1.1 for use by UN Women in monitoring and coordination (basic data form development) USD 30,000 reallocated to Activity 2.2.1 to supplement line on technical support in engaging AUT USD 5,000 reallocated to Activity 2.2.2 for supplementing current rollout of training to provinces, as well as activities on essential services and outreach for marginalized groups USD 5,000 reallocated to Activity 2.2.3 for a partnership with the WHO to progress work on GBV health services protocols and guidelines including printing of materials.
<p>As numbers of partners as well as projects on EVAWG in the country increases, without matched increase in government human resourcing, it is clear that the UN-SIG JP must maintain communication with development partners and funding partners (including UN agencies, Australian DFAT, World Bank, INGOs, and grant mechanisms), as well as the key SAFENET referral network partners to ensure that not only are project goals met, but that conflicting priorities are managed in advance. This can include timing of launching activities, strategic and policy-level meetings, and fielding of technical consultants.</p>	<p>The UN-SIG JPs regular capturing of planned absences by key staff participation in policy meetings and events hosted by UN-SIG JP partner agencies will ensure activities under UN-SIG JP is attended by a good number of participants and that there is a high level of engagement.</p> <p>This information is reflected into confirmation of activities, meetings and in-country missions for technical consultants.</p>

<p>Competing with EVAWG partners to implement UN-SIG JP activities, this includes activities where funding is channeled through MWYCFA accounts akin to the UN-SIG JP arrangements, through to technical consultants being partnered with key EAW staff of the MWYCFA.</p> <p>The MWYCFA currently holds a total of USD 45,600 of combined UN Women funding (UN Peace Building Trust Fund project USD 25,200 plus UN-SIG JP USD 20,400) and will receive an additional USD 124,000 in the next reporting period.</p>	<p>Full visibility of UN-SIG JP activities and projected timeframes of implementation across UN-SIG JP partners is maintained through the sharing of a programme priorities matrix.</p> <p>The JP Coordinator initiated monthly meetings with key partners on UN-SIG JP, including the UNFPA Programme Specialist (also the focal point on the UN-SIG JP), the MHMS GBV Coordinator/SAFENET Coordinator, and the MWYCFA EAW Policy Coordinator and WDD Director.</p>
<p>Activity 1.1.1 is dependent on the availability of Members of Parliament for the FPA training, and the development of the program modules and materials. During this reporting period this activity was postponed to the 4th Quarter of 2016; however due to Parliament ending earlier than anticipated in 2016, this was rescheduled to the 1st Quarter of 2017.</p>	<p>The JP Coordinator regularly monitored the deliverables under this contract through monthly meetings with the MWYCFA EAW Policy Coordinator and the WDD Director.</p>

3.7 Next steps

1. Activity 1.1.1: Progress training for parliamentarians, ii) development of national counselling framework, and iii) drafting of subsidiary regulation to the FPA 2014, on the national counselling regulations.
2. Activity 1.1.2: MWYCFA to present EAW Policy to Cabinet along with *Women, Peace and National Security Policy* and the *WPNS National Action Plan*. Followed by formal launching event. Linking with Activity 1.2.1, “Support National EAW Task Force to implement and monitor with a results framework, and assess progress of EAW Policy”, the National EAW Task Force will be trained on results-based programming and M&E – combination of training sessions and mentoring on application of the M&E tools.
3. Activity 1.1.3: i) Finalisation of National CEDAW Follow-up Report on 4 critical areas – reporting progress against adoption of draft Federal Constitution including the provisions of equality between men and women; measures to ensure police respond to and investigate complaints regarding violence against women; adoption of the ‘Second Chance Education’ policy; and the development and promotion of age-appropriate education on sexual and reproductive health to address early pregnancies. ii) Finalisation of National Plan of Action by stakeholders and implementation with technical support. iii) Preparing 4th Periodic Report due November 2018.

4. Activity 1.2.2: i) conduct training and mentoring sessions for gender focal points in Honiara and the provinces on gender equality, VAWG, and M&E to perform their roles effectively, ii) Support MWYCFA to utilise Gender Focal Points more effectively as entry points to initiate discussions on gender equality and Government’s policy priorities in addressing GBV in select ministries, including development/finalisation or production of IEC materials and tools applicable.
5. Activity 2.1.1: Technical consultant to progress UNFPA to implement actions consistent with the Addendum to UN JP Project Document - involving AUT on revising the GBV Health Workers Training Manual, continuing support to MHMS GBV Coordinator in training more health workers in provinces using the 5-days GBV Health Worker training program, conducting the assessment essential services in the health sector and outreach for marginalised groups including women with disabilities, and completing the work undertaken by WHO in a follow up validation of the SOP and towards finalizing the ***National Policy and Clinical Protocols for minimum standards of treatment of survivors of gender-based violence.***

3.8 Sustainability

JIMS and SAFENET Data Collection system – The JIMS is an Australian DFAT-funded initiative under its Justice program. JIMS is currently being used to different degrees by the RSIFP, Public Solicitors Office, Office of Director of Public Prosecutions, Magistrate Courts, the High Court, National Judiciary (administering the courts), and CSSI. The RSIFP has adapted data fields to be able to track calls entering its toll-free number/s and response times to family violence-related calls for services. In the majority of the justice agencies, the JIMS is approved for rollout. It is an application located on terminals of approved officers. Data fields include numbers of cases, and also enables tracking across agencies.

In light of this new development within key partners to the SAFENET referral network, it has been an immediate focus of the UN-SIG JP to support the MHMS GBV Coordinator/SAFENET Coordinator to investigate aspects of the JIMS to identify opportunities to integrate data needs, towards improved coordination of services across frontline service providers, including those service providers outside of the RSIFP and justice system agencies, such as the Christian Care Centre, Family Support Centre, Seif Ples, and the MWYCFA.

3.9 Voices from the field

Changes achieved by the project are best reflected in grantees’ and beneficiaries’ own words. Please include any quote, testimony or human interest story collected during the reporting period. (maximum 150 words)

N/A at this time

Has informed consent been obtained by beneficiary/grantee to have the above-content publicized?

Yes

No

3.10 Knowledge and communication products

Has your project generated any knowledge or communication product that can be shared with others during this reporting period?

Yes

No

If yes, please specify the title of product and the type of product in the table below, and please share the product(s) in the format of PDF, Word or Excel with the UN Trust Fund Portfolio Manager via email.

2.

No.	Title of product	Type of product
1		
2		
3		

Manu list for “Type of product”

1. Anthologies
2. Assessments
3. Audio
4. Advocacy/campaign material
5. Bibliographies
6. Brochures/Poster
7. Case study

8. Comic Strip/Cartoon
9. Curriculum
10. Catalog/Directory
11. Electronic discussion forum
12. Exercise/Game
13. Issue/Policy/Research Paper
14. Indicators
15. Manual/Handbook
16. Newsletters
17. Protocols/Guidelines
18. Photos
19. PR material (posters, brochures, pamphlets, etc.)
20. Surveys
21. Toolkit/Checklist
22. Training materials
23. Video/Film
24. Website and web portal
25. Others (specify)

If you have other types of products, such as audio, video, film, website, web portal, and/or something else that is too big and heavy to be shared via email, please provide the title of the product, the type of product and the URL/website address where we can see these products (ex. YouTube).

Title of the product	Type of product	URL/Website address

3.11 Photos

Is there any photo that illustrates the change generated by the project?

- Yes
 No

If yes, please provide the necessary information requested in the table below and share the photos with the UN Trust Fund Portfolio Manager via email.

- Description of the photo
- Photo credit – the name of photographer or the person who took the photo
- Informed consent – whether informed consent has been obtained by persons appearing in the photo (yes or no)

Photo No.	Please provide a short sentence describing who appears in the photo, what is happening, and when and where it was taken (maximum 150 words)	Photo credit (the name of photographer or the person who took the photo)	Has informed consent been obtained by persons appearing in the photo? (Yes or No)
1	This group photo was taken after the National Validation Workshop for Solomon Islands Government EAW Policy in Honiara on 25 October 2016. The participants represented 29 EAWG stakeholders including government agencies, development partners, NGOs, FBOs, survivor-service providers and UN agencies involved in the UN Joint Programme. This was taken on Day 1 of the 3-days Validation Workshop.	ATENASI WASUKA	Yes

			
<p>2</p>	<p>Validation Workshop convened by MHMS Social Welfare Division</p> <p>“MHMS Gender Base Violence Clinical Guideline Validation Workshop”</p> <p>5th December 2016 Honiara</p>		

3.12 Awards, special recognition and/or media coverage

Has the project been awarded any prize or received any special recognition during the reported period?

Yes
 No

Please provide the title of the award or special recognition, year, location, and briefly explain its importance. (maximum 150 words)

3.13 Annexes: supporting materials (optional)

Please list any additional material to support the content of the narrative report. Please note that this is optional. If there is any, please specify the title of document in the table below, and share these annexes with the UN Trust Fund Portfolio Manager via email.

No. of annex	Title of document
Annex 1	
Annex 2	
Annex 3	
Annex 4	
Annex 5	

3.14 List of acronyms

Please list the acronyms used in the report.

Acronyms	Description
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
CSSI	Correctional Service Solomon Islands
DFAT	Australian Department of Foreign Affairs and Trade
EVAW	Eliminating Violence against Women
EVAWG	Eliminating Violence against Women and Girls
EVAW Policy	National Policy on Eliminating Violence against Women and the National Action Plan
FPA	Family Protection Act
GBV	Gender Based Violence
GEWD Policy	Gender Equality and Women’s Development Policy
IEC	Information, Education and Communications
JP	Joint Programme
M&E	Monitoring and Evaluation
MCO	Multi-Country Office
MHMS	Ministry of Health and Medical Services
MJLA	Ministry of Justice and Legal Affairs
MRE	Monitoring, Reporting, and Evaluation
MWYCFA	Ministry of Women, Youth, Children and Family Affairs
NAACC	National Advisory and Action for Children Committee
NHSP	National Health Strategic Plan
NRH	National Reproductive and Child Health
RCH	Reproductive Child Health
RH	Reproductive Health
Role Delineation Policy	Policy on Universal Health Coverage and Role Delineation of Health Services
RSIPF	Royal Solomon Islands Police Force
SAFENET	GBV Referral network
SIG	Solomon Islands Government

SINACC	Solomon Islands National Advisory Committee on CEDAW
SPC RRRT	Secretariat of the Pacific Community Regional Rights Resource Team
SRSB-VAC	Special Representative of the Secretary-General on Violence against Children
SWD	Social Welfare Department
TOR	Terms of Reference
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNTF	UN Trust Fund to End Violence against Women
UPR	Universal Periodic Review
WDD	Women’s Development Division
WHO	World Health Organisation