



**PEACEBUILDING FUND (PBF)
ANNUAL PROJECT PROGRESS REPORT
COUNTRY: Papua New Guinea (PNG)
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER**

Programme Title & Project Number
Programme Title: Planim Save Kamapa Strong Pla (Plant Knowledge, Grow Strong) Programme Number <i>(if applicable)</i> MPTF Office Project Reference Number: ¹

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

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

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

Programme Duration
Overall Duration <i>(months)</i> 18
Start Date ² <i>(dd.mm.yyyy)</i> 1st April 2015
Original End Date ³ <i>(dd.mm.yyyy)</i> 31st August 2016
Current End date ⁴ <i>(dd.mm.yyyy)</i> 28th February 2017.

Programme Assessment/Review/Mid-Term Eval.
Assessment/Review - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Mid-Term Evaluation Report – if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date:

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

PART 1 – RESULTS PROGRESS

1.1 Assessment of the current project implementation status and results

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

Priority Plan Outcome to which the project is contributing. (Priority area 2): Promote coexistence and peaceful resolution of conflicts: (2.3) Conflict prevention/management.

Priority Plan Outcome indicator(s) to which project is contributing. The proportion of men who reported committing incidents of gender based violence in the last 12 months;
Proportion of women who experienced physical violence from an intimate partner in the past 12 months;
The level of awareness of GBV as a health issue;
The number of referrals between gender based violence support services;
The level of awareness of women and girls of district level gender based violence support services available &
Proportion of women who were asked about physical and sexual violence during a visit to a health unit

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

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

Outcome Statement 1:

Rate the current status of the outcome: on track with significant peacebuilding results

Output progress

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

To strengthen collaboration and the provision of psychosocial support at community level, two project memoranda of understanding (MOUs) with the Buin Hospital have been signed with UN Women’s Implementing Partner the Nazareth Centre for Rehabilitation (NCFR). A refresher training aimed at building the capacity of the Community counselors and facilitators was also conducted with the support of the implementing partner NCFR. The training for 54 facilitators and counselors in Arawa reviewed the project curriculum and the roll out of more effective outreach. The re-trained team of 20 community counselors and 34 community facilitators have now been linked to the existing community security committees across the 19 village assemblies in the bid to promote local ownership and project sustainability. A COE leaders dialogue and planning session for COE and Village Assembly leaders from Buin and Siwai was conducted in Buka with 32 leaders (6 females and 26 males).

Outcome progress

Describe progress made during the reporting period toward the achievement of this outcome. This analysis should reflect the above indicator progress and the output achievement. Is there evidence of the outcome contributing to peacebuilding and to the specific conflict triggers? Is the theory of change that underpins the project design still relevant for this outcome (3000 character limit)?

There has been grassroots Capacity Enhancement through community conversations that has provided an opportunity to village Assemblies across the two project COEs of Kopi and Buabake. The awareness raising sessions on Family and Sexual violence, Human rights, trauma and Peace building throughout the 19 Village Assemblies has led to the roll out of 150 community conversation sessions benefiting 1,530 South Bougainvilleans (814 Females and 716 Males) . The sensitization outreach have also led to the increased number of people seeking psychosocial support services mainly counselling at the Buin Safe House and Buin Hospital following the strengthening of a referral pathway that has been effected through the signing of two MoUs. The availability and utilization of counseling services responding to gender based violence at district level health services has risen to 360 from the initial less than 30 clients registered in 2015 at the onset of the project inception. COE planning through trainings inter community dialogue exchanges is strengthening local governance responses to address gender based violence and trauma. While community leaders are participating in the community conversation additional workshops and activities have been run with community leaders to develop local governance responses to address gender based violence and trauma. This has been through the development of local by-laws in some communities that have led to the abolishment of local brew. To date there has been a lot of collaboration at the COE level around the Planim Save activities with Siwai district lodging in an official request for funding from central Government to expand the outreach of PSKS throughout the entire district.

Reasons for low achievement and rectifying measures

If sufficient progress is not being made, what are the key reasons, bottlenecks and challenges? Were these foreseen in the risk matrix? How are they being addressed and what will be the rectifying measures (1500 character limit)?

The project has made considerable progress being an Immediate Response Facility (IRF) with a limited implementation time frame and the implementation challenges including staff turnover, poor road network limiting accessibility and unpredictable weather changing patterns.

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

Rate the current status of the outcome: on track with significant peacebuilding results

Output progress

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

Overall, support was provided to the Department of health for training of 43 health workers from 18 health institutions, to build capacity to provide emergency medical care, psychosocial first aid and referral services for survivors of gender based violence and trauma. A total of 35 counselors (19 Females and 16 males) were trained in child development and violence prevention to disseminate end violence against children messages. Support is also provided for training of 20 Counselors to undergo School of Government Certificate 2 instructors training to support further training and capacity building of psychosocial support service providers. Furthermore, the Department of Community Development was also supported for

training and capacity building of 25 child protection officers from 13 districts in the new operational guidelines for management of child protection cases.

Outcome progress

Describe progress made during the reporting period toward the achievement of this outcome. This analysis should reflect the above indicator progress and the output achievement. Is there evidence of the outcome contributing to peacebuilding and to the specific conflict triggers? Is the theory of change that underpins the project design still relevant for this outcome (3000 character limit)?

During the reporting period the following key progress were made which will contribute to the realization of the outcome in the area of increased access, utilization and referral to GBV services. Firstly, the program also supported temporary recruitment of a nurse midwife to work at FSC to ensure that FSC provides regular services. The hospital has since incorporated the position into their structure, allocated budget and recruited a nurse midwife. Access to emergency medical care, psychosocial support and referral services have increased significantly through training and capacity building of at least two health workers from 18 health facilities in Northern and Central Region of AROB. A total of 35 counsellors and facilitators from Haku Women were trained. The trained facilitators reached out to and registered 600 families from the six Village Assemblies to conduct positive parenting program and disseminate ending violence against children to 25 local churches in the Haku Constituency which represented 7 different denominations. A total of 15,000 members of the congregation from these churches were reached.

Reasons for low achievement and rectifying measures

If sufficient progress is not being made, what are the key reasons, bottlenecks and challenges? Were these foreseen in the risk matrix? How are they being addressed and what will be the rectifying measures (1500 character limit)?

Despite the initial delay that resulted in extension of the project, significant progress have been made in achieving the intended results. Project will fully reach its target within the remaining period.

Outcome Statement 3:

Rate the current status of the outcome: Please select one

Output progress

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

Outcome progress

Describe progress made during the reporting period toward the achievement of this outcome. This analysis should reflect the above indicator progress and the output achievement. Is there evidence of the outcome contributing to peacebuilding and to the specific conflict triggers? Is the theory of change that underpins the project design still relevant for this outcome (3000 character limit)?

Reasons for low achievement and rectifying measures

If sufficient progress is not being made, what are the key reasons, bottlenecks and challenges? Were these foreseen in the risk matrix? How are they being addressed and what will be the rectifying measures (1500 character limit)?

Outcome Statement 4:

Rate the current status of the outcome: Please select one

Output progress

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

Outcome progress

Describe progress made during the reporting period toward the achievement of this outcome. This analysis should reflect the above indicator progress and the output achievement. Is there evidence of the outcome contributing to peacebuilding and to the specific conflict triggers? Is the theory of change that underpins the project design still relevant for this outcome (3000 character limit)?

Reasons for low achievement and rectifying measures

If sufficient progress is not being made, what are the key reasons, bottlenecks and challenges? Were these foreseen in the risk matrix? How are they being addressed and what will be the rectifying measures (1500 character limit)?

1.2 Assessment of project evidence base, risk, catalytic effects, gender in the reporting period

<p><u>Evidence base</u>: What is the evidence base for this report and for project progress? What consultation/validation process has taken place on this report (1000 character limit)?</p>	<p>The initial Planim Save baseline and the ongoing endline surveys are providing an insight into the project implementation progress. There is an existing Memorandum of understanding between the implementing partner NCFR and the Buin Safe House on the provision of Psychosocial support services while the COE and Village Assembly Strategic framework also does outline Local Government's ownership as a project sustainability approach. Updated referral statistical figures at Buin Safe house clearly indicate referral source of survivors as those from community conversations. This has been strengthened through the recently concluded refresher training for facilitators and counselors with key emphasis on the need to adhere to the existing referral pathway.</p>
<p><u>Funding gaps</u>: Did the project fill critical funding gaps in peacebuilding in the country? Briefly describe. (1500 character limit)</p>	<p>The Planim Save project filled a critical funding gap given the limited ABG intervention in addressing violence from a community perspective. The project is providing an opportunity to strengthen community based initiatives in South Bougainville based on the foundations of existing plans, community level activities and strengthening district level support services.</p>

	<p>Government's peacebuilding priorities identified in the ABG Peacebuilding Strategy & Women Peace and Security Strategy and Action Plan, prioritize strengthening women's leadership & participation for conflict prevention, conflict resolution, conflict transformation and peace-building. It also priorities building their capacities to engender peace & reconstruction processes as well as ensuring a voice and decision-making power for women within the implementation of the Bougainville Peace Agreement. With no sustained work at the community level to address trauma as a result of conflict, the project is providing information, referral and counseling on GBV & trauma related issues to women, men, boys and girls. This is addressing the limited or lack of recognition & support as well as the poor understanding for work around trauma and peacebuilding which has not been pursued effectively. Previous interventions at the community level in these areas have been disconnected and not sustained, nor has the local governance structure of the Council of Elders been considered an entry point which it is currently.</p>
<p><u>Catalytic effects:</u> Did the project achieve any catalytic effects, either through attracting additional funding commitments or creating immediate conditions to unblock/accelerate peace relevant processes? Briefly describe. (1500 character limit)</p>	<p>With community members ably running conversations across the project districts in Buin and Siwa, the creation of safe spaces where everyone can discuss key issues facing their communities, such as violence, human rights or other issues that the community identifies has been key in building social harmony. Participants in community conversations are encouraged to speak out during the information sharing sessions leading to a reduction in violence. The approach is continuously transforming social norms around violence, specifically gender based due to improved family relations. A successful recently concluded COE dialogue and planning session provided the catalyst for local Government to actively participate in the implementation of the project activities. The Project has also been in position to mobilize \$59,000 from the UN Women ANC to facilitate the ongoing project Endline survey. Other non formal financial commitments have been registered e.g. with the European Union following the submission of a concept note propelling the potential to embark on a mission to Bougainville in December 2016. The project also had catalytic effect on government recruitment of a nurse midwife to ensure regular and sustained delivery of services for survivors of violence at the Family Support Centre in Buka.</p>
<p><u>Risk taking/ innovation:</u> Did the project support any innovative or risky activities to achieve peacebuilding results? What were they and what was the result? (1500 character limit)</p>	<p>The approach of engaging local community residents as facilitators and basic counselors is an innovation with a long term impact that commenced with capacity strengthening. With facilitators and counselors from their respective village assemblies coordinating outreach and strengthening local partnerships, local ownership has been significantly enhanced.</p>
<p><u>Gender:</u> How have gender considerations been mainstreamed in the project to the extent possible? Is the original gender</p>	<p>Planim Save is addressing GBV from a variety of angles that include direct assistance to survivors through referrals to the safe house and other safe spaces in Buin and Siwai together with the provision of direct counselling and protection services as well as</p>

<p>marker for the project still the right one? Briefly justify. (1500 character limit)</p>	<p>prevention and evidence-gathering through the ongoing endline survey. To provide direct assistance to survivors of GBV, UN Women's implementing partner the Nazareth Centre for Rehabilitation (NCFR) has partnered with local health service providers with expertise, assisting them with the provision of a comprehensive psychosocial support package. On the preventative side, Planim Save is balancing advocacy for new community by laws that protect women with legal assistance necessary to prosecute perpetrators and break the cycle of impunity. This has been through working with the Chiefs and Village Assembly leaders.</p>
<p><u>Other issues:</u> Are there any other issues concerning project implementation that should be shared with PBSO? This can include any cross-cutting issues or other issues which have not been included in the report so far. (1500 character limit)</p>	

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

	Performance Indicators	Indicator Baseline	End of project Indicator Target	Current indicator progress	Reasons for Variance/ Delay (if any)	Adjustment of target (if any)
Outcome 1 Community-wide support for and commitment to women and girls human rights and ending gender based violence.	Indicator 1.1 The proportion of men who reported committing incidents of gender based violence in the last 12 months	Processing Baseline & Endline Data underway coordinated by Patners for Prevention (P4P) and the PNG Institute for Medical Research (IMR)	15% reduction of men reporting committing Gender Based Violence in the last 12 months	To date 1,530 participants have participated in the ongoing community conversations with awareness raising on Gender Based Violence GBV (814 females and 716 males). More than 1,400 participated in the pre-implementation baseline by P4P & IMR.	The pre-implementation baseline conducted by P4P was too comprehensive hence taking a longer time than ealier anticipated. An endline survey commenced in September 2016 and is currently underway to be completed on the 23rd November 2016 before final data analysis and dissemination.	No Need for Adjustment
	Indicator 1.2 Proportion of women who experienced	Processing Baseline & Endline underway	15% Reduction	To date 814 women have participated in the ongoing	Actual baseline analysis will be based on the finalized data following the completion of the endline survey on 23rd November 2016 and feedback sessions in	No Need for Adjustment

	physical violence from an intimate partner in the past 12 months	coordinated by Patners for Prevention (P4P) and the PNG Institute for Medical Research (IMR)		community conversations in both Siwai and Buin.	in early December 2016.	
	Indicator 1.3 The level of awareness of GBV as a health issue	Processing Baseline & Endline underway coordinated by Patners for Prevention (P4P) and the PNG Institute for Medical Research (IMR)	20% increase in awareness	Community Conversation Curriculum finalized with GBV as a module incorporated in addition to Peacebuilding, Trauma & Human Rights. Over 1,530 participants so far have been sensitized on the GBV module.	Completion of Community Conversations on course with anticipated end date scheduled for 18th November 2016.	No Need for Adjustment
Output 1.1 Widespread understanding of the relationship	Indicator 1.1.1 Proportion of men and women who believe that a husband can	(from P4P survey) Men 60% Women 45%	Men 20% Women 15%	Final statistics compilation to be completed on 23rd November 2016 by P4P following the	Implementation on course	No Need for Adjustment

between human rights, peace building, trauma and gender based violence in target communities.	punish his wife. Indicator 1.1.2 Proportion of men and women who believe that a woman cannot refuse to have sex with her husband.	from P4P survey) Men 60% Women 45%	Men 10% Women 10%	endline survey. Final statistics compilation to be completed on 23rd November 2016 by P4P following the endline survey.	Implementation on course	No Need for Adjustment
Output 1.2 Improved access to community level support services for GBV and trauma	Indicator 1.2.1 The number of volunteer community counsellors trained	0	25	20 Community Counsellors trained and same participated in a refresher by NCFR (Implementing Patner).	20 Counselors trained and did a refresher training in Arawa in August 2016 currently providing counselling services including referrals in the 19 project Village Assemblies in South Bougainville.	No Need for Adjustment
	Indicator 1.2.2 The number of counselling sessions provided by volunteer community counsellors in 12 months	0	100	360 counselling sessions that have been provided to women and men in communities in addition to 20 referrals handled by the Buin Safe House	Implementation is on course	No Need for Adjustment
Output 1.3 Local governance	Indicator 1.3.1 The number of Council or Elders	0	2 COEs	COE planning and Dialogue workshop on	Implementation on Course	No Need for Adjustment

structures responsible for peace building and gender based violence	that have incorporated gender based violence and trauma in Council of Elder responsibilities			incorporating Planim Save and GBV through Local Government strategic framework conducted in October 2016.		
	Indicator 1.3.2					
Outcome 2 Improved institutional mechanisms to support women and girls who have experienced violence	Indicator 2.1 The number of referrals between GBV support services		Baseline to be determined by Dec 2015		Family support centre evaluation conducted and report disseminated. The evaluation could not establish reliable statistics on FSC service clients across the country due to poor record keeping.	
	Indicator 2.2 Level of awareness of women and girls of district level GBV services		Baseline assessment to be undertaken		Mobile phone survey of 2,000 adult male and female in AROB was conducted to understand their perception of GBV and the extent to which they are aware of available services.	
Output 2.1	Indicator 2.1.1 Number of hrs worked by staff and volunteers in Buka FSC	to be determined			This indicator was removed due to difficulty in establishing roster system	
	Indicator 2.1.2 Number of health workers who have		10	NDoH supported training of 43 health workers	The Evaluation of Family Support Centre recommended that it is important to build the capacity of health facilities at lower	

	received psychosocial training			from 18 health institutions and one FSC in emergency medical care and psychsocial support	level to improve access to FSV services. The Evaluation also recommended that training should cover critical mass of staff in an institution not just one health worker.	
Output 2.2	Indicator 2.2.1 The number of FSC and other health services with at least two staff trained		10	18 health institutions were reached, with training support for two staff or more.	Indicators 2.1.2 and 2.2.1 merged. Health workers were trained in emergency medical care; psychosocial first aid	
	Indicator 2.2.2 The per cent of women and girls who have experianced and discloses recent violence and received appropriate care in the last 12 months	TBD	30	Expected caseload to be calculated using prelevance study conducted by P4P, population size against caseload received by FSC and other health institutions	National department of health still working on estabilishment of standardized indicator. Proposal to estabilish mobile based reporting system from the targeted health institution was not accepted by NDoH. Hence, data collection mechnims was not established to calculate this indicator.	
Output 2.3	Indicator 2.3.1 Numbe of female and male trainers trained in psychosocial support	1(W)	15 (8-w & 7 M)	A total of 35 counselors (19 Females and 16 males) as well as 43 health workers received training		

				and Psychsocial support		
	Indicator 2.3.2 Number of supervision hours provided to community counsellors by female and male trainer over 12 month period	20	80	20 Psychsocial Support trainers are going to receive certificates 2 instructors training. Following the training they will provide supervision and mentoring to community counsellors	This training delayed and it is going to take place from last week of November to Mid December 2016.	
Outcome 3	Indicator 3.1					
	Indicator 3.2					
Output 3.1	Indicator 3.1.1					
	Indicator 3.1.2					
Output 3.2	Indicator 3.2.1					
	Indicator 3.2.2					
Output 3.3	Indicator 3.3.1					
	Indicator 3.3.2					

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

PART 2: LESSONS LEARNED AND SUCCESS STORY

2.1 Lessons learned

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

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

2.2 Success story (OPTIONAL)

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

Anecdotally, acceptance and incidents of violence are beginning to change, though, thanks to an intervention jointly led by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the Nazareth Centre for Rehabilitation in South Bougainville. Ending violence against women and girls is one of UN Women's main focuses. The intervention, called Planim Save, Kamap Strongpela (PSKS), receives technical support from Partners for Prevention. Through facilitated community conversations, the programme is working to transform accepted norms to be in favor of gender-equitable attitudes and behaviors, helping prevent violence against women. The conversations also promote trauma healing and peace building. Less than 18 months after PSKS' launch in 2015, initial stories show promise.

Steve, for instance, is a young man whose father left him, his mother and siblings. Feeling abandoned, Steve turned to alcohol and used violence against his mother.

With the help of PSKS, Steve realized his behavior was unfair. He was harming his family, damaging their property, and devastating his mother, who did all she could to make ends meet and protect her family.

After participating in community conversations, Steve chose a path toward peace and took responsibility for his aggressive actions, deciding to help his mother instead of hurt her. He stopped drinking; he repaired his mother’s kitchen, which he had destroyed; and he took out a loan to open a small canteen.

Steve’s improved behavior and the additional income from his store are game-changers for the family. Steve’s mother spends more time at home with her children, as opposed to traveling to a far off market where she stayed for extended periods to sell goods and escape Steve’s violent outbursts. Steve’s mother, who cries with relief thinking of her son’s transformation, believes the programme is changing Steve’s attitudes toward women. She hopes other women in her community will experience greater respect and compassion from men too, as a result of PSKS.

Stopping existing violence, like Steve’s story, is vital to women and girls’ safety. But the focus of PSKS is preventing violence so it doesn’t occur to begin with, known as ‘primary prevention.’ which in the longterm would strengthen Community Social cohesion.

PART 3 – FINANCIAL PROGRESS AND MANAGEMENT ARRANGEMENTS

3.1 Comments on the overall state of financial expenditure

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

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

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

Output number	Output name	RUNOs	Approved budget	Expensed budget	Any remarks on expenditure
Outcome 1: Community-wide support for and commitment to women and girls human rights and ending gender based violence.					
Output 1.1	Community conversations	UN Women	440,372.00	400,000	On Track
Output 1.2	Community counselling	UN Women	82,200.00	80,000	On Track
Output 1.3	Local governance responses to GBV and trauma	UN Women	234,037.00	192,000	On Track
Outcome 2: Improved institutional mechanisms to support women and girls who have					

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

experienced gender based violence					
Output 2.1	Support Services capacity building	UNICEF	134890	125,839	On track
Output 2.2	TOT community Counsellors	UNICEF	108,800	94,440	On track
Output 2.3					
Outcome 3:					
Output 3.1					
Output 3.2					
Output 3.3					
Outcome 4:					
Output 4.1					
Output 4.2					
Output 4.3					
Total:					

3.2 Comments on management and implementation arrangements

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

The joint IRF Planim Save Kamap Strongpela has had excellent engagements with the Autonomous Bougainville Government with all the anticipated project deliverables on track. The adjustment to the project has included the request for a No cost extension in June 2016 that extended the Equality for Progress to 31st January 2017 from the original dates of 27th February 2017.