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# **Preliminary Evaluation of Femili PNG's Goroka Case Management Outpost**

*February 2021 to January 2022*



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## Acronyms

ANCP – Australian NGO Cooperation Program

CIMC – Consultative Implementation and Monitoring Council

CMC – Case Management Centre

CPO – Child Protection Officer

CSO – Civil Society Organisation

EHFV – Eastern Highlands Family Voice

EHP – Eastern Highlands Province

EMC – Femili PNG’s Executive Management Committee

FSC – Family Support Centre

FSV – Family and Sexual Violence

FSVAC – Family and Sexual Violence Action Committee

FSVU – Family and Sexual Violence Unit

GBV – Gender-based Violence

ICRAF – Individual and Community Rights Advocacy Forum

IPO – Interim Protection Order

IPV – Intimate Partner Violence

KUSWA – Kafe Urban Settlers Women’s Association

NGO – Non-Government Organisation

PNG – Papua New Guinea

PO – Protection Order

SARV – Sorcery Accusation-Related Violence

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# 1. Executive Summary

## 1.1 Context

Femili PNG opened its Goroka Case Management Outpost (the Outpost) in February 2021. The Outpost represented a new way of working for Femili PNG; instead of large case management centres (CMCs) such as those in Lae and Port Moresby, the Outpost comprises two caseworkers and an information/administration officer and is co-located with the Eastern Highlands Province (EHP) Community Development Office.

The Outpost was initially established with the support of the EU-UN Spotlight Initiative (UN Women) and funded through this mechanism until 31 May 2022. Friends of Femili PNG, Femili PNG's Australian support organisation, was successful in obtaining base accreditation under the Australian NGO Cooperation Program (ANCP) in 2021 and is using this funding to support the continued operations of the Outpost.

The vision of Femili PNG is to provide effective client services and foster strong partnerships to address family and sexual violence in Papua New Guinea (PNG). Linked to this vision, the high-level project outcome for the Outpost is that:

- Services are available, accessible, acceptable, and of quality for survivors of FSV and gender-based violence.

Sub-outcomes include:

- Effective case management services are available to women and girls experiencing FSV
- Improved FSV referral and response systems established.

Through the Outpost, Femili PNG provides case management services to survivors of family and sexual violence (FSV) and sorcery accusation-related violence (SARV). This case management involves assisting survivors to access the services that they need, such as law and justice interventions, safe emergency accommodation, medical services, repatriation and/or business start-up kits, to name a few. Femili PNG takes a client-centred approach to case management – caseworkers work with survivors to empower them to make their own decisions about their cases and the outcomes they wish to achieve.

Femili PNG also seeks to support the strengthening of the referral pathway for survivors of violence in Goroka. This includes undertaking coordination activities, partner resourcing, and training. It is Femili PNG's approach to tackle the problems of FSV and SARV on many levels, through direct case management, systems strengthening, building capacity, and advocacy and awareness-raising.

With the conclusion of the first phase of the EU-UN Spotlight Initiative and the direction established in its first year of operations, it has been timely to conduct a preliminary evaluation of the Outpost. The purpose of this Evaluation is to:

- Review Femili PNG's services provided to survivors in Goroka and assess their impact
- Evaluate the relevance and effectiveness of Femili PNG's work with partners and core service providers in Goroka
- Observe and consider any lessons learned / strengths in Femili PNG's Goroka operations
- Provide recommendations for the future of the Outpost.

## 1.2 Key findings

Femili PNG's first year of Outpost operations in Goroka has been a promising start, and the organisation appears to have been largely welcomed by partners and service providers on the FSV referral pathway in Goroka. While there have been challenges, there have been concerted efforts by Femili PNG to operate within and strengthen the referral pathway, as well as to improve the services it is able to offer survivors of FSV and SARV.

Below is the summary of findings and outcomes on **the services that Femili PNG's Goroka Outpost has provided to survivors of violence:**

- In its first year of operations, the Goroka Outpost provided services to 98 clients, an average of eight clients per month, which is above its target. These services were provided through 862 follow-up consultations by Femili PNG, an average of just under 72 consultations per month. This is a solid achievement in assisting clients despite the devastating impacts of COVID-19 in Goroka and EHP. This assistance included:
  - 32 interim protection orders (IPOs) and three longer-term protection orders (POs) issued
  - 11 individuals supported in safe emergency accommodation
  - Four cases filed with the police and investigated
  - Three clients repatriated or reintegrated with family or into their home villages
  - Two business start-up kits provided.
- The quality and impact of these interventions on survivors was unable to be ascertained in this period due to the challenges in carrying out client satisfaction surveys. However, reports and interviews with service providers and staff included client stories which recounted successful interventions that improved the lives of some survivors. Client surveying will assist Femili PNG to better understand the quality and impact of services in the future.
- There were higher numbers of male clients than Femili PNG's other CMCs. While the data indicates that this is because of intimate partner violence (IPV), the caseworkers think that most male clients have been subject to SARV.
- There is a lower rate of people living with disability seeking assistance than in the other Femili PNG CMCs at 1% of the total Goroka client base.
- Outpost caseworkers have manageable caseloads which helps to improve quality of outcomes. They have been particularly effective in closing cases.
- The number of child abuse cases are low at 2% (or 2 cases) of total clients. There are not many child survivors presenting or being referred to the Outpost for assistance. On the other hand, there are very high numbers of SARV cases at 16% of client base. These cases were very complex requiring an average of 25 consultations each.
- Police have provided the highest number of referrals to the Outpost at 47% of total referrals, followed by walk-ins at 28% and Welfare at 9%. This is evidence of good relations with these service providers and reflect the Outpost's location close to these partners. Areas where referrals could be encouraged include online and through social media, from businesses and the Family Support Centre (FSC).
- Most clients want IPOs or POs at 85% and 62% of short- and long-term client goals respectively. The Outpost has been successful in assisting clients to obtain these IPOs/POs, however staff and management have voiced concerns that clients are not seeking a range of other interventions.
- According to the data, only 49 referrals were made by Outpost caseworkers to other service providers, of which 45 were to the Court. This is a very low number of referrals for 98 clients and likely does not reflect the actual number of referrals made. It would be worthwhile to check the process of referrals at the Outpost and how referral data is recorded.

Below is the summary of findings and recommendations in terms of the **effectiveness of Femili PNG's work with service providers and the strengthening of the referral pathway:**

- Femili PNG initially faced some challenges in establishing the Outpost as part of the referral pathway but has largely been welcomed by service providers and partners as a valuable addition to services

for survivors in EHP. Service providers and partners particularly valued Femili PNG's assistance in complex cases, partner resourcing, sharing of data through stakeholder meetings, and capacity building in case management.

- Challenges have included service providers' lack of funding and resources, the complexity of cases such as those involving SARV or child survivors, general unfamiliarity with the work of Femili PNG, and a perception that there is a duplication of services.
- While the dedicated workers and volunteers within the referral pathway are well-connected on an individual level, systemic issues or lack of resourcing lets these service providers down. Many service providers gave examples of where survivors had been referred to services but had either not accessed these services or had tried to access the services and given up.
- Many of the government service providers reported needing additional staff or resources to be able to better provide services to survivors of violence. Being able to obtain and maintain funding was raised as an issue for some non-government partners, especially the smaller civil society or volunteer-run organisations working on the referral pathway.
- SARV and child abuse are challenging for most service providers on the referral pathway. Many indicated that SARV is on the rise and the survivors require multiple and complex interventions. Partners working together to galvanise and pool resources seems to be a way forward to assist with complicated SARV cases and rapid response interventions; hopefully additional government funding will help. Many child abuse cases are not reported, nor law and justice interventions sought, which is to the detriment of the child survivor.
- Femili PNG could consider collaborating further with the Welfare Child Protection Officer (CPO) and Community Development on advocacy to improve services to child abuse survivors, practical ways of managing child cases, and awareness-raising about child safety and child rights, noting the challenges for child survivors that exist across PNG.
- Service providers and partners are becoming more familiar with Femili PNG's case management services and work in strengthening the referral pathway. There is some crossover in the work of Femili PNG with other NGOs in the sector such as Kafe Urban Settlers Women's Association (KUSWA), Oxfam and Eastern Highlands Family Voice (EHFV), although most partners and service providers see having multiple NGOs operating in this space as beneficial to survivors. Increased coordination between NGOs would ensure that they do not work at cross-purposes and there are better outcomes for survivors.
- Increased coordination, through regular case conferencing and meetings between core service providers, is effective in strengthening the referral pathway. Case conferencing is a valuable part of case management as it allows for service providers to work together to assist survivors in a coordinated fashion. It is particularly helpful for complex cases, and acts as an accountability mechanism. Core stakeholders' meetings provide an opportunity to present client data and outcomes, and for service providers to discuss issues.
- Partner resourcing is a highly valued by service providers and contributes towards real outcomes for survivors of violence. There are risks associated with this, such as possible relationship issues when Femili PNG cannot meet all requests and how partners are held to account when resources are provided but services are not delivered. However, these risks are mitigated in practice through the processes in place around partner resourcing. It is also acknowledged that partner resourcing is not provided so that service providers specifically support Femili PNG clients, but rather to strengthen the FSV referral pathway as a whole.



- Outreach and awareness-raising was considered key to strengthening the referral pathway. More people will seek assistance as they become aware of the laws, their rights and the available services. Partners are already conducting (or have conducted) community training and awareness, such as Community Development with child protection in schools and KUSWA with the Communicating the Law Toolkit. Care should be taken so as not to duplicate these activities, and to coordinate, where possible.
- Capability building and mentoring in Femili PNG's areas of expertise, such as case management and trauma-informed care, is highly valued by service providers in EHP. Capacity could also be strengthened through increasing case discussions, case conferencing and stakeholder meetings.

Below is the summary of findings in relation to the **management and operations of Femili PNG's Goroka Outpost**:

- In the evaluation period, the Outpost has been managed through a combination of strategic leadership by the Femili PNG CEO and Executive Management Committee (EMC), and operational management by the Spotlight Manager. The conclusion of the EU-UN Spotlight Initiative in May 2022 and the ending of the Spotlight Manager position will leave a gap in operational management of the Outpost.
- The Outpost is staffed by three dedicated Femili PNG team members – two experienced caseworkers and an Information and Administration Officer. Given the small size of the Outpost, all staff members multi-task and express feeling a high degree of accountability for their work. The staff have identified some training needs, especially in the areas of IT and financial management.
- The Spotlight Manager was responsible for the external reporting for the Outpost as well as adapting Femili PNG organisational policies for Goroka. The two caseworkers were already familiar with Femili PNG's policies and the Information and Administration Officer was familiarised with some key policies on induction. However, going forward there may be challenges with the Outpost staff contributing to policy development, keeping up to date with policy revisions, and undertaking annual refresher training on key policies. This will need to be actively monitored, with the HR Manager including the Outpost staff in training and policy review activities.
- The partnership with Community Development and the location of the Outpost are of benefit to Femili PNG, but the co-location does have some challenges. Space is an issue, and Femili PNG staff are sometimes seen as de facto Welfare staff which results in the referral of cases that do not fit within Femili PNG's target group. However, it results in reduced rental costs for the Outpost, and it is a central location nearby to most service providers. Most importantly, the partnership signals the close relationship between Femili PNG and the Community Development Office and highlights Community Development's active commitment to combatting gender-based violence (GBV) in EHP.
- Management oversight and assistance will need to be provided in the following areas: reporting to the Board and funding bodies, partner resourcing, high-level relationship management, HR management, planning and budgeting, risk management, casework supervision and facilitating core stakeholders' meetings.
- While the Outpost does not have the same level of security threats as the Lae and Port Moresby CMCs, there are some security concerns about the access to the office, security of staff working alone, and transportation of high-risk survivors.
- A few capacity constraints of the Goroka Outpost were identified, including the need for improved internet connection with other Femili PNG offices, and training in areas such as IT, finances and disability inclusion. Increased casework supervision would be welcomed. All Outpost staff will need annual refresher training in key Femili PNG policies.

## 1.2 Recommendations

The following recommendations, based on the findings outlined above, are presented for Femili PNG consideration.

### *Case management and strengthening the referral pathway:*

1. Femili PNG could further promote the Goroka Outpost's case management services to build client numbers. This promotion could include increased communications through social media and reaching out to businesses in Goroka and EHP.
2. Disability inclusion at the Outpost could also be increased. This includes examining how clients with a disability are identified so that Femili PNG can better meet their needs as well as developing relationships with local Disabled Peoples Organisations and the Community Development Disability Office.
3. Client data accuracy should be checked to ascertain whether improvements in client data collection need to be made, especially in relation to tracking child cases, referrals to service providers and tracking outcomes for survivors.
4. Femili PNG could further discuss with the Welfare CPO and Community Development Office ways to encourage child abuse survivors to seek assistance, either through greater promotion of case management services for children, awareness-raising, and advocacy activities to improve services and access for children.
5. The impact of increased numbers of SARV clients on the Outpost caseloads should be monitored, given the effort and complexity of these cases. More advocacy and lobbying is also needed at the national level to obtain action on sorcery violence.
6. A client satisfaction survey process should be implemented where 20-30 former clients are surveyed annually to better measure Femili PNG's quality of services and impact on individual clients.
7. To better coordinate efforts, Femili PNG could consider establishing quarterly or six-monthly meetings specifically for NGOs working in the sector in EHP as a way of staying up to date with each other's work and collaborating where possible.
8. Femili PNG could continue to support the referral pathway by strengthening communication between service providers and partner resourcing. Femili PNG could commit to increasing case conferencing and facilitating (or supporting the Family and Sexual Violence Action Committee to facilitate) six-monthly core stakeholders' meetings.
9. Femili PNG could provide professional development opportunities to service providers and partners such as more training in case management and trauma-informed care, professional placements, or visits.

### *Management and Operations of the Outpost:*

10. Femili PNG to consider how to fill the Outpost's gaps in operational management. If employing an on-site manager is not possible due to budget and office accommodation constraints, consideration could be given to having additional support provided by Femili PNG's CEO and national positions.
11. Femili PNG management could conduct an in-depth analysis of the security risks and mitigation of the Outpost, amend the Security Manual accordingly and undertake training with Outpost staff on the revised security protocols.

12. Femili PNG could consider seeking donation of a suitable vehicle to transport high-risk survivors in Goroka and EHP.
13. Training for Outpost staff needs to be undertaken in IT, finances, disability inclusion and key Femili PNG policies such as anti-fraud and anti-corruption, child protection and prevention of sexual exploitation, abuse and harassment. Friends of Femili PNG could assist Femili PNG to deliver this training if required.
14. Femili PNG could explore options for increasing the office space of the Outpost through discussion with Community Development. One option could be to construct an additional building next to the existing Outpost.

## 2. Introduction

FSV poses a significant development challenge to PNG, disproportionately affecting women and girls, with many survivors of FSV unable to access the necessary services to break the cycle of violence. Integrated case management and taking a survivor-centred approach allows women and girls who are subject to violence to access services according to their needs.

Femili PNG has been providing case management services to survivors of FSV and SARV in PNG since 2014, after opening its Lae CMC. Femili PNG became operating partner in the Bel isi PNG Initiative, opening a CMC and safe house in Port Moresby in 2018. Femili PNG's Goroka Case Management Outpost opened in February 2021 with initial funding under the EU-UN Spotlight Initiative.

### 2.1 Femili PNG's Goroka Outpost and integrated case management approach

In February 2022, Femili PNG's Goroka Outpost will have been open for a year. Through its Outpost, Femili PNG delivers case management services to survivors of FSV and aims to improve FSV responses in the Highlands. Femili PNG caseworkers work with survivors to meet their immediate needs (such as medical care, safe accommodation) and achieve longer-term solutions (such as legal recourse, repatriation, and economic empowerment). Survivors are empowered to make decisions relating to their own well-being and safety, with the caseworkers assisting them and advocating for their rights within the system. In practice, caseworkers work with survivors to determine their short-term and long-term goals - whether it be transfer to safe accommodation, assistance filing a police report, taking out protection orders, seeking a child welfare intervention – and then assist them to achieve them through a series of follow-up consultations, both with the client and the relevant service provider.

Femili PNG takes a coordinated approach to strengthening FSV services in PNG. Femili PNG builds the capacity of FSV service providers through training, in-kind resourcing, facilitating case conferences and other case management assistance. It also undertakes training and public outreach on FSV and child protection at communities, health centres, schools, and businesses.

#### 2.1.1 Background to the Outpost

Femili PNG's Goroka Outpost was established in early 2021 as a low-cost option for providing case management services to survivors of FSV, instead of the larger CMCs such as those operated by Femili PNG in Lae and Port Moresby. The Outpost was established to allow Femili PNG to assist survivors from Highlands provinces without them having to travel to Lae. It also aims to assist the Lae and Port Moresby CMCs with repatriation of clients to the Highlands and to make follow-up checks on their well-being.

In 2019, the Outpost project concept was approved by the Femili PNG Board, after an initial scoping visit by the Femili PNG CEO and discussions with the EHP Community Development Office. In 2020, a full design process was undertaken as part of the broader EU-UN Spotlight Initiative, with an appraisal completed, and the project assessed and funded by UN Women.

From December 2020 – March 2021, the premises for the Outpost was established, co-located with the Community Development Office. Two caseworkers and an Information/Administration Officer were recruited. The Outpost began seeing clients in February 2021.

In the first half of 2021, Femili PNG’s Australian support organisation, Friends of Femili PNG, was successful in being accredited at base level under the ANCP. In 2021-22, Friends of Femili PNG allocated its ANCP funding to support the Outpost, alongside the remaining funding from UN Women under the EU-UN Spotlight Initiative. The Spotlight Initiative funding for the Outpost concluded on 31 May 2022. From 2022-23 onwards, the Outpost will be fully funded by the ANCP and Friends of Femili PNG.

### 2.1.2 Proposed outcomes of the Outpost

The vision of Femili PNG is to provide effective client services and foster strong partnerships to address FSV in Papua New Guinea.

Linked to this vision, the high-level project outcome for the Goroka Outpost is:

- Services are available, accessible, acceptable, and of quality for survivors of FSV and gender-based violence.

Sub-outcomes include:

- Effective case management services are available to women and girls experiencing FSV
- Improved FSV referral and response systems established.

A simplified version of the Outpost’s program logic is below and overleaf at Table 1.

**Table 1 – Femili PNG’s Goroka Outpost Simple Logic**

<b>High-level project outcome: Services are available, accessible, acceptable, and of quality for survivors of FSV and gender-based violence.</b>		
<b>Sub-outcome 1. Effective case management services are available to women and girls experiencing FSV</b>		
<b>Theory of change</b>	<b>Activities/outputs</b>	<b>Measured by</b>
Case management will provide survivors with crisis- and advocacy-based counselling focused on the provision of information they currently lack, and link individuals to different service providers based on their needs. Empowering individuals and providing information should lead to greater usage of available services currently in place. By tracking individuals over time, case management will also provide the essential data base which will lead to more systemic change. Case management will allow survivors of FSV to access services they need, be it medical, justice, protection, accommodation or relocation, and empower them to make informed decisions for their future.	<ul style="list-style-type: none"> <li>• Two caseworkers providing case management services to survivors of FSV to assist them to access the services they need.</li> <li>• Survivors are interviewed to seek feedback on their satisfaction with Femili PNG and service providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Case management services provided to at least 84 clients (7 per month) (disaggregated by gender, age, disability and cause of complaint)</li> <li>• Outcomes achieved by survivors of family and sexual violence – safe accommodation, medical assistance, law and justice interventions, repatriation (disaggregated by gender, age and disability)</li> <li>• Client satisfaction rating at 80% or above for survivors accessing case management.</li> </ul> <p style="text-align: right;"><i>(cont’d overleaf)</i></p>

**Table 1 – Femili PNG’s Goroka Outpost Simple Logic (cont’d)**

<b>High-level project outcome: Services are available, accessible, acceptable, and of quality for survivors of FSV and gender-based violence.</b>		
<b>Sub-outcome 2. Improved FSV referral and response systems established</b>		
<b>Theory of change</b>	<b>Activities/outputs</b>	<b>Measured by</b>
<p>Strong partnerships and sector-wide coordination, training and resourcing will improve functioning of each service provider and therefore the system as a whole. Providing training and resources to partners will increase the sense of accountability –if partners are given training and resources they are more likely to provide quality services. The system will also be strengthened by encouraging recalcitrant and non-performing parts of the system to identify their needs and by providing training and additional resources to those parts which are working well, or which have the potential to work well. The mix of systematic support along with encouraging accountability will bring about change and make the public, private and NGO sector providers more responsive and effective.</p>	<ul style="list-style-type: none"> <li>• FSV training and in-kind resources delivered to FSV service partners according to their needs and determined through consultation.</li> <li>• Caseworkers facilitating regular case conferences with service providers to coordinate best outcomes for clients, and involvement in provincial core service providers meetings to discuss issues relating to FSV.</li> <li>• Evaluation in early 2022 to determine the impact of Femili PNG’s work on service providers in EHP.</li> </ul>	<ul style="list-style-type: none"> <li>• Resourcing and/or capacity development provided to at least 5 FSV service providers.</li> <li>• At least 2 core service providers meetings held/attended.</li> <li>• At least 2 case conferences with service providers held.</li> <li>• A useful Evaluation which assists in future planning for the Goroka Outpost and interactions with service providers.</li> </ul>

## 2.2 About this Evaluation

It was timely to conduct a preliminary Evaluation in early 2022. The Outpost was operating on a trial basis for its first year and represented a new geographical location for Femili PNG’s operations. The aim of this Evaluation was to identify what worked well, and what could be improved. A key component of this Evaluation was also to examine the Outpost’s work with partners and whether Femili PNG’s operations are benefitting service providers. The Evaluation aims to assist Femili PNG to better understand the Goroka Outpost’s effectiveness in respect of the strategic priorities, vision and mission.

The Evaluation was conducted by Fiona Gunn, CEO of Friends of Femili PNG, with the assistance of members of the Femili PNG and Friends of Femili PNG teams. Jonica Jay and Femi Roy of Femili PNG organised Evaluation visit and interview logistics. Andrew Howes, Friends of Femili PNG’s Information Systems Officer, assisted with data reporting. Delvin Yamasombi, Femili PNG’s Spotlight Manager, provided documentation and reports as part of the desk review. Thanks to Femili PNG’s CEO and members of the EMC for their input including discussing findings and recommendations.

### 2.2.1 Scope of the Evaluation

The scope of this Evaluation was limited to Femili PNG’s Outpost operations from 1 February 2021 – 31 January 2022 and considered the following areas of enquiry:

1. Services provided to FSV survivors and outcomes achieved.
2. Femili PNG’s collaboration with service providers and strengthening of the referral pathway.
3. Operational effectiveness and management of the Outpost.

### 2.2.2 Objectives

The objectives of the Evaluation were to:

- Review Femili PNG's services provided to survivors in Goroka and assess their impact
- Evaluate the relevance and effectiveness of Femili PNG's work with partners and core service providers in Goroka
- Observe and consider any lessons learned / strengths in Femili PNG's Goroka operations
- Provide recommendations for the future of the Outpost.

### 2.2.3 Methodology and approach

As the Evaluation considered many of the Outpost's operational areas and aimed to assist future planning, a mixed methods / participatory evaluation technique was the most appropriate methodology. The approach has allowed for various quantitative and qualitative inputs to be combined. This included:

- A desk review of past reporting, including donor reporting, training reports, meeting minutes, monitoring reports and any other relevant documentation
- Contextual review
- Analysis of de-identified Goroka Outpost client data
- Case studies of clients and other stakeholders
- Interviews with partners, service providers, staff and other relevant stakeholders.

A list of interviews conducted, and documents reviewed is at Annex A of the Report.

Throughout the Evaluation process, a participatory approach was also pursued with active involvement by Femili PNG staff and management during the evaluation process. This participatory approach was considered vital to contextualise the evaluation analysis and ensure recommendations are useful. Areas of participation by Femili PNG's staff and management have included:

- Analysis and interpretation of client data
- Providing past reporting and internal documentation for the desk review
- Taking part in interviews and discussions, including validation of findings
- Helping to shape the Evaluation findings and recommendations
- Responding to Evaluation recommendations.

### 2.2.4 Structure of the Evaluation Report

This Preliminary Evaluation report is organised around the three areas of enquiry:

- Section 3: Services provided to FSV survivors and outcomes
- Section 4: Collaboration with service providers and strengthening of the referral pathway
- Section 5: Operations effectiveness and management of Goroka Outpost

Each section will outline the evaluation questions considered, discussion under each area of enquiry, and provide a summary of the findings. Recommendations are outlined in Section 6.

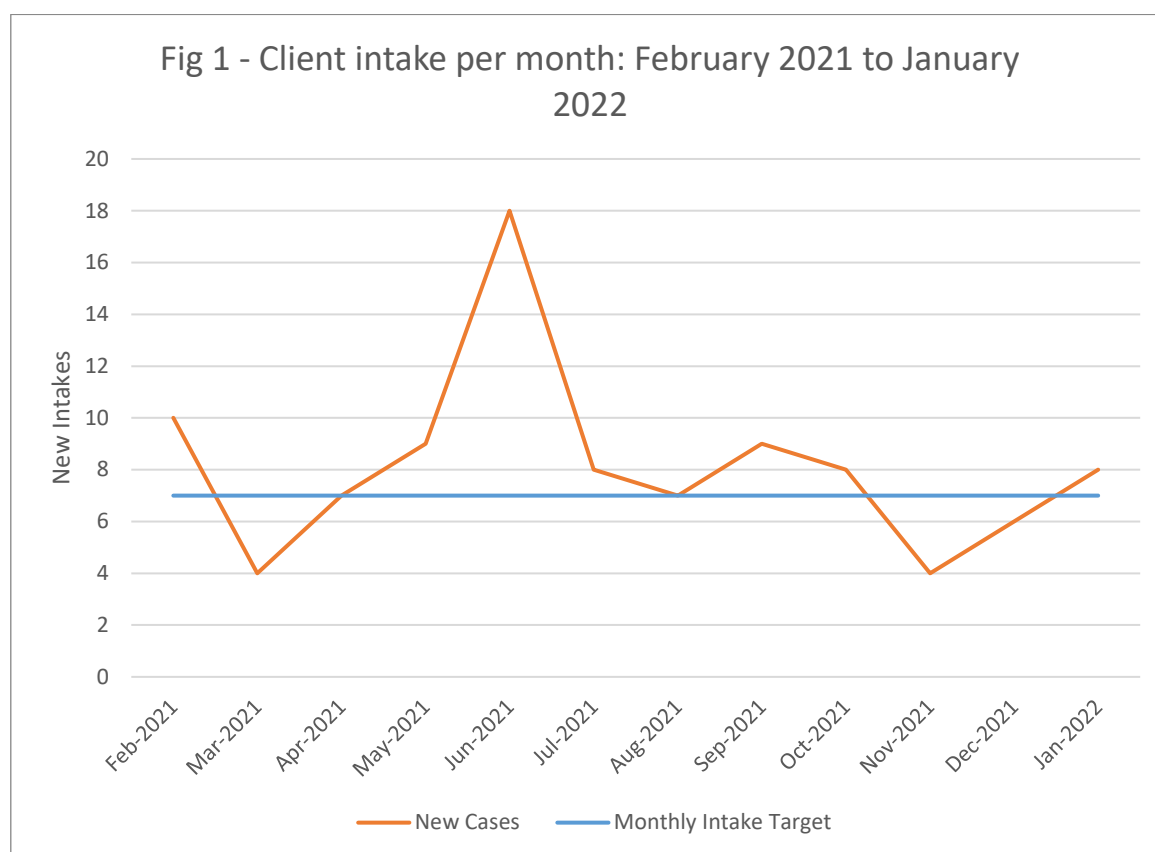
### 3. Services provided to FSV survivors and outcomes achieved

#### Evaluation Questions

- **How many clients and follow-up consultations in the evaluation period and what outcomes have been achieved for survivors?**
- **What has been the quality of these outcomes for survivors and their impacts?**
- **Have there been any trends in survivor profile, needs or outcomes that could assist future planning?**
- **What are the main challenges to case management service delivery in Goroka?**
- **Are there any recommendations for improvement of Femili PNG services in Goroka?**

#### 3.1 Outpost client numbers and profiles

The preliminary Evaluation of the Outpost covers the period from 1 February 2021 to 31 January 2022.<sup>1</sup> During that time, the Outpost had an intake of 98 new clients, an average of eight clients per month.



<sup>1</sup> Due to this Report covering only the first 12 months of the Outpost operations, it is noted that the client data used and analysed in this report is not necessarily indicative of longer-term trends. There may also be some inconsistencies in this data as data collection and reporting systems were being bedded in. However, the data is useful for a benchmarking and planning exercise.

**Table 2 - New and reopened cases: February 2021 to January 2022**

	<b>Total Cases</b>
Feb-2021	10
Mar-2021	4
Apr-2021	7
May-2021	9
Jun-2021	18
Jul-2021	8
Aug-2021	7
Sep-2021	9
Oct-2021	8
Nov-2021	4
Dec-2021	6
Jan-2022	8
<b>Total</b>	<b>98</b>

The highest number of new cases was in June 2021 with 18 new cases, with lowest case numbers in March 2021 and November 2021. From discussions with staff and service providers, the initial high numbers of clients in February were due to Femili PNG caseworkers working with partners to assist clients whose cases had been pending. Some of these included long-staying safe house clients. The subsequent dip in March can be attributed to Femili PNG establishing its Outpost operations and building awareness of its work.

For the spike of cases in June, the majority were intimate partner violence (IPV) (16 out of 18 cases) and two were SARV. Seven of the IPV cases in June were referred by police.

The rate of intake dropped considerably in November and December 2021. Caseworkers and service providers have recounted the devastating effects of the Delta variant of COVID-19 on EHP and Goroka town which killed many people and took an enormous toll on communities. Lockdowns were put in place, which restricted movements and gatherings.

While the Outpost stayed open throughout the COVID-19 crisis, public health measures meant that working hours were restricted to between 9am and 2pm. With curfews in place, many service providers shut their doors, limiting the number of follow-up consultations and referrals that could occur during this period.

According to many interviewed, it was difficult for survivors of FSV and SARV to access services during this time, as their movements were restricted, and public transportation was not available. Due to loss of livelihoods, particularly in the informal market sector, many survivors did not have any income, and could not afford the cost of phone calls or transportation to seek help.

While intake numbers increased in January 2022, the long-term effects of the COVID-19 and lockdown continued to be felt into 2022.<sup>2</sup>

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<sup>2</sup> Goroka Outpost numbers continued to fluctuate in the first half of 2022, with numbers well below target in February 2022 at only three new clients. Many interviewed reported an economic downturn and widespread loss of livelihoods. Some service providers also reported an increase in SARV because of COVID-19, with people being blamed by the sudden deaths of community members.



**Table 3 - New cases: February 2021 to January 2022**

	Female Adult	Female Child	Male Adult	Male Child	Total
Feb-2021	7	1	2	0	10
Mar-2021	4	0	0	0	4
Apr-2021	7	0	0	0	7
May-2021	9	0	0	0	9
Jun-2021	15	1	1	1	18
Jul-2021	7	0	1	0	8
Aug-2021	6	0	1	0	7
Sep-2021	7	0	2	0	9
Oct-2021	4	1	3	0	8
Nov-2021	4	0	0	0	4
Dec-2021	5	0	1	0	6
Jan-2022	8	0	0	0	8
<b>Total</b>	<b>83</b>	<b>3</b>	<b>11</b>	<b>1</b>	<b>98</b>

Out of the 98 new clients, 83 were female adults (85%), 3 were female children (4%), 11 were male adults (11%), and one was a male child (1%). This is a very high rate of male adult clients compared to the numbers of male clients at Femili PNG's Lae and Port Moresby CMCs.

Further analysis of the data shows that the main cause of complaint for male clients was IPV (6 out of 11 clients) and five male adult clients were SARV survivors. One male IPV client's case was closed as Femili PNG could no longer act for him when they became aware that he assaulted his wife. However, discussions with caseworkers contradicted this data – they maintained that most male clients were victims of SARV, so it is possible that there were errors in entering or collecting data.<sup>3</sup>

### 3.1.1 Clients living with a disability

**Table 4 - Clients living with a disability: February 2021 to January 2022**

	Female Adult	Female Child	Male Adult	Male Child	Grand Total
Vision	1	0	0	0	1
Communicating	0	0	0	0	0
Self-care	0	0	0	0	0
Hearing	0	0	0	0	0
Walking	0	0	0	0	0
Other	0	0	0	0	0
Remembering	0	0	0	0	0
<b>Grand Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

Compared to locations in Lae and Port Moresby, there was also a lower rate of survivors with disability presenting at approximately 1% of total (one client). By way of comparison, the percentage of clients living with a disability presenting to Lae CMC is around 10-11% of total client intake. The caseworkers were not sure why there were not more survivors with disability presenting to Femili PNG for assistance. Clients presenting with a disability are identified by a short set of Washington Group questions<sup>4</sup> on Femili PNG's client intake form. It is worth checking whether survivors are being accurately identified and recorded so that Femili PNG can better meet their needs.

<sup>3</sup> See recommendations. While the Outpost data could be considered fairly reliable, it is possible that some data is not being captured or missed, such as selected outcomes for clients or clients living with disability. An audit of the data collection process, and work on a new case management system will assist with this.

<sup>4</sup> Washington Group of Disability Statistics: [Question Sets - The Washington Group on Disability Statistics \(washingtongroup-disability.com\)](http://www.washingtongroup-disability.com)

From interviews with service providers and the Community Development Office, there are people living with disability who may be experiencing FSV or SARV in EHP. Although the PNG Government signed the Convention on the Rights of Persons with Disabilities in 2011 and ratified it in 2013, national disability legislation is still to be finalised (although it is in progress).<sup>5</sup> However, the Eastern Highlands Provincial Administration has a Disability Policy and disability support is part of the work of the EHP Community Development Office.

Community Development’s Disability Office is located next door to the Outpost, and a new provincial Disability Officer, who is a graduate of Divine Word University, has been appointed. The Community Development Office also has a number of volunteers who work with people living with disabilities.

Other service providers spoke of other Disabled Peoples Organisations in EHP, including the Mt Sion Centre for the Blind located just outside Goroka. This centre is funded through CBM and takes a community-based approach to working with families. While Femili PNG caseworkers have not worked directly with Callan Services in Goroka, they are also aware of their operations and what they are able to offer in the way of assistance to survivors.

There is the potential for Femili PNG to develop deeper links between the offices and NGOs. Given that women and girls living with disability have a higher risk of experiencing violence and are less able to access services for assistance,<sup>6</sup> it would be beneficial to promote Femili PNG’s case management services with these organisations.

### 3.1.2 Caseloads

**Table 5 - Goroka Outpost caseload: February 2021 to January 2022**

	New cases	Reopened cases	Cases closed during month	Open cases at end of month
Feb-2021	10	0	0	10
Mar-2021	4	0	0	14
Apr-2021	7	0	0	21
May-2021	9	0	0	30
Jun-2021	18	0	2	46
Jul-2021	8	0	4	50
Aug-2021	7	0	7	50
Sep-2021	9	0	7	52
Oct-2021	8	0	6	54
Nov-2021	4	0	19	39
Dec-2021	6	0	14	31
Jan-2022	8	0	5	34
<b>Total</b>	<b>98</b>	<b>0</b>	<b>64</b>	<b>34</b>

The Goroka caseworkers managed to close 64 out of 98 cases in the reporting period. This is a very high rate of case closure compared with Femili PNG’s other CMCs. The Goroka caseworkers are vigilant about closing the cases on an ongoing basis where the plan has been achieved, clients change their mind, or they have lost contact. Where cases are closed due to clients achieving their plans or changing their minds, the caseworkers stress to clients that they can come back at any time and reopen their cases.

<sup>5</sup> CBM have been advising the PNG Government on disability legislation and it was making its way through the parliamentary process in 2021. See [Improving the Lives of People With Disabilities Through Influencing the Legal Framework in Papua New Guinea | CBM Australia](#)

<sup>6</sup> 1800Respect, “Violence against people with a disability”, <https://www.1800respect.org.au/inclusive-practice/supporting-people-with-disability>, accessed 23 May 2022

**Table 6 - Case Load Since Commencement**

	2020-21	2021-22
New cases	48	50
Closed cases	2	62
Active cases at end of period	46	34

As a result, the caseloads of the Goroka caseworkers are kept at a manageable level. The manageable caseload allows caseworkers to spend more time with the clients, understand their needs, and make them feel comfortable and supported.

### 3.1.3 Cause of complaint

The main cause of complaint in the first year of Outpost operations was IPV at 81%. This is consistent with Femili PNG's other CMCs; as is the rate of sexual violence at 1%.

**Table 7 - Main referral reason: February 2021 to January 2022**

	No.	%
IPV	79	81%
SARV	16	16%
Child abuse	2	2%
Non-IP sexual violence	1	1%
<b>Total</b>	<b>98</b>	<b>100%</b>

However, the rate of clients presenting for child abuse is much lower than in Port Moresby and Lae, where it is usually around 10-12% of cases. Caseworkers observe that not many children are presenting to the Outpost for assistance, which is unusual given the Outpost's co-location with the Welfare CPO.

**Table 8 - Referral reason by demographic: February 2021 to January 2022**

Referral cause	Female Adult	Female Child	Male Adult	Male Child	Total cases
Child abuse	0	2	0	0	2
IPV	72	0	7	0	79
Non-IP sexual violence	1	0	0	0	1
SARV	10	1	4	1	16
<b>Total cases</b>	<b>83</b>	<b>3</b>	<b>11</b>	<b>1</b>	<b>98</b>

Two female child abuse cases were referred by Goroka police and the Lufa Meri Seif Haus. The lack of action on child abuse cases is acknowledged as a major problem by almost all of the service providers interviewed. Many service providers stated that most child abuse cases are settled by the parents and community through compensation. (See Section 4.1.4 for further discussion on the challenges associated with child abuse cases).

Out of the four child cases (which includes two child abuse and two SARV cases), three cases were closed due to lost contact. Only one case remained open beyond January 2022.

According to Femili PNG's data, there were many follow-up consultations conducted for the child cases but only one referral made to Goroka police. The Outpost caseworkers collaborate closely with the Welfare CPO and this was observed during the Evaluation visit. It is possible that the data does not reflect the full extent of the collaboration between caseworkers and Welfare CPO through the tracking of referrals.

**Table 9 - Follow ups and referrals of child cases: February 2021 to January 2022**

Gender and age	Follow ups	Referrals
Female Child	22	1
Male Child	3	0
<b>Total cases</b>	<b>25</b>	<b>1</b>

All service providers working within the child protection system face immense challenges with pervasive use of compensation as a means of settling child abuse cases in the community. Femili PNG could consider ways to encourage child abuse survivors to seek assistance, either through greater promotion of its case management services for children, awareness-raising (either on its own or with partners such as the Community Development Office), and advocacy activities to improve services and access for children.

**Table 10 – Sorcery accusation-related violence cases: February 2021 to January 2022**

	Female Adult	Female Child	Male Adult	Male Child	Total
Feb-2021	4	0	2	0	6
Mar-2021	0	0	0	0	0
Apr-2021	2	0	0	0	2
May-2021	0	0	0	0	0
Jun-2021	0	1	0	1	2
Jul-2021	0	0	0	0	0
Aug-2021	0	0	0	0	0
Sep-2021	0	0	0	0	0
Oct-2021	3	0	2	0	5
Nov-2021	0	0	0	0	0
Dec-2021	1	0	0	0	1
Jan-2022	0	0	0	0	0
<b>Total</b>	<b>10</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>16</b>

Unlike Femili PNG’s other CMCs, the Outpost has a very high rate of SARV cases at 16% of all cases where it is normally around 2% in Port Moresby and Lae.

Most SARV clients have come to the Outpost as either walk-ins (7 clients) or referred by police (7 clients). Two other clients were from the Meri Seif Haus. It is possible that a proportion of these cases were from other provinces; one interviewee noted that SARV cases from Chimbu are usually relocated to Goroka as there is no safe accommodation in the province.

From the client data, SARV mostly affected women and girls, with these making up 11 of the 16 intakes. The sorcery violence incidents seem to be scattered throughout the months, although the highest numbers are in February and October 2021. The February spike in SARV cases was due to Femili PNG caseworkers assisting long-staying SARV survivors who had been in the Meri Seif Haus with either re-integration back into their communities, repatriation and relocation.

Caseworkers and some service providers also reported higher levels of SARV during the COVID-19 outbreak as people were blamed for deaths. During this time there were several cases where Femili PNG assisted including one client who was removed to Kundiawa for urgent medical assistance. The spike in SARV cases in October 2021 correlates with the peak of the COVID-19 crisis in EHP.

**Table 11 - Follow ups and referrals of SARV cases: February 2021 to January 2022**

	Follow ups	Referrals
<b>Total</b>	400	4
<b>Average per case</b>	25	0.25

For the 16 SARV cases, 400 total follow-up consultations were held and four referrals were made. This is consistent with SARV cases being the most complex that Femili PNG deal with; yet also the hardest to seek action on.

**Table 12 - Current status and closure reason of SARV cases: February 2021 to January 2022**

Case status		Client changed mind	Lost contact	Plan achieved	Total cases
Closed		3	4	6	13
Open	3	0	0	0	3
<b>Total cases</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>16</b>

During the reporting period, three SARV cases remained open while 13 cases were closed. Cases were closed when the plan was achieved or when contact was lost, or client changed their mind.

The Outpost caseworkers and many service providers thought that instances of SARV had been increasing throughout the Highlands. The general belief in sorcery was observed to be very strong, and there has been increasing violence associated with this belief. Some stakeholders interviewed thought that this belief was being used to further personal jealousy, with allegations of sorcery being made when others were envious of someone's property and opportunities.

In terms of outcomes for SARV clients, Femili PNG has mostly facilitated repatriations, relocations or re-integrations into communities. As one example of a successful outcome, the Outpost caseworkers worked closely with KUSWA, Oxfam and the Meri Seif Haus to reintegrate two SARV survivors back into their communities. The survivors had been staying at the safe house for almost two years and have now been living peacefully back in their villages for over a year.

Where clients cannot be reintegrated into their communities or repatriated to be with family, the Outpost caseworkers have assisted SARV clients to relocate, such as to Goroka town, and provided business start-up kits to assist with their economic sustainability.

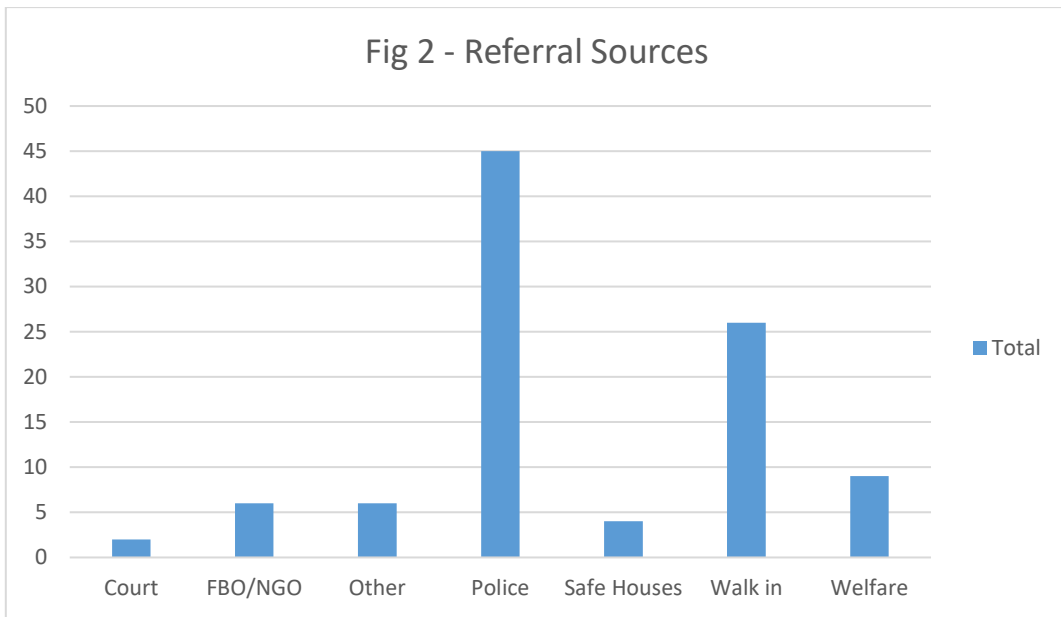
The caseworkers and service providers acknowledge a lack of prosecutions in SARV cases (although the District Court has recorded some). It was observed that some SARV cases are being considered at village court level as part of kastam when they should be heard in a criminal court.

KUSWA are working hard to combat SARV in the community and have achieved successes through their healing program supported by Oxfam. KUSWA's awareness and advocacy programs are well-established and they have a high level of community engagement. However, some of the advocates and field workers at KUSWA often feel threatened in their work, and at risk of violence themselves, especially when rescuing SARV victims.

Supporting SARV survivors is an area of great need, but also of great risk for Femili PNG. As a result of the lack of government engagement, there is limited support for SARV survivors, which means that NGOs like KUSWA, Oxfam and Femili PNG fill the gaps and take up the burden of the multiple and complex interventions needed by survivors. For further discussion of SARV and its impact on the referral pathway, see Section 4.1.3.

### 3.1.4 Referrals

The Outpost receives referrals of clients from a variety of sources in Goroka.



By far, the main source of referrals has been the police at 47% of all referrals, followed by walk-ins at 28%, and Welfare at 9%. These sources of referrals make sense given the Outpost’s location. It is at the back of the police station and caseworkers note that police will sometimes just walk around to the Outpost with survivors. The position of the Outpost within the Provincial Administration compound is beneficial as it is centrally located and a community hub. The co-location with Community Development and Welfare has also led to referrals.

**Table 13 - Main referral sources: February 2021 to January 2022**

	No.	%
Police	46	47%
Walk in	27	28%
Welfare	9	9%
FBO/NGO	6	6%
Other	4	4%
Safe Houses	4	4%
Court	2	2%
Social media	0	0%
Community leader	0	0%
Family	0	0%
Business	0	0%
Health	0	0%
<b>Total</b>	<b>98</b>	<b>100%</b>

*Note: Includes new cases only*

For the 46 clients that were police referrals, 24 were from the Family and Sexual Violence Unit (FSVU), 18 were from the Goroka police, three were from Kundiawa police and one from another police source. The two referrals from courts were both from the District Court.

Most safe accommodation referrals came from the Lufa Meri Seif Haus. Femili PNG had been working closely with community leaders in Lufa as part of its community committee activities.<sup>7</sup> Service providers also mentioned the work that EHFV had been doing with the Lufa Meri Seif Haus.

There were limited referrals from the Goroka Meri Seif Haus as it was closed for much of the period covered by this Evaluation. “Other” referral sources included Juvenile Justice and Lufa District Women. Of the six NGO referrals, five were from KUSWA and one was from a Human Rights Defender. The clients referred by KUSWA had complaints for physical and verbal abuse (IPV), and were provided with services including counselling, statement writing, family tracing and basic necessities while in safe accommodation.

A number of cases were referred early on from KUSWA but less after July 2021. This pattern of referrals from KUSWA has changed over the first year of operations – there were many referrals early on for assistance with complex and difficult SARV cases, but referrals then dropped off due to some confusion about where the two services sit in relation to each other.

Early in 2022, an all-day induction meeting was held between Femili PNG and KUSWA (for further details on unfamiliarity with Femili PNG’s work and perceived duplication of services, see Section 4.1.5). This meeting was to develop a deeper mutual understanding of each other’s activities and to explore ways of working together in the future, including assisting each other on case management.

There appear to be ‘gaps’ in referrals. These include via social media/online, from businesses and from health providers/FSC. Increased and specifically targeted social media promotion of Femili PNG’s work in Goroka, as well as promotion of the work of EHP partners and service providers, could contribute to more survivors reaching out to seek help.

The lack of referrals from the FSC needs further exploring; it may be that the client data collected does not fully reflect referrals. Referrals may be made to Welfare/CPO and are not being picked up in Femili PNG’s case management system. It could also be that the problems identified with child abuse cases have led to limited referrals. Regardless, Femili PNG could consider investing further efforts to increase referrals. There has been a recent strengthening of the relationship between the FSC and Femili PNG, and Femili PNG is aiming to be more proactive in its support, so it is hoped that there will be more referrals in the future.

Stakeholders and staff interviewed as part of this Evaluation identified businesses as another area where referrals could be increased. The Institute of Medical Research and University of Goroka were identified as major employers in Goroka town, and other local businesses could be identified and targeted. A public relations exercise (ie, identifying and developing contacts within businesses, providing marketing information about Femili PNG’s services, discussing opportunities for awareness-raising) would potentially be a useful and low resource-intensive way to increase referrals from businesses.

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<sup>7</sup> Under the EU-UN Spotlight Initiative, Femili PNG has been working in Lufa and Daulo Districts in SHP to assist the community to establish “FSV Committees”. These committees include community leaders and representatives who take responsibility for assisting survivors of FSV in their communities with training and support from Femili PNG.

### 3.1.5 Client goals and services provided

Femili PNG caseworkers work with clients to help them to determine their short- and long-term goals.

**Table 14 - Short-term client goals: February 2021 to January 2022**

	Objective	% of Clients
IPO	83	85%
Safe Accommodation	9	9%
Police	5	5%
Welfare	4	4%
Information	4	4%
Legal Advice	4	4%
Arrest	4	4%
Other	3	3%
PO	2	2%
Medical Care	2	2%
Counselling	1	1%

*Note: Clients can choose more than one short-term goal, includes repeat clients*

Consistent with Femili PNG's other CMCs, most clients seek an IPO at 85% of cases. All other goals are low in comparison to other CMCs.

Caseworkers thought that IPOs were a popular option as there was a view in the community that issuing an IPO, or a longer-term PO, would 'shock' the perpetrator into reform. Breaches of these orders have enforceable penalties and the judiciary in Goroka have been seen as successful in enforcing these breaches.

**Table 15 - Long-term client goals: February 2021 to January 2022**

	Objective	% of Clients
PO	61	62%
Separation	37	38%
Conciliation	16	16%
Arrest	13	13%
Repatriation	8	8%
Maintenance	7	7%
Other	2	2%
Compensation	1	1%
Counselling	0	0%

*Note: Clients can choose more than one long-term goal, includes repeat clients*

Consistent with other centres, most clients seek a PO at 62% of cases. Unlike the short-term goals, there is more of a spread of longer-term goals across a number of areas including separation, conciliation and arrest.

According to the caseworkers, the 'other' goals included in the short-term and long-term outcomes include mediation and village court outcomes.



**Table 16 - Services provided to clients at intake and during follow up consultation:  
February 2021 to January 2022**

	No. provided	No. Clients
Provision of Information	435	96
Basic Needs	205	76
Other	179	89
Family tracing	43	33
Transport	19	15
Counselling	14	14
Legal Advice	3	3
Purchase Drug / Treatment	1	1
<b>Total</b>	<b>899</b>	<b>98</b>

*Note: No. of clients received the respective service at least once during the period.*

Provision of information and basic needs are the most provided services to clients during intake and follow-ups, which is also consistent with Femili PNG's other CMCs. The type of information provided by the Goroka caseworkers depends on the issue that the client presents with as well as available services. Clients are presented with options and supported by caseworkers to make the choice that is best for them.

**Table 17 – Breakdown of services provided to clients at intake and during follow up consultation: February 2021 to January 2022**

	No. provided	No. Clients
<b>Provision of Information</b>	<b>435</b>	<b>96</b>
Info on available services	425	96
Info on consequences of rape	10	9
<b>Basic Needs</b>	<b>205</b>	<b>76</b>
Emergency food supplies	30	16
Food/refreshment	175	76
<b>Other</b>	<b>179</b>	<b>89</b>
Business start-up kit	2	2
Health records book	1	1
Other	1	1
Paid accommodation	3	2
Referral to service provider	4	4
Statement writing	168	89
<b>Family tracing</b>	<b>43</b>	<b>33</b>
Family tracing	43	33
<b>Transport</b>	<b>19</b>	<b>15</b>
Bus fare	7	7
Transport	12	10
<b>Counselling</b>	<b>14</b>	<b>14</b>
Counselling	14	14
<b>Legal Advice</b>	<b>3</b>	<b>3</b>
Legal advice / in-house lawyer	3	3
<b>Purchase Drug / Treatment</b>	<b>1</b>	<b>1</b>
Medical care / purchase of medicine	1	1
<b>Total</b>	<b>899</b>	<b>98</b>

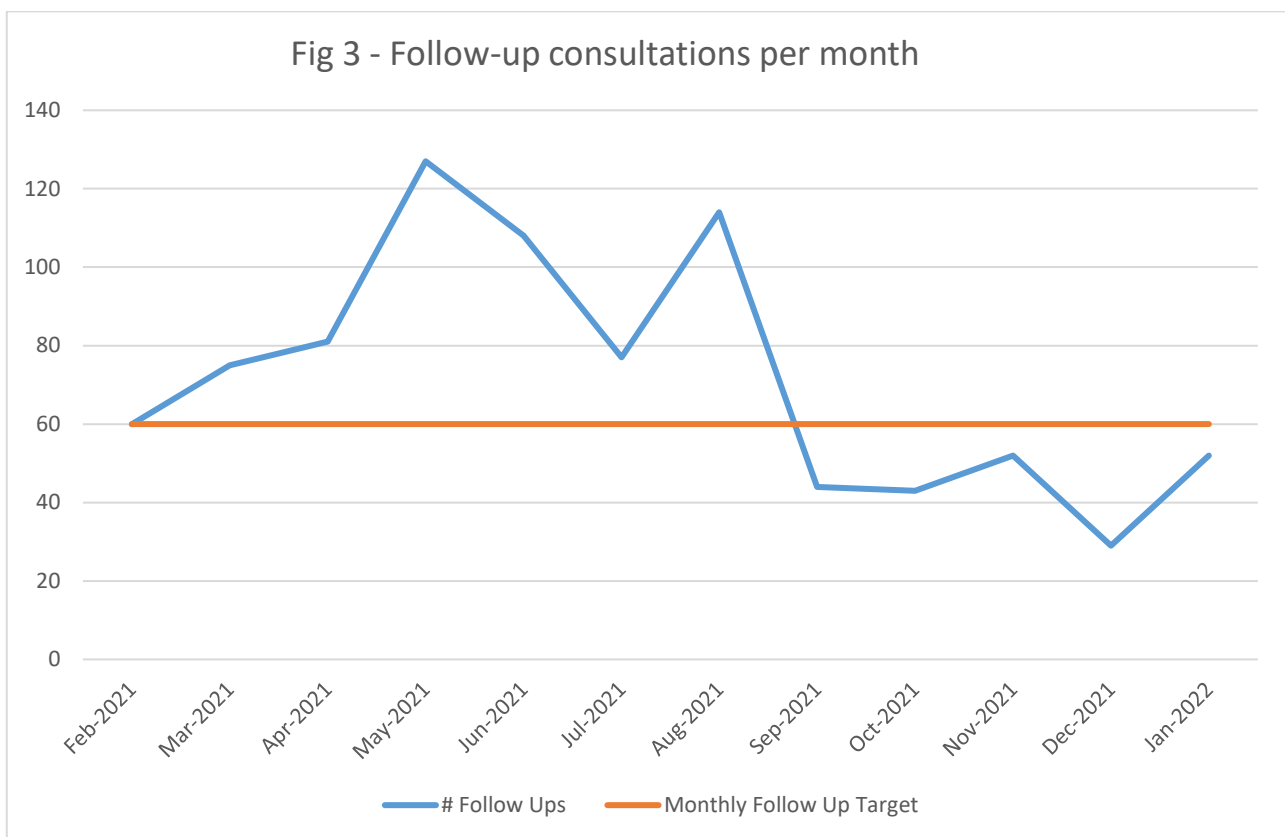
*Note: No. of clients shows the number of clients that received the respective service at least once during the period. Clients may receive more than one service during the period.*

From interviews with Femili PNG staff, services are provided to Femili PNG clients when they present at the Outpost or CMCs. Often when survivors arrive to seek services, they have limited resources at their disposal. The survivors may be at high risk of further extreme violence, subject to financial abuse, or suffering injuries from violence. Being supported with safe accommodation, basic needs, bus fare and medical attention is crucial to their recovery, care and protection. Such support also places survivors in a far better situation to make decisions about their future.

Family tracing is carried out in cases where survivors wish to resettle in their home villages or the villages of relatives. The caseworkers conduct family tracing if needed for repatriation purposes for their own clients. Business start-up kits are sometimes provided for the clients from Lae and Port Moresby who have been repatriated, relocated or re-integrated to the Highlands.

### 3.1.6 Follow-up consultations

The Outpost caseworkers conducted 862 follow-up consultations from February 2021 to January 2022, an average of just under 72 consultations per month.



The number of follow-up consultations increased substantially in the first half of the year but decreased from September to December 2021. This period coincides with the lockdowns, curfews and public health restrictions put in place in EHP to combat the COVID-19 outbreak. Many service providers shut their doors during this time, survivors were unable to access public transport or phone data to seek assistance, and loss of livelihoods restricted the movement of people. All these factors impeded the ability of caseworkers to follow up with clients and service providers.

**Table 18 - Breakdown of follow-up consultations per month: February 2021 to January 2022**

Number of follow ups	Female Adult	Female Child	Male Adult	Male Child	Grand Total
Feb-2021	39	1	20	0	60
Mar-2021	59	0	16	0	75
Apr-2021	70	0	11	0	81
May-2021	104	0	23	0	127
Jun-2021	83	3	19	3	108
Jul-2021	56	0	21	0	77
Aug-2021	85	0	29	0	114
Sep-2021	38	0	6	0	44
Oct-2021	22	5	16	0	43
Nov-2021	35	7	10	0	52
Dec-2021	20	5	4	0	29
Jan-2022	42	1	9	0	52
<b>Grand Total</b>	<b>653</b>	<b>22</b>	<b>184</b>	<b>3</b>	<b>862</b>

The highest number of follow-up consultations took place with female adult clients, followed by male adult clients. The high rate of follow-ups with female adult clients is consistent with Femili PNG's other CMCs. The low rate of follow-up consultations with child clients and high rate of follow-ups with male adult clients is inconsistent with other CMCs yet makes sense considering the client intake numbers

**Table 19 - Type of follow-up consultations: February 2021 to January 2022**

No. of Follow Ups	Female Adult	Female Child	Male Adult	Male Child	Total
With Client	461	5	80	0	546
With Service Provider	154	14	88	3	259
With Family	40	3	16	0	59
<b>Total</b>	<b>653</b>	<b>22</b>	<b>184</b>	<b>3</b>	<b>862</b>

Most follow-up consultations were with clients at a rate of 63% of all consultations. Follow-ups with service providers were at 30%. These percentages are also consistent with the Lae and Port Moresby CMCs. Caseworkers report that the follow-up consultations mostly occur with clients at the Outpost or visiting the service providers in Goroka with the clients. One issue raised during interviews is that sometimes clients will turn up for a consultation with the perpetrator. In those cases, they are referred directly to police or courts.

**Table 20 - Follow-ups with service providers per month: February 2021 to January 2022**

	No. of Follow Ups
Feb-2021	25
Mar-2021	41
Apr-2021	25
May-2021	35
Jun-2021	36
Jul-2021	38
Aug-2021	33
Sep-2021	1
Oct-2021	7
Nov-2021	11
Dec-2021	4
Jan-2022	3
<b>Total</b>	<b>259</b>

As a result of the COVID lockdown, many service providers closed their doors across September, October and part of November. Although the Outpost maintained operations during this time, it was challenging to be able to follow-up and advance client cases. Traditionally, many service providers close over the holiday season in December and January, also explaining the low rates of follow-ups in these months.

**Table 21 - Number of follow-ups per client: February 2021 to January 2022**

	No. Clients	% Clients
1	13	13%
2	8	8%
3 to 5	32	33%
6 to 10	23	24%
11 to 15	6	6%
16 to 20	5	5%
> 20	10	10%
<b>Total</b>	<b>97</b>	<b>100%</b>

*Note: Shows the number of total follow-ups clients have had for clients who were seen at least once during the period. Includes follow-ups from before current period.*

Over half of the Outpost clients had between 3-10 follow-up consultations, which is consistent with the percentages from the Lae and Port Moresby CMCs. Ten clients had more than 20 follow-ups, and of these 10 clients, one was referred for IPV and the remaining 9 were SARV cases. This reflects Femili PNG's observations that SARV cases are more complex and require multiple interventions and longer-term care.

**Table 22 - Clients referred to providers: February 2021 to January 2022**

	No. Clients
Court	45
Police	7
Welfare	4
Health facilities	1
<b>Total</b>	<b>49</b>

*Note: Clients can be referred to more than one provider*

During the Outpost's first year, 49 referrals were made to service providers. Most referrals were made to the District Court, which is consistent with the number of clients who are seeking IPOs / POs. After the Court, the next highest referrals are made to police, but this was much lower at only 7 referrals. Welfare and health facilities received four and one client referrals respectively.

There is a disparity between the number of referrals to court compared to other service providers. Similarly, it is unusual for there to be only 49 referrals for 98 clients. Further examination of this is warranted; it may be that there are issues with the recording of referrals, or it is a particular case management outcome that most clients wish for IPOs/POs and hardly any other services.

In addition to the referrals above, five referrals were also made to safe accommodation. The "other" category includes referrals to paid accommodation.

**Table 23 - Breakdown of safe accommodation referrals: February 2021 to January 2022**

People admitted	No. Clients				
	Female Adult	Female Child	Male Adult	Male Child	Grand Total
Other	2	1	0	0	3
Meri Safe House	2	0	0	0	2
<b>Grand Total</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>

Referrals were initially made to the Meri Seif Haus in February 2021, however after the safe house was closed, referrals were made instead to paid accommodation. Of the three individuals referred to paid accommodation, two were a female client and her child dependent. Three individuals referred to safe accommodation were as a result of IPV, two because of SARV.

**Table 24 - Breakdown of total number of people spending at least one night in a safe house: February 2021 to January 2022**

	Female Adult	Female Child	Male Adult	Male Child	Grand Total
Meri Safe House	5	1	2	0	8
Other	2	1	0	0	3
<b>Grand Total</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>11</b>

Although there were only five individuals referred by Femili PNG, ten clients and one child dependent were supported by Femili PNG in safe accommodation during the period February 2021 to January 2022. This figure includes people who were in safe accommodation before intake by Femili PNG.

It is uncommon to see male clients in safe accommodation. The Goroka Meri Seif Haus were accommodating the two male adult clients as they were high-risk SARV survivors. However, this does raise some security issues for other safe house occupants which the Meri Seif Haus was working on addressing. The male survivors have since been relocated or repatriated.

**Table 25: Business kits and repatriation: February 2021 to January 2022**

	Female Adult	Female Child	Male Adult	Male Child	Grand Total
Business start-up kits provided	2				2
Clients repatriated	2	1			3

Two other client outcomes which Femili PNG caseworkers assist survivors with are business kits and repatriation. With repatriation, a survivor is assisted to return to their family or village to leave a violent situation. Business start-up kits are provided to assist survivors to become economically independent. The start-up kits are provided according to a survivor's interests, skills, and situation, and are up to a set value. Examples of kits provided include chickens, tools, seeds, and bilum-making materials, among others.

During the first year, two business start-up kits were provided to clients, and three clients were repatriated. The three clients repatriated all had different causes of complaint – one was a child abuse case, another was a SARV survivor, and the last client had been subject to IPV.

When the Outpost was initially established, one of its roles was to assist clients from the Lae and Port Moresby CMCs with repatriation to the Highlands. While there is evidence that this happens on an informal basis, this is not officially tracked through Femili PNG's client data processes. Femili PNG may wish to consider whether there is value in tracking this assistance in the future.

### 3.1.7 Outcomes for clients

As this Evaluation only covers the first year of operations, the longer-term outcomes achieved for survivors are minimal to date. This can be seen in the table overleaf, where only four cases have so far been filed and investigated by police, and one medical report has been obtained.

**Table 26: Selected outcomes: February 2021 to January 2022**

<b>Outcome</b>	<b>Number</b>	<b>SPLY Number</b>
<b>Police</b>		
Arrest	0	0
Case filed and investigated	4	0
Search warrant issued	0	0
<b>Court</b>		
Case committed to national court	0	0
Conviction	0	0
Warrant for arrest granted	0	0
<b>Medical Care</b>		
Obtained Medical Report	1	0
Received treatment for injuries	0	0
<b>Welfare</b>		
Clients received counselling as part of welfare	0	0
Welfare assisted in re-integration of the client	0	0

During discussions and interviews, Femili PNG staff identified limitations in tracking outcomes for survivors in the Data Platform. A new online case management system is currently being developed which should improve this tracking.

The Outpost caseworkers were successful in assisting clients to lodge applications for IPOs and POs. From February 2021 to January 2022, 51 IPOs were lodged with 32 issued and 12 served. Two POs were lodged and three issued.

**Table 33: IPO and PO actions: February 2021 to January 2022**

	<b>No. of Actions</b>
<b>IPO</b>	<b>95</b>
Lodged	51
Issued	32
Served	12
Summons issued to client	0
<b>PO</b>	<b>5</b>
Lodged	2
Issued	3

The District Court confirmed that this data matched their records during the core stakeholders meeting in late April 2022. While this does indicate that Femili PNG is assisting clients to achieve their goals, there are challenges in issuing these IPOs/POs. Sometimes clients will change their mind, fear for their safety, and abandon the process after lodging an application. Service providers and staff have expressed concern for these clients and their safety.

### 3.2 Client satisfaction surveying

During the period February 2021 – January 2022, Femili PNG worked to put in place the systems by which to conduct client satisfaction surveying, including determining a questionnaire which was set up in the online case management system, and putting in place a process to collect responses.

However, no client satisfactions surveying was conducted during the first year of operations. From interviews with Femili PNG staff and management, the main reasons for this were:

- There is no point in conducting client satisfaction surveying in the first six months of operations, as assisting survivors to achieve their desired outcomes can take time.
- The Goroka Information Officer position was vacant from October 2021 – January 2022. This was due to delays in recruitment as a result of the COVID-19 outbreak in EHP and travel restrictions.

In the future it is recommended that the Outpost aim to contact 20-30 former clients to have a clear picture of client satisfaction. Inevitably there are clients that are lost to contact, but this should provide an adequate sample size to determine Femili PNG's impact on individual clients.

### 3.3 Summary of findings

Below is the summary of findings and outcomes on the services that Femili PNG's Outpost provides to survivors of violence.

- In its first year of operations, the Outpost provided services to 98 clients, an average of eight clients per month, which is above its target. These services were provided through 862 follow-up consultations by Femili PNG, an average of just under 72 consultations per month. This is a solid achievement in assisting clients despite the devastating impacts of COVID-19 in Goroka and EHP. This assistance included:
  - 32 IPOs and three longer-term POs issued
  - 11 individuals supported in safe emergency accommodation
  - Four cases filed with the police and investigated
  - Three clients repatriated or reintegrated with family or into their home villages
  - Two business start-up kits provided.
- The quality and impact of these interventions on survivors was unable to be ascertained in this period due to the challenges in carrying out client satisfaction surveys. However, reports and interviews with service providers and staff included client stories which recounted successful interventions that improved the lives of some survivors. Client surveying will assist Femili PNG to better understand the quality and impact of services in the future.
- There were higher numbers of male clients than Femili PNG's other CMCs. While the data indicates that this is because of IPV, the caseworkers think that most male clients have been subject to SARV.
- There is a lower rate of people living with disability seeking assistance than in the other Femili PNG CMCs at 1% of the total Goroka client base.
- Outpost caseworkers have manageable caseloads which helps to improve quality of outcomes. They have been particularly effective in closing cases.
- The number of child abuse cases are low at 2% (or 2 cases) of total clients. There are not many child survivors presenting or being referred to the Outpost for assistance. On the other hand, there are very high numbers of SARV cases at 16% of client base. These cases were very complex requiring an average of 25 consultations each.
- Police have provided the highest number of referrals to the Outpost at 47% of total referrals, followed by walk-ins at 28% and Welfare at 9%. This is evidence of good relations with these service providers and reflect the Outpost's location close to these partners. Areas where referrals could be encouraged include online and through social media, from businesses and the FSC.

- Most clients want IPOs or POs at 85% and 62% of short- and long-term client goals respectively. The Outpost has been successful in assisting clients to obtain these IPOs/POs, however staff and management have voiced concerns that clients are not seeking a range of other interventions.
- According to the data, only 49 referrals were made by Outpost caseworkers to other service providers, of which 45 were to the Court. This is a very low number of referrals for 98 clients and likely does not reflect the actual number of referrals made. It would be worthwhile to check the process of referrals at the Outpost and how referral data is recorded.

## 4. Femili PNG's work with service providers and strengthening the referral pathway

### Evaluation Questions

- ***How has Femili PNG worked within the referral pathway in Goroka?***
- ***Has Femili PNG's presence helped to encourage cultural change or operational change?***
- ***How effective has Femili PNG been in supporting local partners to respond to and coordinate responses to FSV incidents?***
- ***To what extent were local capacities developed or strengthened with Femili PNG's assistance?***
- ***How actively were organisations/partners involved in coordination efforts? What factors undermined or restricted coordination, and which factors supported it?***

Since the Outpost began operations in February 2021, Femili PNG has faced some challenges in establishing itself as part of the referral pathway but has largely been welcomed by service providers and partners. Main challenges have included the effectiveness of the referral pathway itself, service providers' lack of resources, and dealing with complex cases such as those involving SARV or child survivors. There has also been a general unfamiliarity with the work of Femili PNG, and a perceived duplication of services.

*Really, really thankful that Femili PNG is in the Eastern Highlands.*

- ***Service provider***

Despite these challenges, all service providers and partners interviewed expressed gratitude for the work of Femili PNG in Goroka and EHP. Mention was made of Femili PNG's assistance in complex cases, partner resourcing, sharing of data through stakeholder meetings, and skills transfer in case management.

These challenges, and the areas where Femili PNG is having an impact in Goroka and EHP, are discussed further in the sections below.

### 4.1 Challenges

#### 4.1.1 Goroka's referral pathway

Goroka's referral pathway has evolved considerably over the last 15-20 years. Through its Welfare work, the Community Development Office saw an increase in violence against women and children and advocated for human rights training for women. The Individual and Community Rights Advocacy Forum (ICRAF) came on board, established a connection with the Fiji Women's Crisis Centre, and training was carried out. EHFV was established. The Welfare Office continued to run counselling and mediation, and assisted women to go through the courts for maintenance and adoption issues.

From 2013-2016, the National Department engaged a consultant through UNDP to work with the Consultative Implementation and Monitoring Council (CIMC) to establish a provincial Family and Sexual Violence Action Committee (FSVAC). Ms Siviri Lalave, Community Development Adviser, is the current Chair



of FSVAC in EHP and convenes core service providers meetings. However, a lack of funding to support GBV initiatives continues to be an issue, although it has increased over the last ten years.

From interviews with service providers and partners, it appears that the referral pathway in Goroka works well in some regards but falls down in others. This is despite the best efforts of dedicated and hard-working individuals and organisations struggling in an under-resourced sector. Many service providers reported that they felt well-connected to others on the referral pathway, citing instances of where they had made or received referrals to/from other partners and service providers, including Femili PNG. All service providers seemed aware of the services each could offer, as well as where the weaknesses lay.

*Femili PNG are the best, there are a lot of good things about them. They don't talk negatively to us. They bring their clients to us, just don't leave them to come on their own.*

- **Service provider**

While the dedicated individuals within the referral pathway were well-connected on an individual level, there is evidence that systemic issues or lack of resourcing lets these service providers down. Many service providers provided examples of where survivors had been referred to services but had either not accessed these services or had tried to access the services and given up. After referrals had been made, service providers reported very little follow-up on the behalf of the survivor.

One service provider thought that more awareness-raising was the key to strengthening the referral pathway for survivors. They observed that many time the case does not get to courts and the perpetrator continues to do the same thing again.

#### 4.1.2 Resourcing and funding of service providers

All service providers and partners working on the referral pathway talked about a lack of resourcing or funding as being a major challenge to their work assisting survivors of violence.

The Community Development Office implement programs in the areas of Youth, Sport, Disability, Civil Registry in addition to Welfare and gender-based violence, and face budget and human resource constraints. The FSC at the Goroka Hospital has two staff members. However, if one or both are away, patients are diverted to Ward 4 to see the doctor, meaning they miss out on specialised care or counselling. The Meri Seif Haus has no independent funding, and is reliant on volunteers to run its operations and on partners or other service providers to assist with food and necessities for survivors staying there. The FSVU only has one vehicle which is becoming rundown. NGO partners are reliant on project-based funding and grants, which creates problems for their long-term sustainability.

Femili PNG has been providing some partner resourcing in line with policies and procedures including the Femili PNG Finance Manual, Stakeholder Resourcing Protocol and Stakeholder Resourcing Decision Tool. The impact of this partner resourcing is discussed in 4.2.2 below. The rationale for providing these in-kind resources is to assist service providers and partners to better deliver services to survivors of FSV and SARV.

Being able to obtain and maintain funding was raised as an issue for some non-government partners, especially the smaller civil society or volunteer-run organisations working on the referral pathway. Some were interested in attracting funding through foundations and/or international donors; others in local fundraising opportunities. One interviewee noted that some civil society organisations (CSOs) have experienced challenges with accountability and transparency which has also affected their ability to attract and maintain funding. Femili PNG may be able to assist these CSOs by circulating opportunities to apply for funding. Alternatively, Friends of Femili PNG may be able to provide some technical advice to the CSOs on their funding applications, policy and procedures development and/or reporting requirements, if requested.

#### 4.1.3 SARV cases

*It's just like it (SARV) is wildfire.*

- **Service provider**

The Femili PNG Outpost has assisted more SARV survivors in Goroka than the CMCs in Lae or Port Moresby, and many service providers noted the widespread increase in SARV cases and the challenges that these particularly complex cases present. Most of the service providers identified SARV as a major problem across most of the Highlands and PNG.

Local NGO KUSWA has been working to assist SARV survivors for almost seven years and is struggling to keep up with the demand. They estimate having three SARV survivors presenting every week for assistance, an average of about 10-12 per month. In addition to the assistance provided to survivors, KUSWA also deliver community awareness-raising, and healing programs. KUSWA work closely with Oxfam who has supported KUSWA with ANCP funding.

*When I go in and pull out a SARV survivor, they will also accuse me... We cannot save them all.*

- **Service provider**

Major challenges highlighted by service providers working with SARV survivors are the risks to those who try to help and lack of progress on individual cases. Funding is also an issue. Due to the complexity of SARV cases, law and justice or mediation interventions can take years. As SARV survivors can be cast out from their communities, they often have limited means of support. Assisting SARV survivors means a considerable investment of time and money, with no clear structural assistance.

Because of the volume of SARV survivors, service providers talked about the difficulties in handling the cases presenting. Some wish there was more government recognition of the work that service providers are doing. It is hard to pursue criminal actions for sorcery violence, and challenging for police to investigate and make arrests, especially when villages are not easily accessible by road. Individuals put their own lives at risk to assist. In situations where someone has already been accused of sorcery, it is often too dangerous to intervene without law enforcement back-up which is not always available.

In a few cases, Femili PNG has worked closely with KUSWA/Oxfam, Welfare CPO and the Meri Seif Haus to coordinate support of SARV cases and to aid with outcomes such as repatriation and provide business start-up kits. Partners have expressed their gratitude to Femili PNG for this support. However, there is still a gap in terms of rapid responses for sorcery survivors. Partners noted that sometimes survivors give up hope and continue to face multiple abuses. Partners working together to galvanise and pool resources seems to be a way forward to assist with complicated SARV cases and rapid response interventions.

It was noted by an interviewee that the Department of Community Development has allocated PGK 7.9 million to combat SARV in 2022 across PNG. It is hoped by many that this funding will make a difference. More advocacy and lobbying is needed at the national level to obtain action on sorcery violence.

#### 4.1.4 Child abuse cases

*They came in and report, but then they settle it outside. Most of the children who are going through sexual abuse are not getting justice.*

- **Service provider**

As noted in Section 3.1.3 of this Evaluation, it is very difficult for child survivors to obtain an intervention and/or justice. Femili PNG child case numbers are low, yet there appear to be high numbers of child abuse cases in Goroka. The FSC estimates about 7-8 child abuse cases presenting each day, and the District CPO also sees 4-5 cases per day (but these also include child maintenance and search warrants to recoup children in addition to child abuse). These child abuse cases are referred between the FSVU, FSC, CPO, Meri Seif Haus and Femili PNG, but often the child will not be brought to access services. Service providers consider that

this is due to several reasons – parents wanting compensation, wanting the matter settled privately, or being unaware of the effect the abuse is having on their children.

*Most of the violence happens within the family... We also see an increase in child sexual abuse cases, incest... ..When we try to settle it through the court, because of what people might say, or the shame, people want to settle it outside.*

- **Service provider**

According to service providers interviewed, seeking compensation for child abuse is a widespread practice. Most of the child abuse cases reported are within Goroka town, with parents outside of town relying mostly on compensation and mediation. One service provider noted that some parents settle for money and livestock as compensation for the abuse, but are unaware of the trauma the child is experiencing.

*The child is growing with this (trauma), thinking my life is not good enough...*

- **Service provider**

Another issue highlighted by service providers and partners is the lack of dedicated safe accommodation for child survivors. In the past, some children have been accommodated at the Meri Seif Haus and the safe house in Lufa, with the Meri Seif Haus Director self-funding the children's food and necessities. However, since these safe houses also accommodate adult clients and sometimes male survivors of SARV, some partners expressed concern about the safety of unaccompanied children. Also, due to the complexity of the cases, it is common for child clients to be accommodated on a long-term basis while they await interventions – some examples provided including children staying in safe accommodation for 2-3 years. It is difficult for children to access trauma counsellors, with very few qualified counsellors in the District.

One service provider considered that the referral pathway needed to be strengthened for child cases to access interventions, along with the policies governing child protection. It was noted that there were already some good policies in place, such as the FSC only releasing medical reports to the police or FSVU (this stops the medical reports falling into the hands of people who might use it to negotiate compensation).

Other service providers felt there needed to be greater awareness of the rights of children and the effects of trauma and thought that education and awareness-raising was needed. In the past, the Community Development Office has run an early childhood awareness program across 15 schools with Australian NGO Kidsreach Australia who has developed some educational materials specifically for PNG. Community Development are hoping to do more awareness-raising in schools, pending funding being available.

There has also been a push to revive the Provincial Piginini Council, which the *Lukautim Piginini Act 2015* (LPA) allows for. The establishment of the local council would mean that child cases would not need to be wait on a response from the Office of Child and Family Services in Port Moresby; this would reduce delays and the chance that survivors will give up their quest for justice along the way.

Two service providers noted the work that Femili PNG had been doing to support child clients in Goroka, assisting with repatriation and case management support of some complex cases. However, Femili PNG staff acknowledged the biggest challenge – there are limited services available for child survivors, the LPA is not fully implemented, and there is simply no temporary accommodation for child survivors that offers them protection, safety and rehabilitation. It is difficult to practically assist children when the system does not have the necessary supports or resources.

Femili PNG's could consider further discussions and collaboration with the CPO and Community Development on advocacy to improve services to child abuse survivors, practical ways of managing child cases, and awareness-raising about child safety and child rights.

#### 4.1.5 Unfamiliarity with Femili PNG's work and perceived duplication of services

*We are all working for the same people. If we start to duplicate or stepping on each other's toes, when that happens, the people we are supposed to be serving will be affected, they will not get the services they need... ..The way out is to sit down and talk with each other. We know each other, we have the relationships. We are here to support each other...*

- **Service provider**

From the interviews with service providers, partners and staff, there was initial confusion about Femili PNG's work in Goroka and EHP. Some partners felt there was a duplication of services and did not understand Femili PNG's approach of providing case management services while working to strengthen the referral pathway. Some service providers and staff pointed out that other organisations were doing case management. However, in some cases this was different to Femili PNG's concept of case management; it mostly involved informing survivors of their options and referring them to service providers.

Despite the different conceptions of case management, there is some crossover in the work of Femili PNG with that of KUSWA/Oxfam, EHFV and the Meri Seif Haus. Femili PNG management is endeavouring to reach out to other NGOs, speaking to them about the approach of Femili PNG, and trying to increase coordination. While there have been gains with these partners, this is a work in progress by Femili PNG. During the interview, one partner noted that they did not fully understand the role of Femili PNG, however after the Femili PNG CEO had come in and met with them, there was a feeling that both organisations now understood and supported each other. They felt that the work was so big, that there needed to be as much support as possible.

*Privileged to have Femili PNG as a partner. I believe if we can continue to work together as partners, we will save a lot of lives.*

- **Service provider**

Several service providers interviewed were pleased with multiple services operating as they felt this increased referrals and opportunities to work together to achieve outcomes for survivors. The Community Development Office have also been instrumental in promoting the work of Femili PNG and particularly valued the partner resourcing and case management training delivered by Femili PNG to strengthen service providers. While these service providers have expressed gratitude for Femili PNG's presence, it has been linked more with Femili PNG's partner resourcing, coordination, and training work rather than Femili PNG's case management services.

Despite these gains and the positive views of service providers, the unfamiliarity with Femili PNG's services and perceived duplication of services remains a risk for Femili PNG. There is a risk that survivors will not access the full range of Femili PNG's case management expertise if they are not aware of services. Another risk is that partners work at cross-purposes and do not provide the best outcomes for survivors. One partner suggested quarterly meetings between the NGOs working in the sector as a way of staying up to date with each other's work and collaborating where possible. These risks could be mitigated by increased promotion of Femili PNG's case management work in Goroka, and regular meetings and coordination between partners.

Greater coordination with partners may be considered for training and awareness-raising. As noted above, the Community Development Office have conducted child abuse awareness in the past and are interested in more sessions on child rights. KUSWA have been working with the Queensland University of Technology under the *Pacific Women Shaping Pacific Development* program to develop and roll out the Communicating the Law Toolkit. KUSWA's training is aimed at community leaders, led by trained local facilitators and youth, and it covers the legislation and human rights, including those relating to FSV, child abuse and SARV. KUSWA are working with the police and University of Goroka on implementing this training. When planning training and outreach activities, Femili PNG should be mindful of these other activities to avoid duplication, or to consider coordinating with these existing efforts, where appropriate.

## 4.2 Impact of Femili PNG operations

The interviews with service providers and partners highlighted five main areas where Femili PNG had the greatest positive impact on the referral pathway and services to survivors. These included Femili PNG's interventions on complex cases, partner resourcing, engagement through core stakeholders' meetings (and sharing of data), building capability and training, and "filling in the gaps" in services.

### 4.2.1 Complex cases and case conferencing

Service providers, partners and staff highlighted Femili PNG's ability to achieve outcomes in complex cases as a strength. Examples were presented of survivors in safe accommodation for years awaiting an intervention, and Femili PNG being able to assist. In one case, a SARV survivor was reintegrated back into their community after being away for two years, through coordination between Femili PNG, KUSWA/Oxfam and other service providers.

*Partners come in, sit down and work out how to address it (the survivor's case). Case conferences are very useful. We find the approach useful, working out who is doing what, it is about accountability.*

- **Service provider**

Femili PNG was only involved in one case conference and one case discussion in its first year of operations. However, the outcomes from these were of particular benefit to survivors. Service providers involved in case conferencing talked about how valuable it was, especially when a client's case stagnates. One partner noted how through case conferencing, Femili PNG assisted with repatriation and obtaining an IPO. This allowed the client's case to be picked up again and outcomes achieved.

For some of the service providers involved in the case conferences conducted by other NGOs and Femili PNG, it had been a new experience for them. They saw the potential to do more, especially in relation to SARV or child cases. Case conferencing is seen as a valuable part of case management and Femili PNG could consider doing more, subject to need.

### 4.2.2 Partner resourcing

Almost all service providers and partners interviewed had been supported through Femili PNG's partner resourcing. Every year, Femili PNG provides a limited amount of resourcing to service providers it works with in Lae, Port Moresby and Goroka. This is in acknowledgement of resource constraints faced by those working in the FSV sector and the impact this has on achieving outcomes for survivors. For example, police are unable to make an arrest if there is no fuel for the police vehicle, and the Public Solicitor is not able to print court documents if there is no toner for the office printer.

Femili PNG's partner resourcing takes the form of in-kind contributions and is subject to Femili PNG's Stakeholder Resourcing Protocols and Finance Manual. During the first year of operations, some examples of the support provided to partners and service providers included: fuel and tyres for the FSVU vehicle, a new security gate and cooking appliances for the Meri Seif Haus, and an office printer for KUSWA. Femili PNG also supported the longer-term sustainability of KUSWA's community healing program by providing chickens and beekeeping supplies to assist women in the community to rebuild after violence.

One service provider recounted an impact of partner resourcing, speaking about a remote district in EHP where Femili PNG assisted the local police with a computer, printer and toner. Because of this, the police were able to file reports and pursue cases in the District Court. Femili PNG also helped with the transportation expenses of survivors who had to travel to Goroka to seek justice and appear in court. This support made a difference to survivors being able to access justice.

While partner resourcing has a tangible impact on partners and their ability to assist survivors, it is not without risk. There is risk that service providers may become dependent on in-kind contributions from Femili PNG. Femili PNG has a limited budget for contributions and is unable to approve every request it receives.

This may cause relationship problems. Femili PNG may consider managing this risk by making it clear to service providers that there is a limited budget for partner resourcing, it is directly linked to outcomes for survivors, and that it is managed separately to the Outpost. Femili PNG staff felt these risks could be sufficiently mitigated through the stakeholder resourcing protocols and the resourcing budget limitations.

#### 4.2.3 Core stakeholders meetings and the sharing of data

In late April 2022, Femili PNG convened a stakeholders' meeting to present de-identified client data from the Outpost's first twelve months of operations. Many partners interviewed took part and several expressed their appreciation, as the presentations during the meeting provided an opportunity to see the impact of Femili PNG's work and to discuss issues and challenges.

Several service providers were impressed by Femili PNG's data collection and analysis. One partner noted that the data presented tallied with their records, which confirmed their data processes. Other service providers and partners were interested in learning more about how Femili PNG tracks its data and whether any assistance could be provided to them in this regard. Many providers talked about the difficulties they face in tracking their work with survivors. This may be an area where Femili PNG or Friends of Femili PNG could consider providing further assistance.

*Very close working together, we are like family.*

- **Service provider**

The value of the core stakeholders' meetings appears to be in the opportunity to discuss issues. The FSVAC convenes meetings a couple of times a year, allowing those in the sector to talk about their challenges, changes to services and other relevant news. These meetings are a valuable part of strengthening the referral pathway and it is recommended that Femili PNG continue to be an active participant, either by hosting regular meetings or assisting and supporting the FSVAC to convene them.

#### 4.2.4 Capability building and training

*This training, it helps us very much as we are not social workers, we are straight out of the community. This training really helps us to talk to survivors, to understand their feelings. It shows them that they can trust us.*

- **Service provider**

Another area where service providers and partners were complimentary about the work of Femili PNG was in the capability building work that Femili PNG was doing as part of strengthening the referral pathway.

In the week before the Evaluation interviews were conducted, Femili PNG had run case management training for partners. Almost all service providers interviewed had commented favourably on the training, many saying that they had not attended training like this before, it had changed their view of case management, and that it had better equipped them to deal with survivors of violence. One partner noted that their staff had not come from a social work background, so the case management training had helped fill a large gap in their expertise. Many service providers and partners expressed a desire for further training in Femili PNG's areas of expertise, such as case management and trauma-informed care.

Partners also valued the mentoring support that Femili PNG provided informally. Four service providers reported either contacting the Outpost caseworkers, Femili PNG's Operations Directors or CEO to ask for advice in handling cases or other issues. Seeking this advice indicates a growing trust in Femili PNG and acknowledgement of the specialist expertise of the staff.

Capability building and mentoring in Femili PNG's particular areas of expertise is highly valued by service providers in Goroka and EHP. It is an area where Femili PNG could consider deepening its engagement through providing professional development opportunities to service providers and partners such as more training in case management and trauma-informed care, professional placements, or visits.

#### 4.2.5 “Filling in the gaps”

Most service providers noted that Femili PNG has a valuable role in “filling in the gaps” with many using this particular term to describe Femili PNG’s role in the referral pathway in Goroka and EHP.

*It has been very, very useful (to have Femili PNG here). They step in and fill in all of the gaps that we have.*

- **Service provider**

When digging down into what “filling the gaps” meant, it seemed to mean different things for each partner. For those engaged in direct work with survivors - such as KUSWA/Oxfam, CPO, District Court - it meant aspects of case management, such as assisting with repatriations, providing business start-up kits, and supporting survivors to obtain family protection orders. For some providers, such as FSVU and Meri Seif Haus, it meant Femili PNG’s partner resourcing, providing items or goods to support survivors that they would not otherwise be able to access. For other partners, “filling the gaps” meant having Femili PNG on the ground to augment their capacity as needed.

The concept of “filling in the gaps” aligns with Femili PNG’s mission of improving responses to FSV. Through its integrated approach, Femili PNG works on a few levels to ensure that survivors can access services – through not just case management, but also by strengthening partners, and undertaking advocacy and training. The “gap-filling” is part of the integrated approach.

*I know that Femili PNG is at the back of me so no need to worry.*

- **Service provider**

#### 4.3 Summary of findings

Below is the summary of findings and recommendations in terms of the effectiveness of Femili PNG’s work with service providers and the strengthening of the referral pathway.

- Femili PNG initially faced some challenges in establishing the Outpost as part of the referral pathway but has largely been welcomed by service providers and partners as a valuable addition to services for survivors in EHP. Service providers and partners particularly valued Femili PNG’s assistance in complex cases, partner resourcing, sharing of data through stakeholder meetings, and capacity building in case management.
- Challenges have included service providers’ lack of funding and resources, the complexity of cases such as those involving SARV or child survivors, general unfamiliarity with the work of Femili PNG, and a perception that there is a duplication of services.
- While the dedicated workers and volunteers within the referral pathway are well-connected on an individual level, systemic issues or lack of resourcing lets these service providers down. Many service providers gave examples of where survivors had been referred to services but had either not accessed these services or had tried to access the services and given up.
- Many of the government service providers reported needing additional staff or resources to be able to better provide services to survivors of violence. Being able to obtain and maintain funding was raised as an issue for some non-government partners, especially the smaller civil society or volunteer-run organisations working on the referral pathway.
- SARV and child abuse are challenging for most service providers on the referral pathway. Many indicated that SARV is on the rise and the survivors require multiple and complex interventions. Partners working together to galvanise and pool resources seems to be a way forward to assist with complicated SARV cases and rapid response interventions; hopefully additional government funding

will help. Many child abuse cases are not reported, nor law and justice interventions sought, which is to the detriment of the child survivor.

- Femili PNG could consider collaborating further with the Welfare CPO and Community Development on advocacy to improve services to child abuse survivors, practical ways of managing child cases, and awareness-raising about child safety and child rights, noting the challenges for child survivors that exist across PNG.
- Service providers and partners are becoming more familiar with Femili PNG's case management services and work in strengthening the referral pathway. There is some crossover in the work of Femili PNG with other NGOs in the sector such as KUSWA, Oxfam and EHFV, although most partners and service providers see having multiple NGOs operating in this space as beneficial to survivors. Increased coordination between NGOs would ensure that they do not work at cross-purposes and there are better outcomes for survivors.
- Increased coordination, through regular case conferencing and meetings between core service providers, is effective in strengthening the referral pathway. Case conferencing is a valuable part of case management as it allows for service providers to work together to assist survivors in a coordinated fashion. It is particularly helpful for complex cases, and acts as an accountability mechanism. Core stakeholders' meetings provide an opportunity to present client data and outcomes, and for service providers to discuss issues.
- Partner resourcing is a highly valued by service providers and contributes towards real outcomes for survivors of violence. There are risks associated with this, such as possible relationship issues when Femili PNG cannot meet all requests and how partners are held to account when resources are provided but services are not delivered. However, these risks are mitigated in practice through the processes in place around partner resourcing. It is also acknowledged that partner resourcing is not provided so that service providers specifically support Femili PNG clients, but rather to strengthen the FSV referral pathway as a whole.
- Outreach and awareness-raising was considered key to strengthening the referral pathway. More people will seek assistance as they become aware of the laws, their rights and the available services. Partners are already conducting (or have conducted) community training and awareness, such as Community Development with child protection in schools and KUSWA with the Communicating the Law Toolkit. Care should be taken so as not to duplicate these activities, and to coordinate, where possible.
- Capability building and mentoring in Femili PNG's areas of expertise, such as case management and trauma-informed care, is highly valued by service providers in EHP. Capacity could also be strengthened through increasing case discussions, case conferencing and stakeholder meetings.



## 5. Operational effectiveness and management of the Outpost

### Evaluation Questions

- ***Does the current management structure provide sufficient oversight and accountability of the Goroka Outpost?***
- ***How are Femili PNG's policies and procedures adopted/understood within the context of Outpost operations?***
- ***What are the operational or administrative challenges being faced at the Outpost?***
- ***Is the staffing mix / organisational structure right to achieve Femili PNG's priorities?***
- ***Are there any other lessons learned or recommendations for the future?***

This section of the evaluation will examine the operations of the Outpost, the challenges that it faces in terms of oversight, security and capacity, and recommendations for consideration by Femili PNG's management.

### 5.1 Operations of the Outpost

#### 5.1.1 Management and staffing

The Goroka Outpost is a much smaller operation than Femili PNG's other CMCs. The Outpost comprises three staff members – two caseworkers and an Information/Administration Officer. Under the EU-UN Spotlight Initiative, management responsibility was assumed by the Spotlight Manager with finance management support provided by the Spotlight Administrator. The CEO and EMC took on a strategic leadership role, with the CEO also providing hands-on support in a range of areas such as relationship management, planning and case management mentoring.

The Spotlight Manager has been responsible for aspects of management including liaison with funding bodies and reporting, policy development, Board reporting, general project management, and HR. Liaison with funding bodies included the quarterly reporting to UN Women and organising visits, regular updates, and information as requested. This will change in the future when regular reporting is instead conducted to Friends of Femili PNG and the ANCP.

Due to the size of the Outpost, the three staff members in Goroka cover multiple roles. The two caseworkers have experience in different areas – one caseworker has years of experience as a caseworker on Femili PNG's projects in Lae and Port Moresby and was previously a child protection officer at UNICEF. The other caseworker also has a background in administration at Femili PNG's office in Port Moresby in addition to qualifications in social work. Having two caseworkers with such backgrounds is an advantage for the Outpost and Femili PNG, as the more experienced caseworker can provide guidance on case management, and the second caseworker can step in and assist with administrative and finance-related tasks as needed.

The Information and Administration Officer has the dual role of covering the administrative and financial tasks of the Outpost as well as client records and data management. These tasks cover everything from logistics and security, financial processing, petty cash, client satisfaction surveying, data input, filing, stock management and organising meetings. The Information and Administration Officer position was vacant for approximately five months of the period covered by this Evaluation. The previous incumbent left the position in early October and the position was advertised. However, because of the severe COVID-19 outbreak in EHP, travel was restricted in November and December, so no recruitment was able to be carried out during this time. The current Information and Administration Officer began in February 2022.

In addition to their primary roles, all staff take on additional responsibilities, and these range from cleaning the office and carrying water to developing and maintaining partnerships with service providers and partners. The caseworkers acknowledge the importance of these relationships and increasing awareness of

Femili PNG's services, noting that they make the time to walk around and talk to the service providers. All staff cover each other's work in the event of absence.

One of the staff members thought that the absence of a day-to-day direct supervisor made the Outpost team more accountable in their work as they had to do the right thing all the time. However, the lack of day-to-day management oversight has created some challenges which have been identified by staff and partners (see section 5.2.1 on oversight and accountability below).

### 5.1.2 Governance

As outlined in the section above, the Spotlight Manager mainly takes responsibility for the governance relating to the Goroka Outpost, with oversight by the CEO and EMC. To date, this governance work has included reporting, policy development and risk assessment.

Reporting has mainly included reporting to funding bodies and Friends of Femili PNG but also reports and updates made to the EMC at its fortnightly meeting. The reporting to the Femili PNG Board has mostly included the reporting of incidents in Goroka through the Incident Register Report, which is a standing item at all Board meetings. General updates about the Goroka Outpost and its work are included in the CEO's Report to the Board.

In terms of policy development, a number of Femili PNG's existing policies have been updated to specifically include operations in Goroka, including the Security Policy and Procedures Manual, Lukautim Pikinini Gut Long Birua – Child Protection Policy and Code of Conduct. Other key Femili PNG policies, such as the Finance Manual, Anti-Fraud and Anti-Corruption Policy, HR Manual, Prevention of Sexual Exploitation Abuse and Harassment Policy, and so forth, are generally applicable to all Femili PNG operations, including the Outpost. For risk management, Femili PNG's enterprise risk management framework and child protection risk assessment matrix have both been updated to reflect the risks particular to Goroka.

Femili PNG is fortunate to have two staff members stationed at Goroka who have been with the organisation for a few years and are already familiar with Femili PNG's policies and procedures. The Information and Administration Officer underwent induction in early 2022, and this process involved familiarisation with key policies. Going forward there may be challenges with the Outpost staff contributing to policy development, keeping up to date with policy revisions, and undertaking annual refresher training on key policies, and this will need to be actively monitored. Challenges around the governance of the Goroka Outpost going forward are outlined in Section 5.2.1 Oversight and Accountability below.

### 5.1.3 Accommodation and office facilities

Femili PNG is fortunate to have secured office accommodation co-located with the Community Development Office as part of the Eastern Highlands Provincial Administration compound. This may change in the future, as it is through Femili PNG's relationship with the Community Development Advisor that this co-location came about. The office is in a standalone small building and comprises a triage/reception area, an office shared by the caseworkers, an interview room for clients, a small kitchenette and bathroom, and an alcove where the Information and Administration Officer's desk and security camera monitors are situated. There is also an office for the Welfare CPO.

Office space is an issue as there is some crowding. Unlike the other CMCs, there is limited room to create a child-friendly space or for storage of supplies or basic necessities for clients. The small office can also create some security risks (see 5.2.2 Security below) and there is limited room for growth. There may be the possibility of Femili PNG constructing a small building to the side of the Outpost to provide additional space for storage, meetings and a waiting room, but this requires further discussion with the Community Development office and the Provincial Administration.

Another issue with the co-location with Community Development is that Femili PNG caseworkers are sometimes confused with Welfare staff and members of the public visit the Outpost when Welfare staff are away. This confusion can sometimes result in the referral of cases that do not fit within Femili PNG’s target group of survivors of intimate partner violence, sexual violence, child abuse or SARV.

Despite this, the benefits of the current office outweigh these disadvantages. The arrangement with Community Development allows Femili PNG to have reduced costs and the benefit of a central location nearby to most service providers. This improves coordination as service providers can just drop in, and the co-location with Welfare and the CPO provides easy access for clients. The accommodation arrangement also indicates the close relationship between Femili PNG and the Community Development Office, as well as highlighting Community Development’s active commitment to combatting GBV in EHP.

## 5.2 Challenges

Through the observations during this evaluation, desk review and interviews, possible challenges have been highlighted.

### 5.2.1 Oversight and accountability

With the conclusion of the EU-UN Spotlight Initiative, the Spotlight Manager position is no longer funded. The CEO and EMC can maintain strategic and high-level management and leadership of the Goroka Outpost. However, there will be a gap in the operational leadership and management of the Outpost. This includes meeting reporting and compliance obligations, relationship management, policy training and development, HR management, partner resourcing coordination, casework supervision, and facilitating the core stakeholders’ meetings.

One area that would benefit from having management oversight is the partner resourcing. While Femili PNG has been generous in this regard, and the requirements (a formal letter outlining the request, the need and how the in-kind contribution will benefit survivors) have acted to regulate requests, the limited budget means that some service providers will not have all requests met. Given that caseworkers rely on service providers to assist clients, it may be better that the negotiations around these resources do not fall to them.

Another area of risk is the channels of communication and clarity around direct reporting lines. Staff thought there were some situations where it would be helpful to have a supervisor on the ground to make decisions, and there was some uncertainty as to who staff could go to for guidance. There was also a feeling expressed that the Goroka Outpost is isolated from the rest of Femili PNG.

From the interviews and desk review, there appeared to be three main areas where gaps were identified. These were general operational management/governance (including reporting, funding body compliance and meeting targets), policy development and associated training, and casework supervision. For casework supervision, it was felt that even though the caseworkers are experienced, it would be good to have a Casework Manager-type role to monitor the work of the caseworkers, investigate any complaints about services, assist the caseworkers with difficult cases, and ensure that the Outpost provides the entire range of assistance to survivors.

An analysis of the areas of management and possible options going forward is included below and overleaf:

Area	Current arrangements	Options going forward
Strategic management and leadership	CEO and EMC	CEO and EMC
Operational leadership and management	Spotlight Manager / CEO	CEO
Monitoring and evaluation	FFPNG Development Adviser	FFPNG Development Adviser

<b>Area</b>	<b>Current arrangements</b>	<b>Options going forward</b>
Monthly reporting	Caseworkers / Information Admin Officer	Caseworkers / Information Admin Officer
Reporting to donors	Spotlight Manager	CEO / FFPNG Development Adviser
Board reporting	Spotlight Manager	CEO / FFPNG Development Adviser
Relationship management – operational level	Caseworkers / Information Admin Officer	Caseworkers / Information Admin Officer
Relationship management – strategic level	Spotlight Manager / CEO	CEO / Communications and Public Relations Manager
Risk management	CEO and EMC	CEO and EMC
Liaison with Friends of Femili PNG re: ANCP requirements (annual planning, compliance, etc)	CEO / FFPNG Development Advisor	CEO / FFPNG Development Adviser
Case management mentoring/advice	CEO / ODs	CEO / ODs / Casework Managers
Mandatory training – PSEAH, Anti-fraud/anti-corruption, Child Protection	-	HR Manager / FFPNG Development Adviser, if required
Specialist training – Finance	-	Admin Finance Coordinator / FFPNG Finance & Admin Officer, if required
Specialist training – IT, data	-	FFPNG Information Systems Officer
Specialist training – case management, caseworker reflections	CEO	CEO
Mandatory training - Security	-	CEO / HR Manager
Policy and procedures development (as needed)	Spotlight Manager	CEO / relevant National staff
General HR management (leave approvals, timesheets, etc)	Spotlight Manager / CEO	HR Manager
Performance management of Outpost staff	Spotlight Manager / CEO	CEO
Public relations (ie, reaching out to businesses, etc about Femili PNG)	-	Communications and Public Relations Manager
Communications and promotions activities relating to Outpost	-	Communications and Public Relations Manager / FFPNG Development Adviser
Partner resourcing coordination	Caseworkers / Spotlight Manager / EMC	CEO / EMC
Facilitating core stakeholders' meetings	Spotlight Manager / CEO	CEO / Caseworkers

While the Femili PNG Outpost staff are dedicated and multi-skilled, and strategic management is well provided by the CEO and EMC, gaps in operational management remain. There are several options or models that Femili PNG could consider such as:

1. Employing a full- or part-time manager, situated in Goroka, who could take responsibility for all aspects of the operational management of the Outpost, reporting, relationship-building and casework supervision.
  - This option may not be viable in the short-term as it would be subject to budget and office space constraints.
2. Having the CEO or an existing Femili PNG manager (or one who is appointed for other projects), situated in Lae or Port Moresby, who is responsible for the operational management of the Outpost on a part-time, fly-in/fly-out basis.
  - This position could be supported by other staff such as Casework Managers, HR and Finance, Communications and Public Relations Manager, to regularly visit Goroka and support the team there in their various areas of expertise.

In addition to the two options above, Femili PNG could consider more actively involving its national staff in providing support to Goroka. This could include:

- the HR Manager to talk to staff about the performance management process, check attendance records, discuss any HR policy changes, and deliver policy training / reviews.
- the Finance team to provide guidance on financial management, audit petty cash processes, and training in finance matters.
- the Communications and Public Relations Manager to meet with partners and other stakeholders to promote the Outpost's services and generate communications collateral for the Outpost.

Friends of Femili PNG is able to provide technical assistance to the Outpost in the areas of client data management, IT, finance, policy training and monitoring and evaluation. Travel has opened up since COVID-19 and it is possible for Friends of Femili PNG staff to deliver technical assistance in person as required.

### 5.2.2 Security

Staff and stakeholders also identified security challenges. While the Outpost does not seem to have the same security threats as Femili PNG's Lae or Port Moresby CMCs, it does have similar issues in that perpetrators are easily able to access the Outpost. In one instance, a survivor brought her husband (the perpetrator) into the waiting area while she was seeking services. Due to the security risk, the caseworkers had to refer them both instead to FSVU. The open aspect of the office means that it is not ideal for high-risk survivors, who must be carefully managed while on the premises.

Some staff have expressed concerns about the security of the Outpost in relation to the petty cash and other supplies kept on premises and when they were working there alone. Femili PNG management could consider doing an in-depth analysis of the security risks and mitigation of the Outpost, amending the Security Manual accordingly and conducting in-depth training with Outpost staff on the revised security protocols.

Another area of security concern at the Outpost is the transportation of high-risk survivors. Service providers have limited access to vehicles in Goroka – the FSVU has only one vehicle servicing all requests, and the FSC and Meri Seif Haus have no vehicle (although the seif haus volunteers will sometimes assist with transporting survivors in their own private vehicles). Femili PNG currently uses taxi services, but these are not secure and often unreliable.

Femili PNG could consider seeking donation of a vehicle for this purpose, noting that the ANCP funding does not cover purchase of assets of this nature. This would mean an additional wage for a driver, but this would be manageable under the current budget and the driver may also assist in providing logistics and security services depending on the Outpost's requirements.

### 5.2.3 Capacity and development

A few capacity constraints of the Outpost were noted in interviews with the staff, observations of the Evaluator and discussions with partners. The capacity issues mostly included technological constraints and staff training and development in some areas.

Outpost staff are currently accessing Wi-Fi through the data on their phones, which is difficult for attending meetings via internet platforms, and this further serves to isolate the Outpost from other Femili PNG offices. It also poses challenges with the online entry of client information into the Femili PNG Data Platform. Connecting Wi-Fi services to the Outpost has been explored, however it was considered that a more cost-effective option was to upgrade the mobile data plans for all staff. This is underway in 2022-23.

Staff also identified a need for general training in basic IT. Given that the Information and Administration Officer has only been in the position a few months, in-depth training in Femili PNG's financial processes has also been identified as a training need. He has been provided an induction on finances by the Spotlight Administrator and regularly attends the fortnightly finance meetings across all Femili PNG locations, however some one-on-one training and mentoring would be beneficial. Also, all Outpost staff will need to take part in annual refresher training on all Femili PNG's key policies. These include child protection, prevention of sexual exploitation abuse and harassment, and anti-fraud and anti-corruption. Femili PNG's Disability Inclusion Policy is currently being reviewed, and training on this Policy will also be carried out once it is completed. Friends of Femili PNG could assist Femili PNG with delivering this training if required.

Given the issues with child abuse and lack of action on child cases outlined in the previous sections, Femili PNG might consider advocating for the gazettal of one of the caseworkers as a Child Protection Community Volunteer under the LPA. This would be an extension of the caseworker's experience in working with children and potentially reduce some of the pressure on the Welfare CPO. However, this would need to be further discussed with the Community Development Office to seek their views and identify any risks or sensitivities. It is also noted that the role of the Community Volunteers is limited under the LPA.

### 5.3 Summary of findings

Below is the summary of findings in relation to the management and operations of Femili PNG's Goroka Outpost.

- In the evaluation period, the Outpost has been managed through a combination of strategic leadership by the Femili PNG CEO and EMC, and operational management by the Spotlight Manager. The conclusion of the EU-UN Spotlight Initiative in May 2022 and the ending of the Spotlight Manager position will leave a gap in operational management of the Outpost.
- The Outpost is staffed by three dedicated Femili PNG team members – two experienced caseworkers and an Information and Administration Officer. Given the small size of the Outpost, all staff members multi-task and express feeling a high degree of accountability for their work. The staff have identified some training needs, especially in the areas of IT and financial management.
- The Spotlight Manager was responsible for the external reporting for the Outpost as well as adapting Femili PNG organisational policies for Goroka. The two caseworkers were already familiar with Femili PNG's policies and the Information and Administration Officer was familiarised with some key policies on induction. However, going forward there may be challenges with the Outpost staff contributing to policy development, keeping up to date with policy revisions, and undertaking annual refresher training on key policies. This will need to be actively monitored, with the HR Manager including the Outpost staff in training and policy review activities.
- The partnership with Community Development and the location of the Outpost are of benefit to Femili PNG, but the co-location does have some challenges. Space is an issue, and Femili PNG staff

are sometimes seen as de facto Welfare staff which results in the referral of cases that do not fit within Femili PNG's target group. However, it results in reduced rental costs for the Outpost, and it is a central location nearby to most service providers. Most importantly, the partnership signals the close relationship between Femili PNG and the Community Development Office and highlights Community Development's active commitment to combatting GBV in EHP.

- Management oversight and assistance will need to be provided in the following areas: reporting to the Board and funding bodies, partner resourcing, high-level relationship management, HR management, planning and budgeting, risk management, casework supervision and facilitating core stakeholders' meetings.
- While the Outpost does not have the same level of security threats as the Lae and Port Moresby CMCs, there are some security concerns about the access to the office, security of staff working alone, and transportation of high-risk survivors.
- A few capacity constraints of the Goroka Outpost were identified, including the need for improved internet connection with other Femili PNG offices, and training in areas such as IT, finances and disability inclusion. Increased casework supervision would be welcomed. All Outpost staff will need annual refresher training in key Femili PNG policies.

## 6. Recommendations

Based on the findings of this Evaluation, Femili PNG could consider the following recommendations.

1. Femili PNG could further promote the Goroka Outpost's case management services to build client numbers. This promotion could include increased communications through social media and reaching out to businesses in Goroka and EHP.
2. Disability inclusion at the Outpost could also be increased. This includes examining how clients with a disability are identified so that Femili PNG can better meet their needs as well as developing relationships with local Disabled Peoples Organisations and the Community Development Disability Office.
3. Client data accuracy should be checked to ascertain whether improvements in client data collection need to be made, especially in relation to tracking child cases, referrals to service providers and tracking outcomes for survivors.
4. Femili PNG could further discuss with the Welfare CPO and Community Development Office ways to encourage child abuse survivors to seek assistance, either through greater promotion of case management services for children, awareness-raising, and advocacy activities to improve services and access for children.
5. The impact of increased numbers of SARV clients on the Outpost caseloads should be monitored, given the effort and complexity of these cases. More advocacy and lobbying is also needed at the national level to obtain action on sorcery violence.
6. A client satisfaction survey process should be implemented where 20-30 former clients are surveyed annually to better measure Femili PNG's quality of services and impact on individual clients.
7. To better coordinate efforts, Femili PNG could consider establishing quarterly or six-monthly meetings specifically for NGOs working in the sector in EHP as a way of staying up to date with each other's work and collaborating where possible.
8. Femili PNG could continue to support the referral pathway by strengthening communication between service providers and partner resourcing. Femili PNG could commit to increasing case

conferencing and facilitating (or supporting the Family and Sexual Violence Action Committee to facilitate) six-monthly core stakeholders' meetings.

9. Femili PNG could provide professional development opportunities to service providers and partners such as more training in case management and trauma-informed care, professional placements, or visits.

*Management and Operations of the Outpost:*

10. Femili PNG to consider how to fill the Outpost's gaps in operational management. If employing an on-site manager is not possible due to budget and office accommodation constraints, consideration could be given to having additional support provided by Femili PNG's CEO and national positions.
11. Femili PNG management could conduct an in-depth analysis of the security risks and mitigation of the Outpost, amend the Security Manual accordingly and undertake training with Outpost staff on the revised security protocols.
12. Femili PNG could consider seeking donation of a suitable vehicle to transport high-risk survivors in Goroka and EHP.
13. Training for Outpost staff needs to be undertaken in IT, finances, disability inclusion and key Femili PNG policies such as anti-fraud and anti-corruption, child protection and prevention of sexual exploitation, abuse and harassment. Friends of Femili PNG could assist Femili PNG to deliver this training if required.
14. Femili PNG could explore options for increasing the office space of the Outpost through discussion with Community Development. One option could be to construct an additional building next to the existing Outpost.



## Annex A – Interviews conducted and documents reviewed

### Interviews

As part of the Evaluation methodology, interviews were conducted with the following service providers and partners. This included representatives from:

- EHP Community Development
- Welfare Child Protection
- Goroka Hospital Family Support Centre
- Goroka Family and Sexual Violence Unit
- District Court
- KUSWA
- Oxfam
- Goroka Meri Seif Haus

The following Femili PNG staff were interviewed:

- Goroka caseworkers
- Goroka Information and Administration Officer
- Spotlight Manager
- Communications and Public Relations Manager
- CEO.

In some cases, more than one representative from each organisation was interviewed. Names have not been included for confidentiality and security.

### Documents

The following documentation was reviewed as part of the Evaluation desk review:

- Femili PNG Strategic Plan 2020-21 to 2024-25
- EU-UN Spotlight Initiative Program Design document, September 2020
- Goroka Outpost Concept Note provided to the Board, August 2019
- Goroka Outpost Program Design Appraisal, April 2021
- ANCP Annual Development Plan 2021-22, June 2021
- Femili PNG Security Policy and Procedures Manual
- Femili PNG Disability Inclusion Policy
- Femili PNG Finance Manual
- Femili PNG Stakeholder Resourcing Protocols and Decision Tool
- UN Women quarterly reporting (October 2020 – March 2022)
- Bel isi PNG six-monthly operator report – January to June 2021
- Bel isi PNG six-monthly operator report – July to December 2021
- Femili PNG Lae annual operations report - July 2020 to June 2021
- Femili PNG Lae six-monthly operations report - July to December 2021
- Femili PNG presentation to Goroka core stakeholders meeting, April 2022
- Caseworker month-end reports (multiple)
- Minutes from FSVAC and core stakeholders' meetings (various)
- Deidentified minutes from case conference and case discussions (multiple)
- Outpost monthly data reports (multiple).