Adding value to the family and sexual violence referral pathway in East New Britain, PNG

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Introduction

The Gender Based Violence (GBV) Secretariat in Papua New Guinea has guidelines that create a great pathway for addressing GBV and particularly Family and Sexual Violence (FSV). The GoPNG (2012), National Strategy to Prevent and Respond to Gender Based Violence sets out this commitment of the Government of Papua New Guinea (GoPNG) to respond to GBV. Past efforts include the Yumi Kirapim Senis (Together Creating Change)[i]. The National Family and Sexual Violence Action Committee-Referral Pathways: Responding to Family and Sexual Violence Guidelines (FSVAC 2018) guidelines support the capacity of service providers responding to GBV in PNG. It outlines the referral pathway including the interagency response. This is what the East New Britain FSV referral pathway is based on. It does not cover missing links at ward local government level nationwide.

This paper offers missing link options in wards that can be supported through participatory media led by each Ward Development Committee (WDC) in PNG to address GBV, particularly FSV. The WDC is made up of the elected Ward Member in the lowest census unit called a ward. Each ward has sister wards who together make up and come directly under a Local Level Government (LLG) aligned to the electoral boundaries GoPNG recognise as the legitimate Government in each ward. Family and sexual violence is by far the most significant barrier to addressing GBV[ii]. Andrews (2016) mixed methods approach thesis measured 54 nurses self perceived knowledge, attitudes, beliefs and practises towards identification of FSV. Thematic analysis found qualitative responses revealed four inter related themes that of clinician factors, patient factors, resourcing issues as well as factors which work as enablers. Participatory media led by each Ward Development Committee (WDC) in PNG to address FSV is one of the factors which work as enablers. These have not been documented in detail to impact inter government inter agency financing for missing link FSV referral pathway interventions. GoPNG and global governance projects continue to concentrate on strengthening formal inter agency systems and processes to respond to strengthen FSV referral pathway survivor centred services in the for pilot provinces that includes East New Britain (ENB).

Literature review

The East New Britain (ENB) was the first province in the country to develop an inter agency response protocols to addressing FSV supported by Child Fund PNG in 2020.[iii] The impact of these efforts impact all ENB Provincial Administration (ENBPA) priority sectors aligned to the Government of Papua New Guinea (GoPNG) Vision 2050 (ibid). However, participatory volunteer work with the ENB Family and Sexual Violence Action Committee (FSVAC) Secretariet by the author found specialists on the referral pathway were preoccupied with their own work loads within the agencies they represented. Each agency had accumulated data over the years that have never been shared because there was no central coordinatoring team. Current efforts from the GBV Provincial Coordinating office are underway to counter this and reduce information hoarding. The hoarding of information among agencys responding to FSV remains one of the barriers to getting accurate data on the efforts of addressing GBV.

Global research evidence has shown self efficacy empowerment to increase safety behaviours inteventions have shown improvement in certain aspects of health and reports of increased safety behaviours[iv]. This paper focuses on discussing FSV ward participatory media options to target addressing Intimate Partner Violence (IPV) and child abuse. It outlines the inter agency protocol outline for the East New Britain Province in PNG. Then it discusses locally appropriate interventions informed by 10 key informants who work within the missing links outside the inter agency referral pathway.

Trabold et al (2018)[v] review of fifty seven articles found both empowerment based advocacy and cognative centred clinical interventions show positive outcomes on the broad trauma of violence in the factors surrounding intimate partner relationships. Varying contexts of interventions make it difficult to cross relate studies but the review found that interventions focused on addressing GBV that accurate information dissemination to survivors of Intimate Partner Violence (IPV) can change the way each woman self asesses herself to think for herself better. For women who experience violence, this facilitates and maintains positive physical and mental health (ibid). Yet there are still other reviews and studies that suggest that asking about violence does not improve a survivor's chances of not being retraumatized[vi]. Case finding to provide appropriate services to women who show signs and symptoms of trauma and abuse is the back burner that all clinical and social service providers are looking at today[vii] For child abuse, aging of bruises is hard to measure abusive and non abusive bruising patterns[viii]. In PNG, the standard time to report child sexual abuse and how to respond is outlined in the Child Health Policy and Plan 2009-2020 (NDoH 2009). It also directs health workers and other community groups to identify and speak out against child abuse and domestic violence. Research evidence shows most studies on child abuse measured knowledge and skills of people in educational settings. Russell and Posso (2020)[ix] reviewed the nature of child sexual abuse interventions in developing countries environments. Following the PRISMA guidelines they found most data focused on pre school and primary school aged children. There was a lack of advocacy on the population level to prevent child sexual abuse. Researchers have not explored the use of school aged children's knowledge or skills in real life application. The includes the actual reduction of child sexual abuse and safety standards in organizational environments. The review recommend that evaluations be done to explore relationships that measure child sexual abuse reduction. This includes how effective broader government led or community prevention interventions in reducing child sexual abuse prevalence and any link that shows increased knowledge and skills can reduce victimization. The Lukautim Pikinini (Child Protection) Policy (1DfCDR 2015) is based on the United Nations Convention of the Rights of a Child. It tries to

create an enabling environment where children are safe. It mandates service providers and key partners who work in child protection and with children in the country. The Act creates and gazettes child protection officers who are delegated responsibility in responding to child protection in the country.

For the Ward, there is a the Social Protection Policy (2015) (2DfCDR 2015) for all who are disadvantaged, vulnerable to or have been impacted by events of a kind to disrupt their livelihood, wellbeing or health. It is not clear how to implement this policy, however, it does specifically mention the vulnerable position of women and children in PNG. Countries must invest in studies that construct a picture of the child abuse[x] and PNG is one of them. This includes the need for longitudinal studies on trauma, violence and abuse[xi]. In response to COVID-19, socioeconomic crisis can heighten the risk of physical abuse of children.[xii] This is non accidental injury (NAI) that is experience by 20% of children and only 0.1% are diagnosed. Less than 20% of these are documented by health professionals. Martinkevich et al did a literature review to recognise NAI with expert opinions. It was written into an educational paper to help clinicians identify NAI and make appropriate referral to multidisciplinary teams and local authorities. This process is identified on the FSV referral pathway locally in ENB where high risk survivors cases received at any entry point are usually discussed in a multi agency case conferencing meeting to work out a plan to assist the survivor in the most cost effective time with adequate services and re-integrate them later back into the ward they live in.

The COVID-19 crisis had some countries reporting alarming increases in domestic violence, European countries had alarming increase in domestic violence[xiii] NAI is known globally to be enhanced in times of socioeconomic and health crisis[xiv]. The pandemic is by far the greatest accelerator of GBV[xv]. In PNG, the mainstream media and social media platforms Facebook and twitter are abuzz with escalating cases of IPV, human trafficking, child abuse, sorcery related violence, misinformation[xvi] on Covid-19 vacinnation rollout among school aged children and killing of women, girls and children. Fake news is prevalent[xvii]. Putt and Kanan (2021) acknowledge one of the less-known impacts of the COVID-19 outbreak has been a spike in domestic violence. Domestic violence has been a serious issue in the country long before Covid-19 entered the country. They carried out a large-scale research project over a 16-month period to assess the impact of civil protection orders in order to understand the ways PNG is combating domestic violence.[xviii] The study found that in most sites a minority of Interim Protection Orders (IPO) are converted into longer-term Protection Orders (PO). Very few breaches of IPOs or POs were reported. The study is limited in that it depended on statements of survivors who were asked to retell their story so many times.

It is worth noting the Family Protection Act (FPA), (GoPNG 2013) endeavours to support safe and protective environments for women, men and children in PNG. The Act makes domestic violence a criminal offence (RPNGC Response to Offenders of Family and Sexual Violence Policy, Circular2007). It establishes the role of both the Village and District courts to issue Family Protection Orders (FPOs). The Village court magistrates can only issue an Interim Protection Order and the District court magistrates can issue both an IPO (Village Court 2014, GoPNG 2014) and longer-term Protection order. All criminal matters under the FPA are in the jurisdiction of the District Courts. This information must be reiterated when conducting awareness in the wards for both survivors and GBV response agencies. When discussing any data on the referral pathway, there is no one single policy that explains the referral pathway and seeking of FPO, IPO and PO. The referral pathway must be reiterated as overarching protocol in the context of discussing any single

agency efforts on the referral pathway. It must be understood as part of the whole response to GBV in PNG. This is not clear on the Putt and Kanan report.

Putt and Kanan also made note of the credibility of policing from observation. There was no data from the Royal PNG Constabulary to cross relate to the cases analyzed. The study found specialist family and sexual violence (FSV) services make a substantial difference by supporting and helping survivors both in times of crisis and over the longer term. This is not true for specialists on the East New Britain inter agency referral pathway. Pirpir (2021) working directly with the specialists to put together indicators to measure on the FSV referral pathway found the lack of follow ups on survivor cases, information hoarding, charging survivors fees and lack of inter agency resources to assist many survivors.

It was also found that obtaining orders depends on access to district courts and committed magistrates. The East New Britain specialists confirmed this delay in their daily work. It was frustrating to front up to follow up on the orders they sought for both family court clerk and the clients. The public solicitor's office in Kokopo faced similar experiences of delays in the process dealing with child maintenance cases. The study outcome on FPOs sought Putt and Kanan claim improved safety for most applicants. More than 80 per cent of applicants who were issued an IPO feel safer. But, many applicants were not confident in expecting this feeling of safety to be sustained over the longer term. Although awareness activities were carried out in tune to these services in the study sites covered, the impact of these awareness activities were inconclusive.

The report concludes that there is a need for the Magisterial Services of PNG strengthen its consistent and timely reporting on FPOs across the country. Putt and Kanan acknowledge that any efforts GoPNG makes in its service delivery needs to be thought out carefully to make FPOs or similar mechanisms more accessible in rural areas. The report does not note the system of governance it approached in each ward to conduct the awareness it reported on. It concludes referring to these locations as 'rural areas.' If accessibility to FPOs can also be enhanced by ensuring that the good practices employed to issue FPOs electronically during the COVID-19 state of emergency are continued by the justice sector, the sector must also acknowledge the missing links it needs to connect to because here IPOs can also be issued . This includes the village court system, ward members who are also authorized to issue IPOs, the ward development committee law and justice committee in each ward and existing ward councils of women. In the likely event the awareness efforts continue, it is incumbent on the law and justice sector to remind the missing link groups to know their roles and responsibilities when dealing with FPOs and the whole inter agency referral pathway it is part of.

Different evaluations must continue be done to inform how to strengthen the referral pathway. This should support national and provincial stakeholders, like the FSVACs, to use available data to monitor how FPO processes are working. There is a lot more that is not known about the survivor's journey on the referral pathway this paper does not address. This is being addressed in ENB with the inter agency protocol that strengthens the FSV referral pathway with the commitment of all specialists. This paper outlines it below and identifies the missing links. This paper seeks to put these missing links into perspective as options to consider to connect to the inter agency efforts and how they can be measured.

Participatory communication for development

Pirpir (2021) ward participatory media communication for development visual material and field

notes working as a field researcher on various multidisciplinary teams prior to Covid-19 as a social behavioural researcher and following various health, human rights and development indicators translates the PNG context understanding Covid-19 diplomacy as limited to those who absorb accurate information and respond to prevent the virus. There cannot be any single evaluation without considering integrated bio behavioural surveillance as the best point of entry to explore local responses to Covid-19 ward participatory media in PNG. This is particularly important where scientific,medical technicalities of underlying factors that contribute to the barrage of accurate mainstream media updates surrounding AstraZeneca has been downplayed by conspiracy theories circulating on Facebook and Whatsapp messaging that are not backed by any research evidence.[xix] For journalists in PNG and abroad, the mainstream media reports do not cross relate issues to give a full picture of the response to COVID-19 in PNG as a public health response for citizens to understand.

For Papua New Guineans in rural areas, most do not cross relate issues. The community conversations are limited to opinions that are usually in favour of what leadership in the community perceive it to mean for everybody. Individuals, particularly the young people are often left to absorb information on the virus and find their own spaces to air their views out of view and out of ear shot of community leaders (ibid). Papua New Guineans resilience to survive without accessing the broken health system has yet to inform how local responses can add value to the global response to curb COVID-19. The FSV referral pathway can inform this if it is connected to Covid-19 testing in each province. For ENB, this link has not been made. However, with the current Covid-19 clinical testing protocol, all persons presenting at any health facility must be treated as a person of interest (POI). They must be tested within 24 hours of the time they arrived at the health facility. This means that cases of FSV are included. This can also be cross related to HIV status statistics, diabetes, TB, surgical, antenatal and all other patients presenting at the Covid-19 testing facility. For ENB, local observations find the Covid-19 technical team works in isolation from the inter agency referral pathway. It has not been added as an important link to understand cross gender cutting issues and how local response interventions can be developed and rolled out.

Even the wealth of experience from skilled Papua New Guineans has not been appreciated by GoPNG to develop an impact of COVID-19 national strategy. The lack of coordinated response is obvious with political leadership controlling COVID-19 funds. The protocol the NDoH, state line agencies and development partners follow was led and put together by international development agencies to speed up the NDoH and state line agencies response to the virus through the National Coordinating Centre to implement. GoPNG is supported by WHO and development partners. This has been since Prime Minister James Marape signed the country's response over to the technical expertise, finance and resources that bring the country's response on par to WHO standard. PNG offers its human resources and existing facilities in response to COVID-19. Global governance technical expertise and investments on GoPNG state line agency frontliners continues with no data both clinical and socio-economic indicators (ibid, Luma 2021[xx], Upe 2021[xxi]).

Today, a year after millions have been spent and unaccounted on the response to the virus for public[xxii]. In the East New Britain Province, ward participatory media intervention options key informants have identified perpetrators are those who are known to the survivor and they are harboured by citizens either in the ward the survivor is in or in another ward. The missing link intervention options will be discussed in detail after the survivor centred referral pathway outline.

The referral pathway based on notes taken on identifying indicators to measure the journey of a survivor

The ENB inter agency protocol sets out the survivor centred approach principles and practise standards. A survivor is any individual who has lived through any multiple issues relating to FSV and GBV. The principles of good practise and standard practise are those that make the inter agencies who are partner to this protocol coordinated by the ENB Family and Sexual Violence Action Committee (FSVAC) Secretariet Coordinator. The Coordinator is held accountable by the FSVAC. The Coordinator's role is to ensure partner agencies are accountable to the survivor and to each other as partner agencies. A survivor can enter at any point on the referral pathway.

The protocol outlines who provides FSV/GBV services on the referral pathway. These are formally registered agencies who are partners to the East New Britain Provincial Administration and GoPNG state line agencies. It provides multiple entry points and each survivor journey is recorded on approved standardised data collection forms that includes the informed consent. This is for the service providers providing survivor centred services to follow under the FSVAC Secretariat. All these services are entry points and they all link to the FSVAC Coordinator and central database monthly reporting.

The FSVAC partners Child Fund PNG, the UNFPHA, civil society and other development partners informed this protocol. It is an integrated agency referral pathway model that ENB leads on for the country that it's sister Provincial Governments divisions and state line agencies can collaborate and align their basic service delivery efforts with to deliver cost effective survivor centred services. These efforts paves the way for the protocol coordinated sub national response aligned to the National GBV Secretariet.

ENB has great systems and processes in place to address FSV/GBV. The weakness is each agency that addresses FSV/GBV works in isolation from the FSVAC Coordinating. There is potential to cross relate efforts from the health, pyschological social support, police, legal services and the courts. The protocol will directly assist and impact the work of the FSVAC Coordinator to improve the provincial survivor centred FSV response. This includes setting up a central database to collate all agency data to inform inter government agency funding priorities for the ENB.

Referral pathway for survivors

The referral pathway will assist survivors to transition through different agencies and be adequately supported with the services with that agency. This protocol outlines clear communication and cooperation to make sure agencies support that survivor through her or his journey.

Referral pathway for agency

The implementing agencies have got to start following the principles of good practise agreed to. This will ensure there is safety planning that happens for each survivor case, individual files kept and stored safely for each survivor. Each agency providing services will follow the good principles and practises. It is the responsibility for each agency employer and employee to be accountable to the survivor. It is the responsibility for each each agency employer and employee to be accountable to each other to make the principles of good practise work.

The principles of good practise include informed consent, privacy and confidentiality. Listening to the survivor is important in a reassuring non jungemental and non directional way. The safety of the survivor is paramount at all times. It is the responsibility of each agency these guiding principles bind to agree on occupational health and safety standards for service providers to abide by at all times. The basic principles are for how every individual employed and associated to any implementing agency that works in the referral pathway to practise and operationalise to provide best level of support for survivors.

What the Protocol seeks to address

The ENB FSVAC Secretariat has no central database. This protocol seeks the support of the ENBPA, GoPNG state line agencies, political will and external stakeholders to fund the following identified priorities:

- Develop inter agency protocol that ensures inter government agency funding to adequately address the needs of survivors of FSV and GBV. The real strengths of what ENB has and what recommendations formalised protocol mechanism brings out a coordinated survivor centred response to address FSV/GBV with each agency knowing their roles and responsibilities in the response.

- For learning purposed for other provinces and stakeholders to take note of, these efforts must be made. Data collected in isolation by implementing agencies and information hoarding must cease. Communication, collaborate and align all efforts in response to Covid-19 impacts. The Division of Community Development officers across two government level Provincial and LLG. The financial administrative arm at districts also collect data through the District Community Development Officer. The other agencies collecting data in ENB are the National and Provincial health agencies, the Royal PNG Constabulary Criminal Investigation Divisions Family and Sexual Violence Unit and Sexual Offences Squad Unit, the Public Solicitors services collect data, the courts and correctional services collect data. Other Non Government Organisations (NGOs) also collect data and submit directly to the ENB Provincial Health Authority (PHA).

- The baseline mapping Child Fund and ENB FSVAC did recommended addressing particulars around how to address high risk cases and how to respond. It is critical to know all key stakeholders and how to organise themselves to serve the survivors best interests. A series of activities follow this protocol that documents a coordinated response to make survivors safe and accountable not only to survivors. It also keeps agencies accountable to each other by placing the survivor as the centre of the response. This is aimed at reducing duplication efforts and ensures the referral pathway works both by protecting and reassuring survivors. Documenting the work and agreeing on the way forward means to agree on the good guiding principles that can be taken on in each implementing agencies roles and responsibilities response to FSV/GBV. The tangible outcome of this is how agencies and sectors interact with each other;

- Set up a central database coordinated by the GBV Coordinator in the Province as part of their responsibilities. Members of the ENB FSVAC and their network are the primary stakeholders who continue to inform the set up of the central database. The UNFPA are the external partners who have committed to assist the FSVAC Coordinator to make this

happen. The FSVAC are also open to collaborate with other partners to strengthen data collection and management systems and processes. FSVAC Secretariat informed by the Division of Community Development Officers have initial indicators that will form the basis of the baseline. These initially give statistics and qualitative data support for giving evidence of the nature of the forms of violence that are collected across inter agencies that address FSV/GBV. They will document the existing human resources available, material and budget sealing trends. This will include forecasting the need to prioritise funding for adequate resources to ensure these trends change over time to demand political will to secure annual inter government agency funding to ensure the sustainability of survivor centred inter agency referral pathway;

- ENB FSVAC stakeholder mapping that will inform the education and workforce capacity building needs are targeted to the referral pathway needs from Ward level to the Local Level Government (LLG), Provincial Government and National Government. This includes unintended priorities that create legitimate collaboration and align inter government agency responses to FSV/GBV and basic service delivery in general. This is where the ward media participatory options come in later in this paper;

- Develop the standard forms for data collection will inform sustainable planning for FSV/GBV referral services. For ENB, Child Fund PNG with funding from MFAT are the external partners who have committed to assist the FSVAC Coordinator to develop these standard forms. The FSVAC are also open to collaborate with other partners to strengthen data collection tools and data management systems and processes; and

- Impact the potential to cross relate data to every sector in a collaborative manner that encourages information and data sharing that can impact other sectors to take on a better informed strategies that encourage interactive clear communication among disciplines to coordinate activities to impact cost effective impact projects that target direct service delivery to the missing links in wards across ENB.

Key sections under the FSVAC inter agency protocol should include:

- A referral pathway that is survivor centric agreed to by all agency service providers
- Agency effective communication and cooperation to support the survivor
- Safety planning for survivor and service provider safety
- Principles of Good Practise
- Informed consent, data collection forms, data management, analysis, monitoring and evaluation framework.
- A communication strategy for reporting lines, branding, fundraising, marketing, research and development and information dissemination.

Objectives of the protocol

The protocol objectives are standards agreed to by all agency service provider partners recognised by the Provincial Health Authority, Covid-19 technical working group and the GBV secretariat. It is an inter agency approach to support survivors of FSV that is non directive and non judgemental using an agreed referral pathway, agreed referral documents that must be documented in a timely

manner. Some of the ways you can get to those objectives is by active listening, being non judgemental and survivor centric. This includes a survivor tool kit, upholding privacy and confidentiality and security of information, collect data with standardised forms for referral data gathering risk assessment, consent, case noting, open communication, good time management, the use of multi agency case conferencing (MACC), agency cooperation and other agreed forms.

Volunteering defined best practice principles for the inter agency referral pathway informed by specialists for specialists

Survivor - A survivor is any individual who has lived through any multiple issues relating to FSV and GBV.

Survivor of violence safety- safety of the survivor is not limited to reducing all forms of intimate partner violence or controlling behaviour. Each survivor, like all of us, survivors and their children also need shelter, food, water and other essential resources to live.This includes the social, spiritual and emotional aspects of our humanity. These are all necessary for security.

Survivor centred – All referral pathway services must be focused on the survivor.

Informed consent – Permission granted by the survivor in full knowledge of the consequences of the risks and benefits of accessing the survivor referral pathway.

Listening – is for the service provider to be alert, ready to hear and give attention to each survivor telling their story. This includes the service provider or agency employee to take notice of and act on what the survivor says. This includes and not limited to, to respond to advise or request of the survivor.

Time management – the ability of each agency employee to use one's time effectively to respond to the needs of each survivor.

Non judgemental counseling – a counselor having the skill and sense of balance to understand the views of each survivor that present themselves to access the referral pathway services. A counselor must accept each survivor for who they are. A counselor must accept a survivor's views as they are. This must be reflected in each counselor's words, choices, actions and reactions.

Nondirective counseling – a counselor offers to listen, support and advise without directing a survivor's course of action.

Cooperation – The actions of working together. This is the responsibility of each agency employee working with each survivor and with each agency on the survivor centred referral pathway.

Communication – The exchanging of information through speech, writing, audio and audio visual content. This is an art of skills that each agency employee must master over time to discern the best communication skills to use with each survivor and within agency and inter agency circles for the benefit of the survivor.

Networking – is the action or process of interacting with others particularly for agency employees

assisting survivors to exchange information about the client in a confidential manner particularly through Multi Agency Case Conferencing (MACC). This must be done in a professional manner. Social contacts can also be maintained responsibly without compromising the identity of the survivor in the case of seeking more information to assist the survivor on the referral pathway.

Empowerment counseling – the practise of increasing power from individuals to groups in large communities. This is for the purpose of individual and groups be informed with accurate information to take action to improve situations. This can be used to capacity build agency employees and awareness raising about the survivor centred referral pathway to a survivor and/or large community groups. These skills can also be fine tuned to assist a survivor on the referral pathway informed by practising specialists.

Transparency – Make it easy for others to see what actions are performed in accordance of the survivor centred inter agency referral pathwa. This is particularly for agencies and agency employees dealing with survivors.

Accountability – This is for each agency to take responsibility for their actions when providing services to survivors on the referral pathway. Each agency and its employees are encouraged to take ownership of their roles and responsibilities and take full responsibility for their actions.

Dedication/Commitment – Each agency and agency employee must show support for or loyalty to survivors transitioning on the referral pathway.

Trust – Each survivor must be able to have firm belief in the reliability, accurate information and ability of each agency and service provider on the referral pathway.

Honesty – Be straight forward in a responsible way through speech, writing and actions that involve each agency and employees providing services to a survivor on the referral pathway.

Love – It is the responsibility of each agency and its employees to show interest, passion and affection for the work you do when providing services to survivors on the referral pathway.

Care – Each agency must provide neccessary health, welfare, maintenance and protection for each survivor on the referral pathway in tune to their respective roles and responsibilities.

Unity – Refers to all agencies that are guided by this protocol providing services to a survivor on the referral pathway. All agencies must show they act as one, together in responding to the needs of each survivor.

Respect – This refers to the high regard each agency and their employees must have for each survivor. Have due regard for each survivor's feelings, wishes or rights. This also includes each agency and their specialists having similar regard for each other in their professional and social circles.

Justice – The act upon the principle that each survivor must recieve that which they deserve in

reference to the circumstances they find themselves as wronged by and seek law and justice services that of the RPNGC, Public Solicitor's Office and ultimately, the courts.

Impartiality – Each survivor must be treated fairly by each agency service provider. Each agency service provider must also show the same courtesy to each other when responding to the needs of the survivor on the referral pathway.

Specialists overview of each key agency / structure and roles on the referral pathway

Partnerships and coordination among agencies are often enhanced through having formalised agreement or protocol in place also coupled with the rate of training, mentoring and inter joint planning, coordination, implementation, monitoring and evaluation that will get all agencies through. Having clarity about having roles and responsibilities means that each sector can excel in their areas of expertise and each professional's work is complimented by that at the other end. This is accountability. The tangible output of this is the development of such an agreement or protocol that is documented in greater detail about how agencies and projects will interact with each other, their roles and responsibilities within the coordination group and their own representatives in their own agencies. Essentially, it is the adoption into a relationship agreement between agencies detailing how they will conduct their inter agency response to FSV/GBV. This protocol guide was led by ENB specialists and has the potential to be rolled out in PNG.

Coordination is good to support survivors progressively through agencies and institutions that respond to FSVAC and the overall community. It results in increased safety by placing the survivor at the centre of any intervention. This is by making sure they have access to informed and skilled service providers who share knowledge in a dedicated informative working environment. It recognises the survivor's multiple needs which can be met by multiple service providers within that growing network. It encourages information sharing amongst agencies that can reduce the number of times survivors are asked to retell their stories, thus reducing retraumatisation. It also encourages institutions and agencies because it can make them more effective and also reduce costs by sharing the work load. It is also known to enhance the ability to the criminal justice system to give teeth to hold all stakeholders accountable through the Social Protection Policy (2DfCDR 2015). It encourages everyone doing their bit to ensure all the information and facts are given to a central coordination body, the GBV Secretariat. Overall, the greater results and impacts on reach of the program can be managed at a lower cost by pulling financial and human resources by reducing duplication of roles and responsibilities.

For ward coordination, the protocol ensures for a consistent and unified message that FSV/GBV is being treated seriously both by protecting and assisting the survivors and, attempt to punish the perpetrator(s). All agencies will experience some of the benefits of coordinating and more importantly see how this can translate into great outcomes for the people that we serve. We must all do this work and share this responsibility but how do we ensure that this must be documented and agreed upon by all implementing responders in wards. These responders need resources to contribute their time and efforts to assist survivors daily. The ward-level missing links need to be further explored and documented to hold government and businesses accountable to people and environments.

Agency Roles and specialists responsibilities in East New Britain

Division of Community Development

At the top there is the Advisor. Her job is to make policy, administration and coordination of all the policies (See ANNEX 1). Under the advisor there are program managers.

(1) There is remedial services that is the welfare services in the province.
(2) Social inclusion, a program for people with disabilities (it used to a health program in the past before it was put under community development).
(3) There is also the community mobilisation program, It is responsible for youth and women.
(4) NGO is another program. It is here under the structure and it has its own policy too. ENB is a step ahead when the National policy they're still working on, the provincial government has already approved a policy.
(5) Gender violence is this program that's where the secretariet comes in. The Secretariet is called FSVAC. And the representative of this secretariet is the representative of the provincial administrator social and economic services Mr Levi Mano. He is our Chairman of this committee.
(6) There is also the civil registration and NID too.
(7) The seventh program is sports and recreation. The structure is covered by policy and administration. Under the 4 districts, Pomio district has a welfare officer. Kokopo district, Rabaul and Gazelle similar.
(8) The district officers are responsible for peer education coordination of all programs in the province. The officers under the district oversee the 386 wards with a populaton of about 500,000. So population is growing. ENB have the highest birth rate in PNG (3.6%). When population grows, the work load is a lot more.
(9) Further down under the 18 LLGs, under the restructure Pomio should have six officers. Kokopo should have four (which they have). Rabaul they have five out of them, Watom is not included in the structure yet. Watom is the smallest LLG in the province and PNG. Gazelle, population is the biggest and largest district. There are 5 LLGs. The division is responsible for to look into the rights of the people in the province. They are also responsible for 376 wards.

East New Britain Provincial Administration Gender Equity Social Inclusion (GESI) unit

The unit targets the welfare of the employees under the ENBPA. It sits right under the Provincial Administrator (PA). The PA is answerable to the whole of government under the Department of personnel management under the GESI unit. The three deputy provincial administrators sit under the provincial administrator. Their roles and responsibilities cross relate in tune to the GESI Officer's reporting direct to the Provincial Administrator. The GESI officer comes under the Provincial Administrator underpinned by two policies: the Gender Equity Social Inclusion Policy and the Ethics and Leadership Based Framework. That underpins their work and they sit under the Human Resources Division. Their work also underpins the work of the PA because anything that comes from the GESI unit is reported to the PA. The PA reports to Department of Personnel Management. And that is where accountability is.

Child Fund PNG commitment

Child Fund PNG has provided a Gender Technical Advisor Fiona Richards to support the ENB

FSVAC Coordinator Aidah Ikilik for six months. They successfully conducted a three day stakeholder consultation December 8 – 10 2020. The outcomes of this consultation will inform the direct assistance they will support ENB FSVAC to write up a inter agency survivor centred referral pathway protocol document. They donducted a baseline on the needs of the FSVAC in 2019. Due to Covid, their support to ENB FSVAC was delayed till December 2020 when they held the 3-day stakeholder consultations.

Child Fund working with their Wantok helpim lain found survivors called them and they in turn called service providers in ENB to assist the survivors. From this experience they know that ENB FSVAC and Secretariet is well established. ENB is often sighted as the star province and National FSVAC and a lot of agencies are excited about what is going to come out of ENB. Child Fund PNG recognise that the real strengths of what ENB has and what recommendations formalised protocol mechanism that is being developed must know roles and responsibilities of each agency and their specific responses. There was also some recommendations around how to adress high risk cases and how to respond. It is critical to know all key stakeholders and how to organise themselves. Child Fund PNG have secured funding for some counsellors to train some counselors in ENB in 2021. This was done by Femili PNG.

Public solicitor's Office

The Office of the Public Solicitor provide: 1 legal representation to the public; 2. provide legal advice to the public; 3. draft legal documents; 4. Refer cases to referral partners; 5. Carry out awareness; and 6. They make sure there is no disruption to survivors seeking justice.

Public Prosecutor's Office

The public prosecutor head office is at Waigani. At the Kokopo branch, there are three lawyers and two support staff. Their main duties is to do prosecution. They mostly do criminal cases and that includes offences resulting from gender based violence. Especially GBH cases Grievious Bodily Harm and also include homicide cases olsem man slaughter na murder, even wilful murder resulting out of domestic setting. The agencies that they mainly work with are mainly the police RPNGC. The office of the public solicitor also represent offenders or perpetrators of GBV. They also have the duty to the national courts where we do mostly the prosecution, prosecuting ol criminal cases long national courts. They also have the community based (CBC) office and the juvenile justice office they also work with them and the police prosecutions. Through the police prosecutions, the committal courts also comes in. That's where they receive most of their files of GBV and any other criminal offences. The criminal offences that they prosecute are mainly an indictable offences and those are the serious ones. The lesser ones are dealt with by their police prosecutors. And then they have the Correctional Institutional services they also work with them. And they have a social obligation to the community and society they live in and that includes the GBV which they are now part of. They also do community awareness especially on human rights, children's rights, women's rights, constitution and the criminal law.

District court

Principles and philosophy of a district court. The district court act enact to provide the establishment of a district court and their jurisdictions and proceedings for related purposes. The district court also reside over the register for both criminal and civil matters for our purposes under civil is FPA, LPA, the Summary Offences Act and committal matters. Their principles include

confidentiality in record keeping and data management, impartiality and keep record of written decisions. Their data management is updated on cloud access online entered daily. Headquarters sees how many cases they see in Kokopo in a day. That is for all the types of cases they see before the Kokopo District court.

New Guinea Islands Referral Nonga General Hospital

Nonga General Hospital in Rabaul has a Chief Executive Officer. Then under him is the Director Medical Services, Director Nursing Services (DNS), Director Finance and Administration (DCS). The Family Support Services and Friend's Clinic come under the DNS. The Family Support Centre Nurse Veronica Marfu is authorised to write up all medical reports for survivors. The standard the National Department Of Health (NDOH)

St Marys Vunapope Hospital

St Marys Vunapope District Hospital in Kokopo has an Administrator. Then under him is the Director Medical services, Director Nursing, Director Finance and Administration. And then for Disease Control. And the gender based violence cases, they have the referral pathway. They have the VCCT voluntary counseling and testing is done. They have obstetrics gynocology services where FSV survivors can be examined. They have the outpatients where direct GBV cases also enter the referral pathway. They have the children' ward, maternal and child health and the village health committees. Ward members would know that there are some village health volunteers there that St Marys directly work with too. And also, within the areas of communicable and non communicable diseases, life style diseases like diabetes, heart conditions, cancers and everything, everyone contributes to address gender based violence.

SDA Mission (East, West New Britain & New Ireland)

The local Mission, Vision and general conference have a President, a mission secretary, finance and field workers. Field workers are directly linked to the secretary. Under the secretary they have the area supervisors, three, one each for East New Britain, West New Britain and New Ireland. Field workers include pastors, teachers and health workers. The directors steward health, education, women and children programs. Their cross cutting issues are addressed by the women and children departments. Their issues concerning gender are addressed here. The SDA Church has just started to address the cross cutting issues because it affects the church and so gender based violence comes directly under women na children's ministries. This does not mean that the others do not contribute. Under Youth, much of our population is here so the youth does that as well. Education in their institutions is addressed by the education department the director and all the workers, teachers down the line. Pastors likewise get support to address FSV/GBV issues under the women and children's ministry department as well. So far the church has engaged in long agreement for adult literacy. In that case they educate people as well to understand how cross cutting issues can be addressed. There is a plan under way to build a safe house and juvenile centre that will be built at Kenobot. They hope to see these plans be implemented in future.

FSVU & SOS Kokopo police station

The Assistant Commissioner of Police is te head of the province. Then it comes down to the Deputy Commander. Then a staff officer to the ACP. Then it goes down to the PPC that's the Provincial Police Commander. Then PPC staff officer. The we have three Police Station Commanders. One is at Kokopo, the other is at Rabaul and Kerevat. Sections this includes traffic, public safety, FSVU,

SOS. That is where the survivors come and lodge their complaints with the family violence section and SOS.

Couppe safe house

The FMI congregation leader looks after the overall running of the safe house. Under her is the financial coordinator who coordinates the operations of the Couppe house and the safe house. There are procedures to follow. They are short of staff and need a lot of sisters to be trained to help out at the safe house particularly on how to take care of the survivors. Couppe safe house has a policy that guides the FMI sisters to follow this and how to deal with survivors. Not all sisters are allowed to be at the safe house. There is also a community awareness outreach program. They have been going out to communities to do awareness and work along with the stakeholders, closely with the Kokopo Police Station FSVU and SOS female officers.

Ward Development Committee

Current structure each Ward has an elected ward members. The ward member appoints the Ward Development Committee. Structure layout under the WDC are sectors, 10 sectors to name a few lands, health, comunity development, commerce, infrastructure in tune to the ENB Provincial Government priority areas. East of the sectors has a committee of up to four member. A suvivor will report their case to the entry points in a WDC that includes the ward member, law and justice committee or any other sector committee member. If the case can be mediated in the ward, it will be done. If it is complicated, the case is referred by the village court law and justice committee who all chair the mediation to the LLG. There is no counseling as the initial point of entry at the WDC level.

Integrating missing links to the inter agency protocol that also include informal agencies

The missing links identified include research evidence that can inform inter government and development partners efforts to sustain funding and resources. This includes human resources who will be proactive to fundraise when budget appropriation falls short and explore how to make social corporate responsibility work better as pyscho social support and advocacy in the missing link intervention spaces. Other missing links include the need to connect the Covid-19 testing clinical setting to the referral pathway over time, include the ward development committee in each ward, Council Of Women, women in business, Women Make Change Coalition women leaders in the 10 UN Spotlight initiative provinces, faith based organization women and youth groups and other local civil society organisations.

Lessons learnt from volunteering to support ENB FSVAC and speaking with key ward informants

There is a need to get community development officers to write technical documents to respond consistently in a timely manner to improve existing efforts sustainably beyond global governance secure investments. The global governance aligned development agencies continue to create layered information hoarding for specialists who are over trained with little to no time to disseminate the information they have been invested in to fine tune their skills and impact the people and environments they are accountable to.

Locally, community development officers need to think outside the box of lack of resources to cover the wards they are mandated to cover and establish FSV/GBV spaces among the mising link

groups in each ward. This is the missing links that need to reduce women and children's re-traumatization in trying to access the referral pathway. Survivors live in wards. The entry points in wards must be identified. These include the ward member, Village Courts that include the law and justice WDC members, any WDC member, women's groups, youth groups and other active movements in each ward. Those individuals who do not participate in ward-level efforts need to be encouraged to visually. These entry points will allow exploring how best to identify the central coordination contact person informed by the citizens in each ward. A ward member is overworked to assist all citizens. The WDC must be resourced through LLG allocation to establish a formal working relationship that needs to be agreed upon as protocol to address GBV and FSV in wards. ance to contact any key contact person on the referral pathway to organise resources to assist the survivor(s).

Those who can afford it can go direct from the ward to the clinic or health centre and these service providers must be resourced to contact the police to respond effectively. All these responding agencies must be adequately resourced to attend to all cases. Assessing risk is the responsibility of each referral way responding service provider. Ensure each WDC structure is working in each ward to connect to the formal agencies. This must be documented and integrated to the inter agency referral pathway overtime.

This can be done by holding businesses accountable to people and environments. The consumers and those who give business to service providers must be supported through the best ward media participatory options that integrate psycho social support and advocacy to address FSV, GBV and Covid-19. These are visual representations through the ward media participatory story telling spaces aligned to guidelines that protect survivors at all times. There is a need to propose a policy to bring socioeconomic balance where there is no social mapping done or monitoring and evaluation of profit making companies environments by the state line agencies and local authorities. These environments have widespread human rights abuse that of land grabbing, disempowering women from lands and lack of occupational health and safety in work places for both the skilled and unskilled workforce. The vulnerable women and children are always left to accept bullying and criminal nature of violence of all forms. Perpetrators must be handed over to the police in cases of FSV. The need to hold businesses accountable to people and environments could also counter money laundering out of the country where policy is weak to monitor where businesses invest their profits from the consumers who the government does not adequately protect under the Social Protection Act. It can also provide support to the families and dependents who have one parent or both working for businesses and these environments leave children vulnerable when there is no consistent caregivers in situations where the household members also have their individual priorities to make ends meet. Child protection is everyone's responsibility. The vulnerable and disadvantaged are those who live in wards, unemployed and working on their own lands. This is particularly for women and children who do most of the family unpaid labour.

The survivor informed missing link entry points are the ideal options to document further and connect approrpriately to the referral pathway among the missing links that could be supported through corporate social responsibility. There are 386 wards in East New Britain. This is to avoid women and girls being retraumatised traveling to the nearest referral service provider. Transport and related expenses are too high for a survivor to access services outside their ward. This is most likely one of the reasons why many women and children do not access the referral pathway. The other is the lack of support from family members and cultural acceptance of shell money and legal tender as mediation options. These arguably can be intepreted as compensation that is usually entertained if

the case is brought before the village court. Mediation and settlement is unfair for a women and girls. The survivors are often blamed for the trauma they are subjected to. The mediation process also has those mediating giving their own personal ward accepted bias to brush FSV as insignificant. Criminal cases continue to be heard at Village Courts when they are supposed to be reported to the police. One option to counter this is positive matriarch values that value women lineage lines. If the set up of referral services are taken up at each ward led by women with the support of men and boys in tune to matriarch values, this will help a lot of women and avoid suvivors feeling vulnerable outside their comfort zones and being retraumatised. This integrated inter agency protocol needs to include: A Ward Development Committee point of entry as one of four options; The second led by women through the Ward Council Of Women and supported by the ENB Women Make Change coalition who are currently advocating for the greater voices of women in all spaces of decision making and ending all forms of violence against women and girls, people with special needs and children aligned by offering technical support to the council of women leaders. They also continue to develop concept notes and network with global governance funding pools to expand the options for ward media participation to be developed led by young women leaders and all young people. ENB WMC Coalition is part of the 10 sister provinces including the Autonomous Region of Bougainville under the UN Women Spotlight Initiative women leaders network. The other provinces are New Ireland, East Sepik, Morobe, Hela, Southern Highlands, Enga, Milne Bay and the National Capital District; The third group are through faith based organisation women and youth fellowship groups. It is important to include all four as ward FSV referral entry points so nobody is left out in being assisted as a survivor of FSV in wards. The integrated inter agency can encourage this as ward participatory media advocacy that promoted positive change agent citizens volunteerism that commuincates on different media platforms, willing to collaborate and align efforts that inform strengthening the referral pathway. The ward-level needs its own protocol to be developed before it is integrated to the inter agency referral pathway. The Women Make Change Coalition is currently marketing this to different development partners to allow global governance to add value to local knowledge. This will strengthen local responses to curb Covid-19. So for the wards, if you are going to raise the entry point statistics on the survivor centred referral pathway, go through the Council Of Women as primary entry point. The Women Make Change Coalition is mid way in its organisational review of the ENB Women's Council and preliminary results available for this paper project the urgent need for young women leaders to be mentored and supported to take on the leadership reigns of the Council to make it the modern women's movement that impacts all gender identities and encourage local responses to Covid-19 across Papua New Guinea. Addressing GBV creates safer environments for women and children. The other entry points mentioned will include men and boys. When the WDC and Ward Council of Women are not alert to raise awareness in wards, the FSVAC Secretariet can use the reliable network of the recently formed ENB Women Make Change (WMC) coalition who have a network of 10 sister provinces in PNG; and the fourth are youth groups in each ward to target young men. This is important because there is no gender sensitisation definitions in the matriarch society. Everyone belongs to a clan and tribe. Young men are increasingly being left to find their own identity in a society that is focused on making ends meet. On top of this, investors address violence against women and girls and, forget the vulnerability of the young men in the wards in ENB.

The Women Make the Change Coalition have representatives from all sectors that include women and girls, men and boys and, all marginalised groups and gender identity sensitized champions. WMC champion fundraising for the NGO network in ENB. These skills can assist to capacity build FSVAC advocacy to raise awareness on the referral pathway and this will help the masses help

themselves participating together with their government in each ward. They are the government and this different approach can help us to inform investors who want to contributed to addressing GoPNG FSV/GBV priorities better. This is in tune to all the inter agency protocol to strengthen the referral pathway. Ward citizens expect that all agencies and service providers who come to each wards to raise advocacy on the referral pathway must also be sensitised to the community practises that are acceptable and not acceptable. This creates a space to appreciate what positive local knowledge is available, discourage negative values led by citizens themselves and, add value to it aligned to global governance. This would be ideal to document visually to share between wards to create a movement that gives citizens the responsibility to contribute to address GBV/FSV in their wards. This will created safe buffers for the survivor and all survivors of violence at all times to acess the integrated inter agency referral services.

Conclusion

Connect missing ward level government links to agencies on the referral pathway. The ward is the lowest census unit and where the masses live, work and survive. The ENB FSVAC inter agency survivor centred protocol needs to include wards in the referral pathway. The current live document protocol recognises formal agencies. The adhoc participation of WDC under each LLG continues to make wards miss out on opportunities they are eligible for. In each Ward, an elected ward member appoints the Ward Development Committee. The structure layout under the WDC include sectors, aligned to the provincial government divisions. The provincial government under the provincial development plan 2011-2022 refers to these as Strategic Result Areas (SRA). They include lands and physical planning, law and justice, health (and HIV and AIDs), comunity development, commerce, works and infrastructure, environment and conservation, disaster and emergency, tourism and hospitality, agriculture and livestock. Each of the SRAs has a committee of up to four members appointed by the Ward member and citizens.

In wards, each FSV suvivor will report their case to the entry points in a WDC that includes the ward member, law and justice committee or any other sector committee member. If the case can be mediated in the ward, it will be done. If it is complicated, the case is referred by the village court law and justice committee who all chair the mediation at the LLG. There is no counseling as the initial point of entry at the WDC level for a survivor. It is recommended that pycho social support and advocacy to give accurate information about the referral pathway and addressing GBV/FSV must be resourced. This can be led by women leaders and youth leaders in each ward as a team effort reaching out to citizens in various affiliations in the wards.

Missing links are not formally recognised by global governance efforts to strengthen the survivor centred referral pathway. This is inadequate to serve survivors and it is a human rights abuse to market CSOs as the focus of external global governance managed projects in PNG. There needs to be global governance management change to appreciate working together with resilient citizens living in wards across wards directly. The recommendations to consider over 2021 and beyond on behalf of survivors include:

- No survivor will be charged fees for any agency services on referral pathway;
- Ward Development Committee (WDC) efforts in each ward have their own FSV services fees that the WDC sets. Where this is not set, WDC members rely on the FSV services fees given by survivors for assisting individuals and their families to connect to the agencies on

the referral pathway;
- Each agency on the referral pathway must ensure a safe, welcoming and friendly environment for a survivor;
- Provide full time community development officers at the LLGs to provide counseling every day of the week;
- There must be an online counseling line specific for different language groups.
- The Division of Community Development needs to be given priority as the entry point to all multidisciplinary efforts that can be linked through the FSV referral pathway. The provincial government, LLGs and Wards need to review the way service delivery is rolled out in tune to responding in safe environments and curb Covid-19. This must be clear so the Government knows what they want when working with state line agencies and externally managed global governance projects;
- Ideally the districtcommunity development coordinator needs to identify what works best to coordinate case management supporting LLG officers counseling services to organize MACC so each case is brought before the district court working closely with the health, police, the courts and agencies in each district in ENB. The set limited days per week to recieve survivors is not adequate and is a human rights abuse to the survivor to be re-traumatised over a long period of time trying to seek justice that may influence each individual to loose trust in the referral pathway. Pomio District is the only district of the four in ENB that still needs to have a district court, health and police services that serve survivors. This is long over due;
- District courts keep the best data on all cases. For FSV, they need to set up a central database system that can be replicated across the country. Their principles include confidentiality in record keeping and data management, impartiality from the front desk all the way to the bench and back and, keep record of written decisions. In terms of data, their data management is online, meaning cases are entered daily and headquarters sees how many cases they see for example in Kokopo in a day. That is for all the types of cases they see before the Kokopo District court. The data collected can be further categorised beyond FSV cases. This is a sustainable option to project planning for court services to better assist survivors on the referral pathway. This includes scheduled capacity building for legal officers that includes gender sensitisation, principles of good practise and counseling, data collection, data management, data analysis and using data to project and plan for legal services annually. These practises will provide accurate data that can be cross related to data recorded and managed by the FSVAC and Secretariet scheduled case reporting cycles that inform the FSVAC work in the long run;
- Every agency that is a signatory to the inter agency protocol must provide full time staff to contribute to the FSV referral services to make this coordinated approach effective and implement the protocol;
- Evaluate and document strategy options on the referral pathway that can be strengthened through systemic data collection evidence. For example, St Mary's Vunapope Hospital has village health committees they work with. Ward members in the locations the hospital staff work with know this. For FSV these locations can be FSV point of entries for referral pathway option 2 and referral pathway option 3 (see referral pathway outline options in Annex 2);
- Each implementing agency needs to develop their own sexual harrassment workplace policy

for their own employees. For the purpose of the inter agency FSV referral pathway, there needs to be one that binds all agencies employees to be protected from sexual harassment in the workplace;

- The provincial government needs to work with agencies to support referral services they provide based on FSV evidence collected on the referral pathway. For example, Catholic Health Services, United Church health services and the Seventh Day Adventist church services;
- The provincial government needs to work with WDCs to collect their own data to improve FSV referral services. This is the responsibility of each ward member and WDC to appoint young people to be up skilled in basic skills that can coordinate as assistants to the WDC to connect survivors to the inter agency referral pathway. This is an option that can be explored based on data collected out from wards across ENB that feed the referral pathway. Global governance needs to redefine how they impact GoPNG systems and processes. A WDC is part of the framework of governance in PNG. Invest where there is a need for greater citizen participation, transparency and accountability. Ward-level is the missing link for all GBV responses across PNG. Current investments continue to invest in the same HR who hoard information that never effectively reaches the masses in the wards. The colonial concept of piece meal information dissemination if citizens come and seek or ask for it is not acceptable in addressing GBV in PNG. GoPNG must step up its ward media participatory options. This is through exploring participatory visual research to address GBV that will better inform locally appropriate interventions in response to Covid-19. One great resource tool to use is the Innovating to Address GBV put together by the International Development Innovation Alliance (IDIA) in 2020. They have six pillar innovation descriptions that can be locally tailored to ward media participatory interventions that promote laws and policies to prevent violence, change systems and institutions, encourage prevention through gender equitable norms and attitudes, provide quality essential services, access to quality disaggregated data, support women's movements and CSOs and other innovations;
- The SDA Church has just started to address the cross cutting issues because it affects the church and so gender based violence comes directly under women and children and youth ministries. Explore what this means. Let these ministries adopt the good principles practise that is non judgemental and non directional. This goes for all FBO agency services;
- The SDA church has engaged in long agreement for adult literacy. In that case they educate people as well to understand how cross cutting issues can be addressed. The inter agency advocacy protocol needs to explore how this service can be better utilised to up skill those engaged in the referral pathway;
- The SDA church has a plan under way to build a safe house and juvenile centre that will be built at Kenobot. Identify data to give evidence that calls for the provincial government to engage in supporting these two genuine services to serve every one; and
- The Royal Papua New Guinea Constabulary Criminal Investigations Division and sections Family and Sexual Violence Unit and Sexual Offences Squad must not mediate any cases for survivors. Their sole responsibility is to pick up medical and assisting statements from health service providers to ensure the survivor does not have to be uncomfortably exposed to more trauma, apprehend suspects and bring cases before the courts. Any survivor opting to an out of court settlement must be redirected back to the village courts without police assistance.

Annex 1: Binding policy

Annex 1 Table 1 Relevant literature (Source: Child Fund PNG)

The table below outlines the Laws, Codes, Policies and Acts and Strategies, Plans and Guidelines, Procedures and Directives relevant to GBV response in PNG, and indicates within if the literature is of high relevance to key GBV response agencies.

National Laws and Policies	
The Lukautim Pikinini (Child Protection) Policy (1DfCDR 2015)	This policy is based on the United Nations Convention of the Rights of a Child. It aims to protect all children in PNG from harm and tries to create an enabling environment where children are kept safe. This policy mandates service providers and key partners when working in child protection and with children in the country. The Act creates and gazettes child protection officers who are delegated responsibility in responding to child protection in the country. This policy is highly relevant to key GBV response agencies.
The Family Protection Act, (GoPNG 2013)	This Act attempts to support safe and protective environment for women, men and children in PNG. This Act makes domestic violence an offence and establishes the role of both the Village and District courts to issue Family Protection Orders. The Village court magistrates can only issue an Interim Protection Order and the District court magistrates can issue both an IPO and longer-term Protection order. All criminal matters under the FPA are in the jurisdiction of the District Courts. This is highly relevant to key GBV response agencies.
RPNGC Response to **Offenders of Family and Sexual Violence Policy, Circular (RPNGC 2007)**	This Policy ensures that Police are responding to GBV in an ethical and systematic way and mandates their response to GBV, outlining the steps and roles and responsibilities and states that all police officers must record, investigate and treat all complaints of sexual and family violence as criminal offences with a view to charging perpetrators and encourages coordination with other key agencies that respond to GBV. This is highly relevant to key GBV response agencies.
The RPNGC Sexual Offences Policy, Circular (RPNGC 2009)	The Policy outlines Police's role and responsibilities in relation to the investigation and prosecution of sexual offences. It states that complaints of sexual violence must treat survivors with respect, not discourage them from making complaints and not attempt to resolve the matter as a family dispute. These documents are also important for others responding to GBV to support collaboration and accountability. This is highly relevant to key GBV response agencies.
Village Court 2014 (GoPNG 2014)	These Acts outline the jurisdiction and role of Village court and enables magistrates in some cases to issue an IPO for the protection of survivors of GBV. This is highly relevant to the key GBV response agencies.
Criminal Code 2002 – ammendments Crimes Against Children and rape (GoPNG 2002)	This ammendment to the Act outlines the criminalising of GBV and dispensing of justice, specifically to incidents of child sexual assault and criminalisation of marital rape. These Acts guide the criminal justice response to GBV and are therefore highly relevant to key GBV response

	agencies.
The Matrimonial Clauses Act 1963 (GoPNG 1963)	This Act is used by the court in assisting and executing marriage, including divorce, reconciliation, child custody and support services such as guidance counseling. This Act sets out grounds for divorce including where there are incidents of GBV. An action under this Act must be filled in the National Court for statutory marriages. There have been strong pushes to ammend this Act to ensure it meets today's context and standards such as ensuring the eradication of child marriage as under this Act girls can be 16 to marry.
Marriage Act (1982) (GoPNG 1982)	This Act outlines marriage in PNG and can be applied in court in cases of marital breakdowns and divorce with domestic violence highlighted as key reason for, or outcome of, marital disputes that need to draw on the law for the protection of members of the family.
The Gender Equality and Social Inclusion (GESI) Policy (2012) (DPM 2012)	This policy provides guidance to National Public Service agencies in addressing gender equity and social inclusion and respect regardless of gender within the workplace. This policy supports the prevention and response to workplace GBV and designates GESI desk officers to support the implementation and provide workplace support to people experiencing GBV.
The Social Protection Policy (2015) (2DfCDR 2015)	The Social Protection Policy (2015) (2DfCDR 2015) This Policy addresses the social needs of the people of Papua New Guinea.It outlines the special role of social protection is to address the needs of individuals, families and communities – men, women, children – who are disadvantaged, or who are vulnerable to or have been impacted by events of a kind to undermine their livihood, wellbeing or health. The way in which this policy is implemented is not clear however, it does specifically acknowledge the vulnerable position of women and children in PNG.
Strategies, Plans and Guidelines, Procedures and Directives	
Guidance Notes for The Family Protection Act (DJAG 2013)	**Guidance Notes for The Family Protection Act (DJAG 2013)** This guidance note sets out the forms and processes for applying for a Family Protection Order. This document can be used by service providers when responding to GBV and applying the FPA. This is highly relevant to key GBV response agencies.
The Lukautim Pikinini Policy Regulations (2016) (GoPNG 2015)	These regulations set the standards and administrative requirements for the implementation of the LPA (2015). As a statutory instrument, those regulations have provided ammendments including the addition of the position of a Child Protection Officer (CPOs) gazetted under the Act or a Child Protection Volunteer, who can assist a child in need of protection. This is highly relevant to key GBV response agencies.
RPNGC Sexual Offences Handbook (RPNGC 2009)	This handbook has been designed as guiding tool to assist police officers investigating complaints of a sexual nature. This tool supports police officers investigating complaints of a sexual nature. This tool supports police officers to take a holistic approach in responding to sexual

	violence and covers important areas including legislation, medical, investigation and charging. This handbook accompanies the policy circular. This is highly relevant to key GBV response agencies.
National Department of Health (2015) Medical and Psychosocial Care for Survivors of Sexual and Gender Based Violence, National Clinical Practise Guidelines	These guidelines outline the key health sector response to GBV ensuring that survivors of GBV receive the best treatment, care and support. It discusses the key risks of GBV in relation to the health and wellbeing and identifies risks associated with sexual violence such as unwanted pregnancy, STI and HIV. This guideline directs health workers roles and responsibilities. This is highly relevant to key GBV response agencies.
NDoH (2016), Removal of Fees for GBV at all health facilities, Circular	This circular provides critical information about the removal of fees for survivors of GBV accessing health services including medical reports in instances of physical injury. This is an important message and outlines the responsibility for health workers to provide survivors with free access to important support. This is highly relevant to key GBV response agencies.
DJAG (2014), Magisterial Service District Courts of PNG Practise Directions for Family and Sexual Violence Protection Order	This directive assists magistrates in court to execute court cases of families and sexual violence offences. It guides the magistrates on how to execute the IPO and PO. This is highly relevant to key GBV response agencies.
GoPNG (2012), National Strategy to Prevent and Respond to Gender Based Violence	This strategy outlines the PNG's Government commitment and framework to prevent and respond to GBV in order to achieve zero-tolerance towards GBV as per Papua New Guinea's Vision 2050. This is one of the guiding texts for those working in the GBV sector and outlines the coordination and monitoring of GBV work in the country including outlining roles and responsibilities of key GBV agencies. This is highly relevant to key GBV response agencies.
Provincial Gender Based Violence Action Committee (GBVAC) Secretariet Standard Operating Procedures (SOP) (DfCDR 2012)	This SOP was developed in light of sub-national consultations highighted that existing approaches and services are not necessarily informed by the best interest of the survivors and were at best ad-hoc. These SOPs are intended for the Provincial GBVAC Secretariet's operating as the coordinating, monitoring, referral pathway support and data collection office, established within the provincial government to respond to GBV in the Province. This is a critical resource to support the inter agency and coordination mechanism of GBV response. Supporting these SOPs is a training manual on how to establish and operationalise a PGBVAC. It is intended for those with GBV sector experience and specifically those working in the secretariet. This is highly relevant to key GBV response agencies.
Standard Operating	This SOP was developed to help those working in the identification and

Procedures (SOPs) for the Identification, Referral and Prosecution of Human Trafficking cases (DJAG 2015)	protection from human trafficking utilising a human rights and victim centred approach. It was compiled by the International Organisation of Migration and funded by the US government. It is to combat human trafficking in the country. The SOPs outline roles and responsibilities but again only those who are trained well in this area can use this SOP. However, it is good that there is an SOP in this area documented to assist those who work in this area. This is highly relevant to key GBV response agencies.
Medical Examination Record for all Presentation of Alleged Sexual Assault NDoH (2012)	This directive outlines the required role of Provincial Hospitals and health care facilities including Family Support Centress, in responding to patient's presenting as a result of sexual assault. It includes guidance on the medico-legal proforma used to document sexual assaults for legal purposes and purport that survivors do not have to report to police before medical care is provided; they can do so afterwards (or not at all). It provides a guidline for health care professionals in regard to documentation requirements for both purposes and court purposes. This guidline helps the medical staff in assisting and presenting the survivor's report to the police. This is highly relevant to the key GBV response agencies.
The National Family and Sexual Violence Action Committee-Referral Pathways: Responding to Family and Sexual Violence Guidelines (FSVAC 2018)	These guidelines were developed in consultation with key GBV service providers to support the capacity of service providers responding to GBV in PNG outline the referral pathway including the interagency response. While, these documents are not mandated by government, it is a highly useful document to use when working in the GBV sector and it is relevant to all key agencies within the referral pathway. Its application is not mandated and only acts as a guide. While this is not a statutory document, this is highly relevant to key GBV response agencies.
National Safe House Guidelines (FSVAC 2018)	These guidelines provide an overview of minimum standards of safe houses in PNG including the expected roles and responsibilities of safe house staff including their role in the interagency response. The document is useful for those working in safe houses and those wanting to set up safe houses. While this is not a statutory document, this is highly relevant to key GBV response agencies.
National Sorcery Action Plan (GoPNG 2015)	This plan was developed to address sorcery-related accusation violence that in some cases impacts women more than men. The plan has five core areas: legal and protection, health, advocacy and communication, care and counseling, and research. Each area contains a few key recommendations and sets our concrete activities to be taken in both the short and medium term to implement the recommendations by various agencies. The action plan also allocates specific responsibilities to particular departments and organisations, establishes time frames, and highlights the resources (human and financial) that are necessary or available to implement them. This plan is highly relevant to key GBV response agencies.
The National Health	This plan includes direction for the health sector response to GBV.

Plan 2010 -2020 (NDoH 2010)	Under this plan the role of Family Support Centres, a critical service responding to GBV. This plan is highly relevant to key GBV response agencies.
Child Health Policy and Plan 2009-2020 (NDoH 2009)	This plan outlines the response to child health in PNG and directs all health workers and other community groups to identify and speak out against child abuse and domestic violence.
National Capital District (NCD) (2016), Gender-Based Violence Strategy 2016-2018	This strategy is an example of a strategy developed to guide the work of GBV in NCD. The consulations informing the content of the Strategy were led by the Department for Community Development and Religion (DfCDR) through the Office for the Development of Women (ODW) and in partnership with the national FSVAC. It takes from the National GBV strategy and localises to support implementation in the NCD context. This includes the NCD FSVAC secretariet role in coordinating GBV response.
Manual for Human Rights Defenders addressing Gender Based Violence in Papua New Guinea (3DrCDR 2012)	This manual outlines the roles and responsibilities for Human Rights Defenders in responding to GBV in the country.

Annex 2: ***Four referral pathway options outlined***

Referral pathway option 1

1. Survivor enters at any point in the integrated inter agency referral pathway.
2. Each first point of entry must treat each case as high risk.
3. Make a case plan. Coordinate with sister agencies via MACC (high risk)
4. Refer the case to a certified psychological, medical and social support services health and counseling
5. LLG welfare officer can refer survivor to a certified psychological, medical and social support services health and counseling.
6. Psychological, medical and social support services health and counseling will provide medical examination, medical report and supporting statment(s). They they will ask survivor to exist and they will contact RPNGC FSVU/SOS to pick up medical report request form for survivor from the health facility.
7. RPNGC will apprehend suspect(s) and push the case before the district court(s) with medical report and supporting statement before the district court.
8. It is the responsibility of the Royal PNG Constabulary Family & Sexual Violence Unit (FSVU) / Sexual Offences Squad (SOS) under the Criminal Investigations Division (CID) unit and internal agencies to communicate effectively to pass on data collection form tools amongst themselves and without the survivor.
9. Case coordinator follows up on each case to ensure the survivor completes process as they wish.

Referral pathway option 2

1. Survivor enters at ward level.
2. Each first point of entry must treat each case as high risk.
3. Ward Member & WDC law & justice committee & supporting local champions individual and groups can make a case plan.
4. Under the ward, Community development, health committee and other sector committees coordinate with sister agencies via MACC (high risk) to refer to LLG.
5. LLG welfare officer can refer survivor to a certified psychological, medical and social support services health and counseling.
6. Psychological, medical and social support services health and counseling will provide medical examination, medical report and supporting statment(s). They they will ask survivor to exist and they will contact RPNGC FSVU/SOS to pick up medical report request form for survivor from the health facility.
5. RPNGC will apprehend suspect(s) and push the case before the district court(s) with medical report and supporting statement before the district court.
6. It is the responsibility of the Royal PNG Constabulary Family & Sexual Violence Unit (FSVU) / Sexual Offences Squad (SOS) under the Criminal Investigations Division (CID) unit and internal agencies to communicate effectively to pass on data collection form tools amongst themselves and without the survivor.
7. Case coordinator follows up on each case to ensure the survivor completes process as they wish.

Referral pathway option 3

1. Survivor enters at ward level.
2. Each first point of entry must treat each case as high risk.
3. Ward Member & WDC law & justice committee & supporting local champions individual and groups can make a case plan.
4. Under the ward, Community development, health committee and other sector committees coordinate with sister agencies via MACC (high risk) to refer to LLG.
5. LLG can refer survivor to police. Police wil give medical report request form for survivor to the nearest health facility to get counseling and a medical report.
5. RPNGC refer the case to a certified psychological, medical and social support services health and counseling.
6. Refer to the Royal PNG Constabulary Family & Sexual Violence Unit (FSVU) / Sexual Offences Squad (SOS) under the Criminal Investigations Division (CID) unit. This is the responsibility of the agencies to communicate effectively to pass on data collection form tools amongst themselves and without the survivor.
7. The RPNGC will apprehend the perpetrator and bring medical report and supporting statement before the district courts.
8. Case coordinator follows up on each case to ensure the survivor completes process as they wish.

Referral pathway option 4

1. Survivor enters at ward level through online counseling services.
2. Each first point of entry must treat each case as high risk.
3. Ward Member & WDC law & justice committee & supporting local champions individual and groups can make a case plan.
4. The online counseling services provider will arrange with police and health service providers to be on standby for the survivor.

5. The Police and health service providers will coordinate serving the survivor to get a medical report request form completed and a medical report.
5. RPNGC Family & Sexual Violence Unit (FSVU) / Sexual Offences Squad (SOS) under the Criminal Investigations Division (CID) unit will assist to communicate effectively to pass on data collection form tools amongst themselves and without the survivor.
7. The RPNGC will apprehend the perpetrator and bring medical report and supporting statement before the district courts.
8. Case coordinator follows up on each case to ensure the survivor completes process as they wish.

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