

Responding to gender based violence in an urban setting: The early story of *Femili PNG*

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Gender based violence is a major problem in many countries and certainly in Papua New Guinea (PNG), where it is sometimes referred to as an epidemic. In PNG, there is increasing recognition of the need to address gender based violence, or family and sexual violence (FSV) as it is often referred to, by way of growing awareness and prevention programs as well as support to victims or survivors. This paper considers one part of this growing national response - the creation and early years of the Lae based NGO, *Femili PNG*.

As PNG urbanises, it needs to develop its own response to gender based violence. While it is too early to judge the full success of early initiatives like *Femili PNG*, its creation should be welcomed as a positive aspect of Melanesian urbanisation.

National dynamic and local context

The establishment of *Femili PNG* in 2013 can be understood as a response to both a national dynamic and to a unique set of local circumstances. At the national level, there was a growing awareness among activists in PNG that there needed to be more emphasis on case management, that is, on working with survivors to help them get the outcomes they wanted whether it be emergency accommodation, police and/or judicial action, or counselling. While there had been progress in creating or strengthening services for survivors, more needed to be done to help survivors access these services. This sentiment was articulated by Ume Wainetti, the head of the PNG Family and Sexual Violence Action Committee in a lecture she gave in 2013 at the Australian National University when she said:

We have family support centres and we are getting support to roll them out throughout the country and also for the safe houses. But what is really lacking is our skills to manage cases, so that good and proper assistance is given to survivors (Wainetti 2013).

This thinking at the national level was reflected in the experience of a *Médecins Sans Frontières* (MSF) project that ran in Lae from 2007 to 2013. Through this project, MSF supported and managed the Family Support Centre (FSC) of the Angau Hospital, Lae's main hospital. The FSC provided, and continues to provide, medical and psycho-social support to survivors of gender based violence.

The MSF project had made clear the magnitude of the problem: it received about 3,000 clients a year (Lokuge *et al.* 2016). While this project was generally viewed as a success, an evaluation of the intervention by ANU epidemiologist Dr Kamalini Lokuge in October 2012 suggested that more support was needed. Dr Lokuge's

evaluation 'found that while the FSC was effective in providing medical and psycho-social care to survivors, its long term impact was limited by the essential need for, but very limited access survivors had to, other core FSV services' (PNG FSVC MC 2013:7). Two findings of the evaluation buttressed the need for a case management system:

'First, the majority of adults presenting to the FSC throughout the period from 2008-2012 were women affected by intimate partner violence, and secondly, almost half of survivors presenting following sexual violence perpetrated by someone other than an intimate partner during this same period were children. These are groups for which comprehensive FSV services coordinated through case management are essential' (PNG FSVC MC 2013:7).

The Lae experience reinforced the growing consensus of the importance of case management in the PNG context. Issues of timing and resources also suggested that Lae would be a good place to trial a concerted case management response. MSF had decided to close its Lae FSC project in mid-2013. While the FSC itself was to continue within the Angau Hospital, albeit on a smaller scale, a number of the staff formerly on the MSF payroll were not going to be retained. They included the MSF Lae Project Coordinator, an Australian expatriate, and a number of counsellors who while working at the FSC, had seen the need for a more holistic case management approach and having done whatever they could to help clients access other services were keen to do more. Together with a small number of administrative and support staff, the team had a unique combination of experience and commitment to provide the nucleus for a new project focused on case management in Lae.

While it is easy in hindsight to understand the rise of *Femili PNG* as a case management organisation, at the time the path forward was far from obvious. While it was clear that something more was needed beyond medical care and that good use could be made of the departing MSF staff, it took some time before the focus on case management emerged.

As one real problem for the MSF staff had been the lack of functioning safe house capacity in Lae, one early idea was to establish a new safe house. However, given that Lae already had two safe houses for adults, and a third for children, a better solution would be to work with these existing safe houses and help them provide more reliable accommodation for women and children in need. Lae had the capacity to provide several services that survivors could benefit from, including services within the police department, the courts, and the welfare office. The challenge was to work with the existing services to leverage greater benefits for the thousands in need.

From case management to Femili PNG

Once it was decided that this new resource would focus on case management in Lae, the next question for the project's proponents was the nature of implementation. Three principles shaped the response.

The first was that the response should be Papua New Guinean. The project's supporters believed that external resources and support would be critical, but that they should be delivered in partnership with local resources and in a supportive role. Local ownership was critical for sustainability and for long term success. In this regard, the approach would differentiate itself from the MSF project, which was not only funded, but also implemented, by an international organisation.

A second driving principle was that the implementing body should be an NGO. This desire to set up an organisation outside of government should not be mistaken for a dismissal of the key role played by government in this area. It was recognised from the start that most of the key service providers were in government, but government organisations in PNG are often afflicted by resource and governance problems. If the case management agency was positioned within government, it would run the risk of facing similar problems. Some supporters also felt that persuading the government to establish a well resourced case management program would take years if not decades, even with the prospect of external funding available.

A third principle was that due to the pervasiveness of gender based violence in PNG, the case management program should be a permanent institution. These three principles led to the creation of a PNG registered NGO that was initially registered in early 2013 as the PNG Family and Sexual Violence Case Management Centre. In 2014 its name was changed to the simpler *Femili PNG*.

Securing the staff for the organisation was an important priority. Staff included Stephen Howes and Kamalini Lokuge from the Australian National University, Howes in the position of Chair and Lokuge as Director; and Daisy Plana, the former MSF Project Coordinator in Lae, as CEO.

Other early steps were to create a Lae Advisory Committee to build local support and a Technical Advisory Group to provide expertise. Vague concepts and aspirations had to be translated into a design document and budget which was submitted to the Australian Department of Foreign Affairs and Trade (DFAT) in mid-2013, and then again based on comments received in early 2014. Part of the feedback from DFAT was that it could not provide direct funding to a new NGO without a financial track record; *Femili PNG* would need to partner with an international NGO with an established reputation. Oxfam, which managed an Eliminating Violence Against Women program in PNG, agreed to join forces with the organisation and provide financial and reporting oversight.

The Australian Government announced in 2012 a ten year, \$320 million Pacific Women Shaping Pacific Development initiative. One of the four objectives of this program was to reduce violence against women, including providing better

services to survivors. This large, multi-country program provided a natural source of funding for the proposed Lae case management centre. It was also fortuitous that during this time, the Australian Government developed an increased interest in Lae. As part of the offshore migrant processing and resettlement deal that Australia and PNG entered into in 2013, it was agreed that Australia would reconstruct the Angau Hospital.

In February 2014, on a trip to Lae, Foreign Minister Julie Bishop announced \$3 million in funding for the *Femili PNG* Case Management Centre in Lae.

Three years of operations

Femili PNG opened its doors in June 2014 with a staff of eight – all but one were PNG nationals, and all but one ex-MSF. Initially, it was envisaged that *Femili PNG* would receive clients as a result of both direct and indirect referrals. However, finding accommodation that was secure enough proved impossible. The organisation had to settle for an insecure office in which it was not possible to see clients, so all clients were seen in the offices of referring partners. While this model limited client numbers, it also made it more likely that only the highest risk clients would be seen, namely those that other partners thought they could not manage on their own. The initial target was to see 25 new clients per month. The target was increased to 33 per month in 2015 and has generally been met or exceeded.

One strength of *Femili PNG* is its monitoring and evaluation. Often, monitoring starts and stops with client numbers, and getting clients in the door is a necessary step on the road to obtaining outcomes. Judging success in the provision of complex services such as case management is not easy. Though the services required vary from client to client, data compiled from intake forms ensures accurate information on the number and characteristics of clients. Follow up data on clients every six months allows for tracking of outcomes. The main assistance provided to clients is emergency accommodation, protection orders, and other legal policing support. In a few extreme cases, assistance is provided to clients to help them relocate. A summary of the results from the first two years of operation can be found in a PowerPoint presentation available at the *Femili PNG* website (Lokuge 2017).

While the services we deliver for our clients are of paramount importance, increased attention has been given over time to raising awareness, both of *Femili PNG's* services and of the problem of gender based violence more generally. Senior PNG staff have spoken at various public fora and in the national media on this. In April 2017, *Femili PNG* hosted a very successful speaking tour of the 2015 Australian of the Year and gender based violence campaigner, Rosie Batty.

Femili PNG's initial success was acknowledged in April 2017 with notification from DFAT that it would extend the program's funding at roughly current levels for a further five years. At the time of this writing, *Femili PNG* has grown to an organisation with 20 staff including one in

Canberra, and a Development Manager with particular responsibility for fund raising, policy development and reporting. Over the last three years, the management structure has been further developed and national staff play increasingly important roles. Increased focus on quality client care has been provided by hiring a volunteer, international case management expert.

An extensive suite of policies has been developed that cover financial management, human resources, case management, security, fraud, and child protection. A number of strong partnerships have been forged at the local, national, and international level (the latter with similar organisations in Australia and the Philippines).

Particular attention has been paid to both client and operational security. In addition to its renown as a trouble spot for gender based violence, Lae has the highest murder rate in the Asia Pacific region and one of the highest in the world, according to the World Bank (Lakhani and Willman 2014). Operationally, this leads to a double security burden of keeping the client safe from the perpetrator and the added responsibility of keeping staff safe when at work and when moving around town. Elaborate protocols have been developed in response and so far have been effective.

Lessons learnt and challenges

The success of *Femili PNG* vindicates the nationally focused approach taken so far. Overall, the experience confirms what is now fairly orthodox in international development; that aid and external partnerships can work very well when they come in behind local players and national champions.

The experience also reinforces the point that successful development, particularly institution building, takes time. More specific to the context of gender based violence in PNG, *Femili PNG*'s success also suggests that case management is useful in the PNG context and that partnerships can achieve change. It is difficult to quantify the value of case management or even to prove a positive value, but the comments of others provide some insight. Zuabe Tinning, the chair of the Morobe Family and Sexual Violence Action Committee, commented as follows in July 2016:

All organisations were working in isolation until Femili PNG came into the picture two years ago. Their staff physically walked from office to office to connect all of us to address family and sexual violence issues in Lae. Femili PNG connected all of us together.

Australian Federal Police Sergeant Mandy Arnold has been based in Lae for the last couple of years. She has been quoted in an Australian Associated Press report as saying that *Femili PNG* is 'the glue between the police force, courts, health system and women's shelters.'

Whatever success the organisation has achieved to date, it is far too early to declare victory. *Femili PNG* faces significant challenges going forward in the areas of

national expansion, financial sustainability and operational resilience. Concerning national expansion, *Femili PNG* was created in Lae, but from the start, had national ambitions. Already, initial steps have been taken to expand through training and developing national networks. The organisation plans to support similar, smaller efforts in other urban and perhaps rural centres. Already, an increasing range of responsibilities is being taken on by national staff, and the CEO is increasingly focused on the national agenda.

An advantage for long term sustainability is that the organisation's core expenses are modest, encompassing salaries for our national staff, rent, and operational costs to cover petrol and phone bills, as well as the daily costs of our safe house clients. While the costs of an organisation such as *Femili PNG* should be affordable, it nevertheless has to be funded. Australian aid has been generous, however, indefinite reliance on aid cannot be assumed. Aid programs struggle to fund recurrent costs.

Therefore, a fundamental challenge for the organisation is to diversify its funding base. There are many potential sources including the PNG government; PNG private sector and individuals; and the Australian private sector and individuals. None of them are easy to reach, but some progress has been made and a recent estimate indicates that 25 per cent of *Femili PNG* costs are now covered by sources other than Australian aid. One particularly encouraging dynamic is growing private sector support, as exemplified by recent signings of memoranda of understanding with Trukai (PNG's main rice supplier) and the PNG Business Coalition for Women.

The third and final challenge facing *Femili PNG* is operational resilience. A common refrain for staff is that the organisation can achieve nothing on its own, and that only with the cooperation and hard work of our operational partners is success possible. While this is certainly an important maxim, it also reveals a key vulnerability: in a volatile public sector environment (for example, PNG is currently experiencing a period of acute fiscal stress) success cannot be guaranteed, and sustainability of any success even less so.

Conclusion

PNG is still predominantly a rural country, but it is urbanising. The path breaking PNG domestic violence incidence studies carried out by the PNG Law Reform Commission in the 1980s found that 'two-thirds of rural wives had been hit by their husbands' and that '56 per cent of wives of low income earners and 62 per cent of elite wives had been physically assaulted by their husband' (PNG Law Reform Commission 1992:Table 1). Likewise, the Fiji Women's Crisis Centre (FWCC) study of domestic violence in Fiji found that 'prevalence is considerably higher in rural areas' (FWCC 2013). Specifically, it found that the 'lifetime prevalence of moderate and severe physical partner violence among ever-partnered women was 66 per cent in rural areas and 55 per cent in urban areas' (FWCC 2013: Figure 4).

The reason that PNG should focus on providing services to survivors in larger urban settings such as Lae is not that violence is worse in such settings, but rather that it is more feasible to provide such services in urban settings. PNG is no different from other countries in that there is more likely to be a police service, a court, a hospital, a child welfare office, and a safe house in a large city than in a smaller city or town, and certainly than in a rural area.

Femili PNG is not the only organisation in PNG delivering case management services, but it is the first to do so in one of PNG's two biggest cities. While it is too early to reach a definitive judgement regarding the success of such a young initiative, its promising start should be welcomed as a positive aspect of Melanesian urbanisation.

Note

¹ Professor Stephen Howes is Director of the Development Policy Centre, Crawford School of Public policy, ANU and chair of Femili PNG; Denga Illave is Operations Manager and Daisy Plana, CEO.

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