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**UN Trust Fund to End Violence against Women**

**Result and Activity Report**

Reporting period: Progress Report Y3

Contents

[Project Information 1](#_Toc355636217)

[I: Project Goal 2](#_Toc355636218)

[II: Outcomes 3](#_Toc355636223)

[III: Outputs and Project Activities 7](#_Toc355636234)

IV: [M&E and Audit Activities 16](#_Toc355636245)

# Project Information

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

# I: Project Goal

### Project Goal Overall Progress

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

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| **Project Goal** | **Women and girls who experience domestic and/or sexual violence have greater access to protection and assistance through****effective implementation of EVAWG policies, focusing on quality multi-sectoral service delivery** |
| Reporting period: Y3 Annual Progress Report  | In terms of the goal of the UN-SIG JP on EVAWG it was expected that ‘women and girls who experience domestic and/or sexual violence will have greater access to protection and assistance through effective implementation of EVAWG policies, focusing on quality multi-sectoral service delivery.The UN-SIG JP on EVAWG was able to document the perspectives of key stakeholders (i.e., women and girls, and service providers) about women and girls’ access to protection and services for VAWG. In general, comparisons over time revealed some changes in perspectives of key stakeholders, including:* Increases in access to protection and services for VAWG survivors as a result of the launch of the FPA in April 2016
* Increases in access to protection against sexual violence and exploitation as a result of amendments to the Penal Code in relation to Sexual Offences (amendments were passed in May 2016)
* Increases in knowledge and understanding of VAWG and the FPA among key stakeholders, including service providers and some women and girls
* Improvements in the capabilities of frontline service providers to identify and respond to VAWG survivors using a victim-centered approach
* Improvements in referrals among service providers

Continued implementation of the FPA and public education as to the FPA is expected to lead to improvements in women and girls’ access to protection and support services for family/domestic violence. However, lack of awareness of the FPA among women and girls and victim-blaming remain as barriers for VAWG survivors to access protection and services for VAWG. Despite the launch of the FPA and amendments to the Penal Code in relation to Sexual Offences, there are still barriers that women and girls face when reporting their victimization to the police; although service providers acknowledged that women and girl’s experiences vary across police stations. In terms of accessing medical care, the UN-SIG JP on EVAWG documented that in 2015 and 2016 that women rarely sought medical attention for domestic violence-related injuries, unless the injuries were severe or life threatening.One of the unexpected, yet significant outcomes of the UN-SIG JP on EVAWG was the strengthening of VAWG administrative data collection among SAFENET members and the compilation of 33-months of monthly VAWG administrative data, including 15-months (January 2015 – April 2016) of monthly VAWG administrative data prior to the launch of the FPA in April 2016, and 17-months (May 2016 – September 2017) of monthly VAWG administrative data after the launch of the FPA. The data was compiled and presented longitudinally in line charts every six months so that UN-SIG JP members and SAFENET members got track progress in terms of VAWG survivors access to protection and services, and access to the police and justice system. The data also enabled SAFENET members, including government agencies and CSO service providers visualize and understand how they are part of a larger coordinated system of essential services for VAWG survivors. In Solomon Islands, this was the first attempt to collect and compile VAWG administrative data from SAFENET members, and it was recognized by SAFENET members as a significant accomplishment. |

### Project Goal Indicators

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

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|  | **Actual data on each indicator**  |
| **Project Goal Indicators**  | Reporting period: January to December 2017 |
| **Indicator 1:** Perspectives of key stakeholders (women and girls, leaders of women’s CSOs, service providers) about women’s access to protection and services for VAWG, and barriers faced accessing protection and services | Women and girls’ access to reliable protection and support services for VAWG have improved with the launch of the Family Protection Act (FPA) and amendments to the Penal Code in relation to Sexual Offences.Decisions made by of the SAFENET Referral Network and improvements made to case management and referral systems should improve women and girls’ access to protection and support services.The UN-SIG JP on EVAW has evolved to focus on a four-year project (2017-2020) project to support the government to deliver an Essential Services Package (ESP) to VAWG survivors.Despite these improvements, women and girls continue to face barriers when it comes to accessing services that do exist in Honiara. The barriers include lack of knowledge of the FPA and available protection and support services for VAWG survivors in and around Honiara, and weak implementation of the FPA.The existing SAFENET Referral Network recently developed formalized case management and referral systems for VAWG survivors that should improve VAWG survivors access to essential services.Access to protection through police and the justice system has improved, but remains a challenge for VAWG survivors to get the police to issue PSNs, to get the needed legal support to obtain court-issued ROs, and due to delays in court processing of ROs. Bride price and compensation continue to serve as barriers for VAWG survivors, as they keep most women locked in violent and abusive marriages.Women rarely seek medical attention for family/domestic violence-related injuries, unless the injuries are severe and/or life threatening. |
| **Indicator 2:** Percentage of women and girls interviewed/surveyed who report satisfaction with services (by type of service accessed) | Baseline and midline data (satisfaction surveys) revealed that as many as 85% to 100% of women and girls who sought services for VAWG were very satisfied with the services they received from service providers.  |
| **Indicator 3**: Number of women and girls accessing protection and services for VAWG in the past 6 months | Monthly data collection of the number of women and girls accessing protection, services, and justice for VAWG, and referrals between organizations/agencies from January 2015 to September 2017 are presented throughout this endline report, this includes VAWG administrative data before and after the implementation of the FPA. Limitations of the reported data are addressed in each of the sections. |

### Number of beneficiaries reached at the project goal level

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

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

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|  | **Actual number of beneficiaries reached at the project goal level**  |
| **Targeted beneficiary groups at the project goal level**  | Reporting period: January to December 2017 |
| **Beneficiary Group 1:** Women/girls survivors of violence | 463[[1]](#footnote-1)  |

Changes in the lives of beneficiaries at the Project Goal Level

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

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| **Targeted beneficiary groups at the project goal level**  | **Reporting Period**  | **Current situation of beneficiary groups**  |
| **Beneficiary Group 1:** Women/girls survivors of violence | Reporting period: Y3 Annual Progress Report  | Since May 2016, VAWG survivors have had access to an amended Penal Code to the Sexual Offences. The Sexual Offences Bill revises and updates the current sexual offences in the Penal Code in accordance with recommendations made by the Law Reform Commission of the MJLA in its Interim Report on Sexual Offences-Sentencing 2011, and Second Interim Report Sexual Offences in 2013. The recommendations cover the following offences: rape, sexual abuse of persons with significant disability, indecent assault, incest, sexual intercourse with a child, indecent touching of a child, sexual abuse of child age 15 to 18, persistent abuse of a child, commercial sexual exploitation of children, and child sexual exploitation material. Also, since April 2016, VAWG survivors have had access to legislation through the FPA 2014, which provides women with access to protection and justice through police safety notices and restraining orders, and to having their abusers arrested. Solomon Islands is currently in the very early stages of implementation of the FPA 2014, but more time is needed to see how the FPA 2014 impacts VAWG survivors access to essential services for VAWG.  |

# II: Outcomes

## **Outcome 1**

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

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

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| **Outcome 1** | **National policy frameworks on EVAWG have been strengthened and implemented to support a comprehensive, multi-sectoral response strategy** |
| Reporting period: Y3 Annual Progress Report  | Outcome 1 was focused on strengthening and implementing national policy frameworks on EVAWG to support a comprehensive multi-sectoral response strategy to VAWG. Over the three-year project period, the UN-SIG JP on EVAWG was unable to document the proportion of agreed upon actions in the policy framework for EVAWG that were implemented by relevant government agencies by stage of implementation. Nevertheless, respondents reported on average a 3.7 on a 10-point scale of effectiveness when it came to implementing EVAWG policies in 2014. In other words, key stakeholders maintained EVAWG policies were not being effectively implemented in 2014. In comparison, respondents reported on average a 7.2 on a 10-point scale of effectiveness when it came to implementing EVAWG policies in 2017. This is a 3.5-point increase from 2014 to 2017, which is a significant change. This finding demonstrates that in 2017, key stakeholders perceived that EVAW policies, including the FPA, were being effectively implemented and many respondents attributed the increase in effectiveness to work carried out under the guise of the UN-SIG JP on EVAWG.Key stakeholders also recognized the SAFENET Referral Network (established to strengthen the national multi-sector response to VAWG) has played an important role in coordination and referrals, and has helped to improve the ability of the SIG and CSOs to work together to address VAWG and to protect and support VAWG survivors. The SAFENET Referral Network has been critical to strengthening the national multi-sectoral response to VAWG, including improving coordination, case management, and referrals. Yet, SAFENET members repeated the need for more capacity building on coordination and case management, and to understand multi-sectoral responses to VAWG. SAFENET members also reported more teamwork was needed among SAFENET members, including more regular meetings (monthly versus quarterly meetings) and stronger leadership from the SAFENET Coordinator.The UN-SIG JP on EVAWG supported discussions and an agreement to develop case management services for the SAFENET Referral Network, along with a formalized referral system. There were discussions among key stakeholders that the SAFENET MOU should be revised to include other organizations working on VAWG and engaged in providing VAWG support services. |

### Outcome indicators

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

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|  | **Actual data on each indicator**  |
| **Indicators for Outcome 1** | **End of Implementation: Y3 Annual Progress Report**(Reporting period: January to December 2017 |
| **Indicator 1:** Proportion of agreed actions in the (a) policy framework for EVAW/G that have been implemented by relevant government agencies, by stage of implementation | MWYCFA reported significant challenges obtaining quarterly information from relevant ministries about their annual work plans, and planned and achieved activities to implement the EVAW Policy and NAP, and to support implementation of the FPA. Given the challenges the MWYCFA faced gathering information from across the ministries, the UN-SIG JP M&E tools were revised and simplified in cooperation with the MWYCFA to improve self-reporting and M&E engagement by each of the relevant ministries and their departments. Because of ongoing gaps in ministries’ staffing and understanding of the M&E process, the quarterly self-reporting remained a challenge throughout the project.In Q3 and Q4 of 2016 and Q1 and Q2 of 2017, UN Women provided the MWYCFA with technical assistance to revise the EVAW Policy and NAP, and build the capacities of the MWYCFA to monitor the implementation of the EVAW Policy and NAP, and the FPA. |
| **Indicator 2:** Perspectives of key stakeholders (relevant ministries and leaders of women’s CSO, faith-based organizations and service providers) on the strengths and weakness of the national multi-sectoral response strategy and its implementation | UN Women, UNFPA, and WHO provided technical assistance to support the MWYCFA, MHMS, and SAFENET referral network to strengthen the national multi-sector response to VAWG, including sexual violence against women and girls. This has led to an increased understanding of the referral process and case management, and a multi-sector manual for coordinated response to VAWG and clinical guidelines developed for the MHMS for responding to sexual violence against women and girls. Key stakeholders, including SAFENET members suggest there is a need for further capacity building and technical assistance to support improved coordination and functioning of the SAFENET referral network, and SAFENET members’ understanding of the FPA and abilities to carry out case management and referrals, and provide a package of essential services. SAFENET members agreed upon a case management framework and FSC as the service of case management support for the network. UN Women has been providing SAFENET and FSC with technical assistance and capacity building support to carry out and deliver the case management service. Key stakeholders recognize the importance of a multi-sectoral response to VAWG, however, need ongoing technical assistance and support to establish a functioning system that will be sustained overtime.Some SAFENET members requested regular meetings to improve the SAFENET referral network and coordination.In 2017, the UN-SIG JP on EVAWG ended and a UN-SIG JP on Essential Services began to support key stakeholders to deliver an Essential Services Package (ESP) to VAWG survivors. This initiative will continue through until 2019.  |

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### Number of beneficiaries reached at the Outcome

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

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| **Actual number of beneficiaries reached at the outcome level**  |
| **Targeted beneficiary groups (Outcome level)**  | Reporting period: Y3 Annual Progress ReportJanuary to December 2017 |
| Institutional level | Individual level |
| **Beneficiary Group 1:** Civil society organizations (including NGOs) | 3 CSOs | 6 individuals |
| **Beneficiary Group 2:** Government officials (i.e. decision makers, policy implementers) | 11 Ministries/Departments | 45 individuals |

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

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

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| **Targeted beneficiary groups (Outcome level)**  | **Reporting Period**  | **Current situation of beneficiary groups**  |
| **Beneficiary Group 1:** Civil society organizations (including NGOs) | Reporting period: Y3 Annual Progress Report | No change: Civil society and NGO service providers including members of SAFENET require support to implement a multi-sectoral system of response to VAW. Most beneficiaries' mandates and service delivery models are informed by clearer national legislation and policies in relation to responding to their clients. |
| **Beneficiary Group 2:** Government officials (i.e. decision makers, policy implementers) | Reporting period: Y3 Annual Progress Report | Various levels of decision makers, policy implementers, and management within service delivery ministries need technical support to implement national policy and legislative frameworks to EVAWG. In 2017, UN Women also provided technical assistance to the MWYCFA to revise the EVAW Policy and to develop a monitoring framework for implementation of the EVAW Policy, including M&E tools for use by the MWYCFA and other relevant ministries to monitor and report on activities implemented related to the EVAW Policy. In August 2017, the MWYCFA with technical assistance from UN Women followed up with a one-day EVAW Policy monitoring training for the MWYCFA and members of the EVAW Task Force. That same month, the MWYCFA led a workshop for GFPs on the EVAW Policy and M&E tools, during which GFPs communicated that they were facing challenges mainstreaming the EVAW Policy into their ministries work plans and activities; the challenges were the same as had been documented in this report, and the baseline and midline reports.  |

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## **Outcome 2**

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

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

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| **Outcome 2** | **Frontline service providers are able to deliver essential services to survivors of VAWG, and in a more coordinated manner** |
| Reporting period: Y3 Annual Progress ReportJanuary to December 2017 | Outcome 2 was focused on building the capacities of frontline service providers to deliver essential services to VAWG survivors, and in a more coordinated manner. The roll-out of technical assistance and trainings to develop the capacities of frontline service providers to deliver coordinated, essential services to VAWG survivors was slow, but key activities were achieved between January 2015 and October 2017, and more were planned for the last two months of the project period. This included technical assistance and capacity building for SAFENET Referral Network members related to the case management framework and formal referral system, and delivery of the ESP. The most notable accomplishment was that in 2016 and 2017, UN Women provided technical assistance to SAFENET and CARECOM to monitor the coordination and implementation of the SAFENET MOU and Protocol, and to strengthen the capacity of SAFENET members to start up and deliver VAWG support services, including case management services offered by FSC and a formal referral system. The launch of the FPA in April 2016 was a catalyst for improving the capabilities of frontline service providers to deliver coordinated, essential services to VAWG survivors because it resulted in capacity building trainings and increased understanding as to what is family/domestic violence and the consequences of such violence.UNFPA and the WHO helped to develop protocols and guidelines that now guide health service providers in their responses to VAWG. In 2017, following a two-year pilot, two training manuals were developed by AUT were published by UNFPA, i.e., *Strengthening the Health Response to Violence Against Women and Children: A Practice Training Manual for Health Care Professionals* and *Facilitator’s Handbook: A Training Programme to Strengthen the Health Response to Violence against Women and Children.* In the same year, the WHO and MHMS published and launched the *Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender-Based Violence.* |

### Outcome indicators

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

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|  | **Actual data on each indicator**  |
| **Indicators for Outcome 2** | **End of Implementation: Y3 Annual Progress Report** (Reporting period: January to December 2017) |
| **Indicator 1:** Percentage of frontline service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner (6 months after training) | UN Women, UNFPA, and WHO provided technical expertise and assistance, and capacity building to SAFENET and SAFENET members, including service providers, health workers, and justice officials. Auckland University of Technology (AUT) developed a pre- and post-test KAP survey for use with UNFPA’s trainings of health care workers. A pilot test of the KAP survey was conducted with one of the trainings. Survey findings reportedly demonstrated increased capacity, capability, and confidence of the health workers to respond appropriately and safely to survivors of VAWG. Given the survey data or findings were not shared, they are not included in this report.A KAP survey was developed by the UN Women MRE Specialist for use with frontline service providers, including health workers and service providers. The KAP survey was piloted during the baseline study (2015), and administered to some health workers and service providers in and around Honiara during the midline assessment (June 2016). The survey revealed that frontline service providers have some knowledge and understanding of VAWG; however, tend to hold attitudes that blame the victim. These attitudes can serve as a barrier for women attempting to seek help and assistance for VAWG. The KAP survey also revealed that while frontline service providers have some ability to identify and respond to VAWG, they feel they need more training and technical assistance to improve their response and to understand the FPA. The KAP survey was not administered at the endline. |
| **Indicator 2:** Number of referral cases tracked through the referral system in the past 6 months, by Type of services | When the UNTF proposal was written it was envisioned the World Bank funded referral tracking database would be developed and utilized by SAFENET to track referrals of cases through the referral system; however, given funding challenges and other delays the referral tracking database was never developed. Given this limitation, steps were taken to incorporate into *Self-Report VAWG Data Collection Forms* a component that will allow for the measurement of the number of VAWG cases referred to and from service providers, hospital/health clinics, police, and justice system agencies. It is important to note that most organizations/agencies have not historically recorded referral data, so these are early attempts to capture such data, and some organizations/agencies did not report this data in the *Self-Report VAWG Data Collection Forms*. The accuracy of such data remains in question, as many referrals go unrecorded and survivors often access more than one service provider so their maybe double counting in the numbers. The formalized case management framework and referral system that is being developed by SAFENET with support from UN Women should help to improve tracking of referrals. Based upon referral data collected using the *Self-Report VAWG Data Collection Forms*, a greater number of agencies and CSOs reported referring VAWG survivors to the police, CCC, and FSC, compared to other service providers and justice system agencies. A significant proportion of agencies and CSOs also referred VAWG survivors to the hospital and health clinics. A greater number of agencies and CSOs reported VAWG survivors were referred to their agency from Seif Ples and the police.  |
| **Indicator 3:** Number of primary referrals made in the past 6 months, Type of services | It is not clear how many primary referrals were made given the World Bank funded referral tracking database was never developed. FSC is in the process of implementing a computer-based case management system that should allow them in the future to provide more accurate information on the number of primary referrals. |

### Number of beneficiaries reached at the Outcome

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

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| **Actual number of beneficiaries reached at the outcome level**  |
| **Targeted beneficiary groups (Outcome level)**  | Reporting period: Y3 Annual Progress ReportJanuary to December 2017 |
| Institutional level | Individual level |
| **Beneficiary Group 1:** Civil society organizations (including NGOs) | 3 CSOs (i.e. that participated in specific trainings and received technical support) | 29 individuals (i.e. that participated in specific trainings and received technical support) |
| **Beneficiary Group 2:** Government officials (i.e. decision makers, policy implementers) | 3 (i.e., MWYCFA, MHMS, SAFENET Coordinator, and CARECOM) | 3 |

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

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

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| **Targeted beneficiary groups (Outcome level)**  | **Reporting Period**  | **Current situation of beneficiary groups**  |
| **Beneficiary Group 1:** Civil society organizations (including NGOs) | Reporting period: Y3 Annual Progress ReportJanuary to December 2017  | There are very few CSOs providing support to women and girls who have experienced VAWG and the current system of identification, response, referral and support is uncoordinated. Two CSOs are members of SAFENET, and they have increased their knowledge and skills on data collection, which led to improvement in record-keeping of client data and referral data. |
| **Beneficiary Group 2:** Government officials (i.e. decision makers, policy implementers) | Reporting period: Y3 Annual Progress ReportJanuary to December 2017 | Key decision makers and policy implementers are currently aware of the gaps in the service system responses but lack the technical capacity to build a multi-sectoral response system to VAWG.  |

# III: Outputs and Project Activities

## Outputs under Outcome 14Overall progress: Describe the current situation of the output and how it is contributing to (or hindering) the intended outcome(s). Please explain any difference in achieved versus planned outputs during the reporting period. If the project has not yet delivered this output, please describe the progress made thus far, including any unexpected circumstances that have contributed to (or hindered) the output. (maximum 250 words par output)

* Current status of output indicator: Please provide quantitative and/or qualitative data on the current status of each output indicator (maximum 50 words per cell). To avoid double counting from the previous report(s), please do not count the achieved outputs that have been already reported in the previous report(s).

## Project Activities under the Output

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

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| **Output 1.1** | **More key government agencies have implemented new and/or improved work plans or programmes for implementing key****policies related to EVAWG** |
| Reporting period: Y3 Annual Progress Report | Due to human resource limitations and budget constraints the MWYCFA was unable to review the work plans from the nine other ministries and two agencies or to report on relevant government agencies that have work plans or programmes reflecting commitments agreed on in the implement plan of the FAP and/or the NAP for the EVAW Policy. This was a significant limitation for the MRE process, despite the technical assistance provided by UN Women to support the MWYCFA with reporting on this indicator. |
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| **Output Indicator Update** | Reporting period: Y3 Annual Progress Report, January to December 2017 |
| **Quantitative Information**  | **Qualitative Information**  |
| **Output Indicator 1:** Proportion of relevant government agencies that have work plans or programmes reflecting commitments agreed on in the implementation plan of the FPA and the NAP for the EVAWG Policy, by stage of development/ implementation (in development, finalized, funded, implemented, monitored) | NA | Due to human resource limitations and budget constraints the MWYCFA was unable to review the work plans from the nine other ministries and two agencies or to report on relevant government agencies that have work plans or programmes reflecting commitments agreed on in the implement plan of the FAP and/or the NAP for the EVAW Policy. This was a significant limitation for the MRE process, despite the technical assistance provided by UN Women to support the MWYCFA with reporting on this indicator. |
| **Output Indicator 2:** Extent to which UPR and CEDAW recommendations directly related to EVAWG are addressed and Implementation supported by stage: - IMPLEMENTED- formally acknowledged in a written form ADDRESSED – process Developed – FUNDED -MONITORED | NA | Due to human resource limitations and budget constraints the MWYCFA was unable to report on the extent to which UPR and CEDAW recommendations directly related to EVAWG had been addressed, implemented, and/or supported. Although the UN-SIG JP on EVAWG was unable to report on this indicator, the evaluation did find that some progress was made implementing two of UPR recommendations, particularly reform of the Penal Code Related to Sexual Offenses and implementation of the FPA. Also, collection of VAWG administrative data was reportedly a CEDAW recommendation that was implemented with support from the UN-SGI JP on EVAWG. |
| **Output Indicator 3:** Percentage of key policy Programme managers trained who demonstrate improved knowledge, attitudes, and skills of how to effectively implement the Family Protection Act and EVAWG policies (including monitoring of implementation) | NA | There were no specific trainings delivered to key policy and decision-makers and programme managers during 2015 or 2016; therefore, there was no opportunity to deliver the KAA Survey to this target group of individuals. In August 2017, the MWYCFA with technical assistance from UN Women conducted a one-day EVAW Policy monitoring training for the MWYCFA and members of the EVAW Task Force; however, the KAA Survey was not administered at this training. Given the reality, it is unclear that the targets were met, and the UN-SIG JP on EVAWG was unable to report on the percentage of key policy and decision-makers, and programme managers trained who demonstrated improved knowledge, attitudes or skills on how to effectively implement the FPA and/or the EVAW Policy. |

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| **Activity Update**  |
| **Activity 1:** Provide technical assistance for the implementation of the Family Protection Act and EVAWG policies with a focus on training key policy anddecision-makers, and programme managers |
| Reporting period: Y3 Annual Progress Report  | As part of the review and revise process, 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 revised EVAW Policy 2016-2020 was finalized in the 4th Quarter of 2016, and approved by the Cabinet in 2017. The 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.  |
| **Activity 2:** Support review of Gender Equality and Women Development Policy and the revision of the EVAW Policy and National Action Plan |
| Reporting period: Y3 Annual Progress Report | In August 2017, the MWYCFA trained MWYCFA staff, EVAW Task Force members, and Gender Focal Points (GFPs) on the EVAW Policy 2016-2020, including the and monitoring framework for implementation of the EVAW Policy and NAP, and the FPA. The MWYCFA faced significant challenges getting information from the various ministries and departments about their annual work plans in relation to implementing the EVAW Policy and related NAP, and the FPA 2014. Moreover, it was not until 2017 that the EVAW Policy 2016-2021 was endorsed by the Cabinet. At the end of the project period, relevant ministries and departments had yet to communicate to the MWYCFA their efforts to adopt or implement gender aware or gender mainstreaming policies, as gender mainstreaming and gender budgeting was not fully understood, nor were resources adequately allocated for it to happen at meaningful levels.  |
| **Activity 3:** Support the co-ordination for the advancement of the Universal Periodic Review (UPR) and CEDAW implementation and monitoring related to EVAWG and National Action Plan |
| Reporting period: Y31 Annual Progress Report | In 2016, the Solomon Islands National Advisory Committee on CEDAW (SINACC) was hosted by the MWYCFA with support of a UN-SIG JP on EVAWG-funded local technical consultant. The meeting was funded by the UN-SIG JP on EVAWG. 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, including the development of the RSIPF Zero Tolerance Policy, Sexual Assault Investigation Policy, Family Violence Policy, Standard Operating Procedures, and Crime Prevention Strategy 2017-2020.
* Adoption of the Second Chance Education Policy. The MEHRD 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 Heath 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.

In 2017, due to human resource limitations and budget constraints the MWYCFA was unable to report to the UN-SIG JP on EVAWG the extent to which UPR and CEDAW recommendations directly related to EVAWG had been addressed, implemented, and/or supported. Yet, the evaluation did find that some progress was made implementing two of UPR recommendations, particularly reform of the Penal Code Related to Sexual Offenses and implementation of the FPA. Also, collection of VAWG administrative data was reportedly a CEDAW recommendation that was implemented with support from the UN-SGI JP on EVAWG. |

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| **Output 1.2** | There is an effective task force and Result Framework in place to monitor progress on the EVAWG and keyGovernment agencies and partners (including Gender Focal Points) understand their role in it and in responding andpreventing VAWG |
| Reporting period: Y3 Annual Progress Report | In 2016 and 2017, UN Women also provided technical assistance to the MWYCFA to revise the EVAW Policy and to develop a monitoring framework for implementation of the EVAW Policy, including M&E tools for use by the MWYCFA and other relevant ministries to monitor and report on activities implemented related to the EVAW Policy. In August 2017, the MWYCFA with technical assistance from UN Women followed up with a one-day EVAW Policy monitoring training for the MWYCFA and members of the EVAW Task Force. That same month, the MWYCFA led a workshop for GFPs on the EVAW Policy and M&E tools, during which GFPs communicated that they were facing challenges mainstreaming the EVAW Policy into their ministries work plans and activities; the challenges were the same as had been documented in this report, and the baseline and midline reports.  |
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| **Output Indicator Update** | Reporting period: Y3 Progress Report  |
| **Quantitative Information**  | **Qualitative Information**  |
| Output Indicator 1: Proportion of government agencies who arereporting to the EVAW Task Force | NA | Initially, the EVAW Policy was supposed to be implemented by a national EVAW Task Force comprised of representatives of VAWG support agencies, including police, health/medical services, education, and victim support agencies; however, the EVAW Task Force was eventually disbanded given its duplication in membership and focus with other government tasks forces. In 2016, there was discussions to re-establish the EVAW Task Force to support the EVAW Policy, and in 2017 it was re-established and mechanisms for government agencies to report to the EVAW Task Force were established. At the time of this evaluation government agencies had yet to start reporting to the EVAW Task Force.  |
| Output Indicator 2: Evidence of national and provincial Gender Focal Points (GFPs) who demonstrate improved Knowledge, attitudes, and skills related to Family Protection Act and EVAWG policies, their role as well as monitoring and reporting processes | NA | There were no specific trainings delivered to GFPs or provincial desk officers as part of the UN-SIG JP on EVAWG in 2015 or 2016 that would have provided an opportunity to deliver the KAA Survey to GFPs. During the baseline study in 2015 and the midline assessment in 2016, at least five GFPs from different ministries participated in focus group discussions where GFPs discussed the challenges they faced in their respective ministries as GFPs and in terms of mainstreaming gender, as well as their knowledge and abilities to effectively implement the FPA and/or the EVAW Policy in their respective ministries. In August 2017, the MWYCFA with technical assistance from UN Women conducted a one-day workshop for GFPs on the EVAW Policy and M&E tools; however, the KAA Survey was not administered to GFPs at this training. GFPs did communicate that they were still facing challenges in their respective ministries when it came to mainstreaming gender and the EVAW Policy into their ministries’ work plans and activities. The challenges were reportedly the same or similar as the challenges that had been documented in the baseline and midline M&E reports for the UN-SIG JP on EVAWG. Given the challenges faced by GFPs, it was unclear that the targets were met and the UN-SIG JP on EVAWG was unable to provide evidence of national and provincial GFPs who demonstrated improved knowledge, attitudes and skills related to the FPA and the EVAW Policy, including their roles in monitoring and reporting on the efforts of their ministries to implement these policies. |
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| **Activity Update**  |
| **Activity 1** Support National EVAW Task Force to implement and monitor with a results framework, and assess progress of EVAW Policy |
| Reporting period: Y3 Annual Progress Report  | Initially, the EVAW Policy was supposed to be implemented by a national EVAW Task Force comprised of representatives of VAWG support agencies, including police, health/medical services, education, and victim support agencies; however, the EVAW Task Force was eventually disbanded given its duplication in membership and focus with other government tasks forces. In 2016, there was discussions to re-establish the EVAW Task Force to support the EVAW Policy, and in 2017 it was re-established and roles and responsibilities of EVAW Task Force members and implementing partners were clearly defined. The EVAW Task Force is the oversight body for the EVAW Policy. In August 2017, a training was conducted for EVAW Task Force members on the EVAW Policy and monitoring framework.  |
| **Activity 2:** Support capacity building of a core group of national and provincial Gender Focal Points (GFPs) on gender equality, VAWG, and M&E in order for GFPs to carry out their role effectively |
| Reporting period: Y3 Annual Progress Report  | One important lessons that emerged over the course of the three-year project period was that capabilities and capacities of GFPs varies significant across ministries and related departments, revealing a gap in technical support from the MWYCFA. GFPs needs range from access to effective and easy-to-deliver IEC products related to the FPA 2014 and EVAW 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 on EVAWG highlighted significant technical gaps. In August 2017, the MWYCFA with technical assistance from UN Women conducted a one-day workshop for GFPs on the EVAW Policy and M&E tools where challenges faced by GFPs were against discussed. Given the challenges faced by GFPs, the MWYCFA was planning to take steps to attempt to address some of these challenges in partnership with the SIG and relevant ministries.  |

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## Outputs under Outcome 2

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

## Project Activities under the Output

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

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| **Output 2.1** | Frontline service providers are able to deliver essential services to survivors of VAWG, and in a more coordinated manner |
| Reporting period: Y3 Annual Progress Report | In 2017, the UN Women provided technical assistance to support the SAFENET Referral Network to develop a case management framework and formalized referral system, and worked to develop the capacities of FSC to carry out case management for the SAFENET Referral Network. This consultant was currently in the process of undertaking the baseline assessment needed for the JP to deliver an ESP to VAWG survivors, which is an extension of the UN-SIG JP on EVAW. |
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| **Output Indicator Update** | Reporting period: Y3 Annual Progress Report  |
| **Quantitative Information**  | **Qualitative Information**  |
| **Output Indicator 1:** Percentage of frontline service providers who demonstrate improved knowledge, attitudes, and skills to coordinate effectively within the referral system | In 2016, during the midline assessment, the KAP Survey was administered to 16 frontline service providers from only one of the three CSO service provider organizations and GBV nurses at seven of the eight health clinics in Honiara. This was only a small proportion of frontline service providers in Honiara, so the sample is not reflective of the population of service providers in Honiara. Despite the small sample size, it was found that 93.8% of respondents reported they had not received enough training to provide support or to work with VAWG survivors, and 50.0% held the belief that physical violence in the family is justified in some circumstances. In addition, 25.0% of respondents held the belief that a woman should tolerate some violence in her marriage in order to keep her family together, and 37.5% held the belief that if a woman is submissive to her husband there will be no family violence. Only 62.5% of respondents reported they would know how to safely intervene if they saw or heard about an incident of VAWG; yet, 93.8% reported they would know what to do if an adult woman reports and incident of VAWG, and 87.5% would know what to do if a child/girl reports an incident of VAWG. In addition, 93.8% of respondents knew about the FPA, but only 31.3% understood the FPA and how to use it to support women/girls who experience family violence, 18.8% received formal training on the FPA, and 12.5% used the FPA to provide support to women/girls who experience family violence. These findings are a one-time snapshot of knowledge, attitudes and skills of 16 frontline service providers in Honiara in 2016; these findings could not be compared to any other points in time because the KAP Survey was not administered in 2015 or in 2017.  | Over the three-year project period frontline service providers received various trainings, however, the KAP Survey was not administered from year-to-year to frontline service providers, not even SAFENET members.  |
| **Output Indicator 2:** Proportion of SAFENET members (CCC, FSC, RISPF, PSO, 4 x MHMS: SWD,RH,IMH & NRH) contributing to coordinated data collection, case management and referral systems (including review of case study) | In terms of coordinated data collection, with technical assistance from UN Women, the SAFENET Referral Network was able to collect and compile monthly VAWG administrative data from each of the three CSO service providers, SWD, eight health clinics, the RSIPF Domestic Violence Unit and Sexual Violence Unit, and the PSO. This was a significant accomplishment as monthly VAWG administrative data was systematically collected for 33 months (January 2015 – September 2017) of the 36-month or three-year project period (January 2015 – December 2017). This monthly VAWG administrative data was compiled, analysed, and reported on by the UN Women MRE Specialist to the UN-SIG JP on EVAWG on a six- month and annual basis, and was included as longitudinal data in the baseline, midline, and endline reports. It was not clear that UN-SIG JP members or SAFENET members used the VAWG administrative data in any way to inform programming, capacity building, or training.  | It was not clear that these targets were met or that this indicator was ever accomplished. One of the challenges was that CARECOM did not convene regularly in 2015 or 2016. With technical assistance from UN Women, SAFENET members did agree upon a case management framework and referral system, and these were implemented in 2017 as part of a three-year pilot project for the new UN-SIG JP on ESP. In 2017, a standard referral form was developed with technical support from UN Women; however, it is not yet being used by SAFENET members. It did not appear that SAFENET members were producing individual quarterly reports on a set of measurable indicators of input, output, and impact or submitting those reports to CARECOM.  |
| **Output Indicator 3:** Number of EVAWG cases reviewed by the members in the last 6 months | NA | During the three-year project period SAFENET members did not hold case management meetings because they had no process or framework for case management; therefore, the targets related to this indicator were not met. A case management framework for the SAFENET Referral Network was discussed in 2016 and agreed upon in 2017 in consultation with SAFENET members and with technical support from UN Women. In the later part of 2017, the case management framework started to be piloted under the guise of the UN-SIG JP on ESP. |

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| **Activity Update**  |
| **Activity 1:** Provide technical support for monitoring the co-ordination and implementation of the SAFENET MoU and protocol |
| Reporting period: Y3 Annual Progress Report  | n 2016 and 2017, UN Women also provided technical assistance to CARECOM to monitor the coordination and implementation of the SAFENET MOU and Protocol, and to strengthen the capacity of SAFENET members to start up and deliver VAWG support services, including case management services offered by FSC and a formal referral system. This technical assistance led to the development of a training and orientation manual on case management and referral pathways, a SAFENET case management practice guide, a revised MOU reflecting roles and responsibilities outlined in the FPA, a revised SOP, recommendations for SAFENET M&E, targeted case management training and a capacity development report, and an updated SAFENET GBV manual with the case management modules. In 2017, UN Women was providing technical assistance to the SAFENET Referral Network and FSC to develop their capacities to effectively implement the case management framework and referral system. UN Women was also in the process of undertaking the baseline assessment needed for the UN-SIG JP on ESP, which is an extension of the UN-SIG JP on EVAWG.  |
| **Activity 2:** Strengthen data collection and analysis by SAFENET for use by police, judiciary, health and social welfare, including case management and data sharing on VAWG |
| Reporting period: Y3 Annual Progress Report  | In terms of coordinated data collection, with technical assistance from UN Women, the SAFENET Referral Network was able to collect and compile monthly VAWG administrative data from each of the three CSO service providers, SWD, eight health clinics, the RSIPF Domestic Violence Unit and Sexual Violence Unit, and the PSO. This was a significant accomplishment as monthly VAWG administrative data was systematically collected for 33 months (January 2015 – September 2017) of the 36-month or three-year project period (January 2015 – December 2017). VAWG administrative data that was collected was extensive, including: number of hotline class related to VAWG and by type of caller; number of women and girls accessing VAWG services and by type of VAWG and service provider; number of women and girls accessing shelter for VAWG and by type of VAWG and service provider; number of domestic violence incidents registered by the police in Honiara and by province; number of PSNs issued by the police in Honiara and by province; number of sexual violence cases handlined by the Sexual Assault/Rape Unit and by type of sexual violence; number of sexual violence victims handlined by the Sexual Assault/Rape Unit by gender and age grouping; number of restraining orders issued to VAWG survivors; number of women and girls who sought medical care for VAWG-related injuries by type of VAWG and health clinic; and, number of VAWG survivors referred to/from agencies/organisations/centres. In Solomon Islands, this was the first attempt to collect and compile VAWG administrative data from SAFENET members, and it was recognized by SAFENET members as a significant accomplishment. All monthly longitudinal VAWG administrative data was charted and explained in the baseline, midline and endline reports for the UN-SIG JP on EVAWG. The endline report included monthly longitudinal data was presented in charts to reveal differences in data (reporting and registration) for before and after the launch of the FPA in April 2016, as well as calculations and reporting on the increases and decreases in annual numbers. Lesson learned from this activity is that the capacities to collect and compile this VAWG administrative data were retained by UN Women’s MRE Specialist; the SAFENET Coordinator and Referral Network would need increased technical assistance and capacity building to take on the roles and responsibilities of VAWG administrative data collection, compilation, and reporting, although the recognize the importance of the practice. The Justice Information Management System (JIMS) is an Australian DFAT-funded initiative under its Justice Program. The JIMS is being used to varying degrees by the RSIPF, PSO, 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). The RSIPF adapted data fields of the JIMS to be able to track calls entering its toll-free numbers and minimal data related 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 2017, the MHMS also began to collect VAWG related data from health clinics and the hospitals in their Health Information Management System. |
| **Activity 3:** Support development of a comprehensive training package for multi-sectoral response of VAWG for frontline service providers ( for FPA, and SAFENET) and training for frontline service providers |
| Reporting period: Y3 Anuual Progress Report  | UN Women, UNFPA, and the WHO provided technical expertise and support to the SAFENET Referral Network members and affiliates, including frontline service providers, health workers, police, and justice officials to improve the delivery of coordinated, essential services to VAWG survivors. Trainings were aligned with a vision for enhanced multi-sectoral service delivery, including implementation of an agreed upon formal case management framework and referral system, and minimum standards of care and victim-centred approach to service delivery. UN Women and the WHO supported the SAFENET Referral Network by progressing key steps from SAFENET technical input, including a case management framework and formal referral system. Both UN Women and the WHO worked with the Family Support Centre (FSC) to review current practices and identify resource and capacity gaps, and to develop 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. Results of the review of current FSC practices and steps for alignment with a case management framework to the FSC Board of Directors in 2017. This was coupled with parallel efforts to mobilize additional funding to stage a pilot roll out of the case management framework through the Family Support Centre and the formal referral pathway agreed upon by the SAFENET Referral Network. A new UN-SIG JP on ESP was established to implement this three-year pilot project (2017-2019) to deliver ESP. |

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| **Output 2.2** | Health service providers understand and follow new and improved protocols with regard to responding to the needsof survivors of VAWG  |
| Reporting period: Y3 Annual Progress Report | With technical support from UNFPA and the WHO, the MHMS was able to revise and improve upon MHMS SOPs, guidelines, and protocols related to VAWG. In 2017, the MHMS adopted and published three key documents including: *Strengthening the Health Response to Violence Against Women and Children: A Practice Training Manual for Health Care Professionals* (supported by UNFPA); *Facilitator’s Handbook: A Training Programme to Strengthen the Health Response to Violence against Women and Children* (supported by UNFPA); and, *Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender-Based Violence* (supported by WHO)In 2016 and 2017, UN FPA and the WHO supported the MHMS GBV Coordinator/SAFENET Coordinator to roll out a package of training for health workers in responding to VAWG/GBV. Trainings supported by UNFPA were conducted in Honiara and three provinces (Temotu, Makira and Western Provinces) covering a total of 61 beneficiaries. These trainings comprised five-day training with a mix of modules on clinical training and gender responsive and human rights-based approaches to VAWG/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 EVAWG 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 *Strengthening the Health Response to Violence Against Women and Children: A Practice Training Manual for Health Care Professionals* and the *Facilitator’s Handbook: A Training Programme to Strengthen the Health Response to Violence against Women and Children*. A training package for *Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender-Based Violence* which was being rolled out in 2017 and 2018 to nurses in Honiara and the provinces by the MHMS GBV Coordinator and Seif Ples. |
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| **Output Indicator Update** | Reporting period: Y3 Progress Report  |
| **Quantitative Information**  | **Qualitative Information**  |
| **Output Indicator 1:** Percentage of health workers who demonstrate attitudes, knowledge, and ability to respond to the needs of survivors of VAWG | NA | Over the three-year project period health workers in Honiara and Isabel received various trainings with technical assistance from UNFPA and WHO, however, the KAP Survey was not systematically administered from year-to-year to health workers. Auckland University of Technology (AUT) developed a pre- and post-test KAP survey for use with UNFPA’s trainings of health care workers. A pilot test of the KAP survey was conducted with one of the trainings in 2015. Survey findings reportedly demonstrated increased capacity, capability, and confidence of the health workers to respond appropriately and safely to survivors of VAWG. Given the fact that survey data and findings were not shared with the UN-SIG JP on EVAWG, they were not included in either the baseline, midline or endline reports. The KAP Survey developed for frontline service providers with technical support from UN Women was administered to 16 frontline service providers, including seven health workers in Honiara in 2016. As previously mentioned, the survey revealed that frontline service providers had some knowledge and understanding of VAWG; however, tended to hold attitudes that blamed the victim. These attitudes can serve as a barrier for women attempting to seek help and assistance for VAWG. The KAP survey also revealed that while frontline service providers had some ability to identify and respond to VAWG, they felt they needed more training and technical assistance to improve their response and to understand the FPA. These findings are a one-time snapshot of knowledge, attitudes and skills of 16 frontline service providers in Honiara in 2016; these findings could not be compared to any other points in time because the KAP Survey was not administered in 2015 or in 2017.  |
| **Output Indicator 2:** Number of MHMS SOPs, guidelines, and protocols related to VAWG revised and improved to be survivor-centered | NA | With technical support from UNFPA and the WHO, the MHMS was able to revise and improve upon MHMS SOPs, guidelines, and protocols related to VAWG. In 2017, the MHMS adopted and published three key documents including: *Strengthening the Health Response to Violence Against Women and Children: A Practice Training Manual for Health Care Professionals* (supported by UNFPA); *Facilitator’s Handbook: A Training Programme to Strengthen the Health Response to Violence against Women and Children* (supported by UNFPA); and *Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender-Based Violence* (supported by WHO) |
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| **Activity Update**  |
| **Activity 1:** Support training and mentorship of MHMS staff responsible for implementing health guidelines on sexual assault care and legal literacy |
| Reporting period: Y3 Annual Progress Report  | With technical support from UNFPA and the WHO, the MHMS was able to revise and improve upon MHMS SOPs, guidelines, and protocols related to VAWG. In 2017, the MHMS adopted and published three key documents including: *Strengthening the Health Response to Violence Against Women and Children: A Practice Training Manual for Health Care Professionals* (supported by UNFPA); *Facilitator’s Handbook: A Training Programme to Strengthen the Health Response to Violence against Women and Children* (supported by UNFPA); and, *Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender-Based Violence* (supported by WHO)In 2016 and 2017, UN FPA and the WHO supported the MHMS GBV Coordinator/SAFENET Coordinator to roll out a package of training for health workers in responding to VAWG/GBV. Trainings supported by UNFPA were conducted in Honiara and three provinces (Temotu, Makira and Western Provinces) covering a total of 61 beneficiaries. These trainings comprised five-day training with a mix of modules on clinical training and gender responsive and human rights-based approaches to VAWG/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 EVAWG 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 *Strengthening the Health Response to Violence Against Women and Children: A Practice Training Manual for Health Care Professionals* and the *Facilitator’s Handbook: A Training Programme to Strengthen the Health Response to Violence against Women and Children*. A training package for *Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender-Based Violence* which was being rolled out in 2017 and 2018 to nurses in Honiara and the provinces by the MHMS GBV Coordinator and Seif Ples. |
| **Activity 2:** Support the MHMS with its plan to roll out EVAWG-related essential services in the Isabel Province, including reaching people living with disabilities |
| Reporting period: Y3 Annual Progress Report  | Over the three-year project period, health workers in Honiara and Isabel received various trainings with technical assistance from UNFPA and WHO; however, there was not a focus on reaching people living with disabilities. The MHMS has been focused on delivering trainings for health workers in keeping with implementation of the National Health Strategic Plan 2016-2020. |

**IV: M&E and Audit Activities**

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

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| **M&E and Audit Activity Update**  |
| **M&E Activity 1:** Conduct a final external project evaluation |
| Reporting period: Y3 Annual Progress Report  | The final evaluation was undertaken in from October to December 2017, including an in-country mission trip from 17-31 October 2017. A final evaluation report has been prepared. |
| **M&E Activity 2:** Collect and compile baseline data in collaboration with UN agencies, govt partners and CSOs, and providing ongoing M&E support |
| Reporting period: Y3 Annual Progress Report  | Administration of the MRE approach was a team effort. The MRE approach and data collection tools were developed by the UN Women MRE Specialist, Dr. Robin Haarr, and was approved by UN Women, UN-SIG JP members, and the SAFENET Coordinator. Given the number of contract days for the MRE Specialist was limited each year, implementation of the M&E approach and data tools, including systematic data collection, fell to the responsibility of the UN Women JP Coordinator[[2]](#footnote-2), with support from the SAFENET Coordinator for the collection of VAWG administrative data from SAFENET Referral Network members and Seif Ples. This was a challenge given the M&E responsibilities were often labour intensive and were in addition to the UN JP Coordinator’s and SAFENET Coordinator’s assigned responsibilities, and neither the UN JP Coordinator or the SAFENET Coordinator had M&E expertise. It was also a challenge that resources were not allocated by the MHMS to the SAFENET Coordinator to support travel to each of the agencies/organizations to collect the VAWG administrative data on a regular basis (preferred monthly data collection). The UN-SIG JP and UN Women would have benefited by contracting a national consultant with expertise in M&E who could have supported the MRE Specialist, the UN JP Coordinator, and the SAFENET Coordinator to ensure the M&E approach was properly and fully implemented over the three-year period of the project. A lot of responsibility was also placed upon the MWYCFA, UN-SIG JP members, and SAFENET Referral Network to collect information and data, and to complete self-report monitoring forms that would contributed information and data on a regular basis to the MRE process. The MWYCFA and SAFENET members needed capacity building and support from the UN JP Coordinator and the SAFENET Coordinator. Again, this is where the UN-SIG JP and UN Women would have benefited significantly from having a national consultant with expertise in M&E who could have worked with the MWYCFA and SAFENET members to build their capacities to collect administrative data related to VAWG, compile and review ministries’ annual workplans, to conduct pre- and post-training surveys, to conduct satisfaction surveys of VAWG survivors who sought VAWG services, and to carrying out self-monitoring activities that were needed to support the M&E approach. The MRE Specialist was responsible for conducting the baseline study during a 10-day mission trip to Honiara in May 2015, the midline assessment during a 6-day mission trip to Honiara in June 2016, and the endline assessment during a 13-day mission trip to Honiara in October 2017. Six-month and annual reports to the UNTF were drafted by the UN JP Coordinator and then finalized in cooperation with the MRE Specialist.  |
| **M&E Activity 3:** Workshops on JP data collection methods, plans and progress |
| Reporting period: Y3 Annual Progress Report  | Completed in 2015 at the time of the baseline, and in 2016 at the time of the midline assessment. |
| **M&E Activity 4:** Quarterly and annual report preparation |
| Reporting period: Y3 Annual Progress Report  | The six-month reports and annual reports were completed in 2015 and 2016, along with a baseline report in 2015 , midline assessment report in 2016, and endline report in 2017. |
| **M&E Activity 5:** Midline assessment of indicators and progress |
| Reporting period: Y3 Annual Progress Report  | The midline assessment of indicators and progress were completed in June 2016 and the midline report was completed in July 2016, inclusive of all data and analyses, which were incorporated into the six-month and annual progress reports for 2016 and this data and information has been incorporated into this results and activity report.  |
| **Audit Activity 1:** Conduct a final project audit |
| Reporting period: Y3 Annual Progress Report  | N/A |

1. These figures come from monthly data reported by the three VAWG service providers (i.e., Christian Care Centre, Family Support Centre, and Seif Ples); however, Seif Ples data are missing for January to September 2017. [↑](#footnote-ref-1)
2. There was high turnover in the position of UN Women UN JP Coordinator from 2015 to 2017, as the position and/or responsibilities for the position were filled on a temporary basis by four different individuals, including two international volunteers, one national consultant, and in the end one national staff person. [↑](#footnote-ref-2)