HELPING FAMILY AND SEXUAL VIOLENCE SURVIVORS IN PAPUA NEW GUINEA

EVALUATION OF FEMILI PNG, LAE OPERATIONS

2014–2020

Judy Putt

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FemiliPNG
care. support. change.

Australian National University

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ABBREVIATIONS

ACFID	Australian Council for International Development
ANU	Australian National University
AR	Annual report
BCFW	Business Coalition for Women
CEO	Chief executive officer
CIMC	Consultative Implementation and Monitoring Council
CMC	Case management centre
CUG	Closed user group
DFAT	Department of Foreign Affairs and Trade (Australia)
DFV	Domestic and family violence
FPA	Family Protection Act
FPNG	Femili PNG
FSC	Family Support Centre
FSV	Family and sexual violence
FSVAC	Family and Sexual Violence Action Committee
FSVU	Family and Sexual Violence Unit
ICT	Information and communication technology
IPO	Interim protection order
IPV	Interpersonal violence
JSS4D	Justice Services and Stability for Development
M&E	Monitoring and evaluation
MOU	Memorandum of understanding
NGO	Non-government organisation
ODE	Office of Development Effectiveness
OPP	Office of the Public Prosecutor
OPS	Office of the Public Solicitor
PNG	Papua New Guinea
PO	Protection order
PWSPD	Pacific Women Shaping Pacific Development
SARV	Sorcery accusation related violence
SOS	Sexual Offences Squad
VAWG	Violence against women and girls

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Femili PNG is supported by the Australian Government in partnership with the Government of Papua New Guinea as part of the Pacific Women Shaping Pacific Development program.

Femili PNG also receives support from a number of other partners, details available here: femilipng.org/partners-and-supporters/

Lae walk against violence
Source: Femili PNG

EXECUTIVE SUMMARY

Context

Femili PNG was established in 2013, in Lae, Papua New Guinea (PNG), as a case management centre for survivors of family and sexual violence (FSV). Since then, the organisation has expanded its range of services and its geographic reach, including establishing another centre and safe house in Port Moresby under the Bel Isi PNG Initiative. It was therefore timely to evaluate the Lae operations, as they have been in existence for six years and are being used as a model for elsewhere.

The key evaluation questions covered whether the Lae operations of Femili PNG was achieving the organisation's four strategic priorities, which relate to service delivery and organisational resilience, and the impact it was having on its clients, the local community and more broadly.

The evaluation was undertaken from March to June 2020. It was informed by prior contact with the service, and involved 40 interviews, mostly face to face, with staff and stakeholders. Femili PNG gave unfettered access to non-confidential information and reports, and provided invaluable statistics from its client data platform.

Being based in Lae, a provincial capital and the second-largest urban centre of PNG, has its advantages because of the presence of justice services, such as the police and courts, and several dedicated FSV units such as the Family Support Centre at the hospital and the police's Family and Sexual Violence Unit. However, it cannot be stressed enough that Femili PNG operates in a difficult and complex environment, in which levels of domestic, family and sexual violence are high, community and personal safety are often at risk, and the delivery of any service is hampered by a poorly resourced and politicised public sector. It was within this context that the introduction of a specialist and well-funded FSV service has made a significant difference to FSV survivors and service provision in Lae.

A comprehensive design framework, and a hybrid governance model, laid solid foundations for a PNG non-government organisation that had the support and direct input of a coalition of experts and senior leaders in Australia and PNG. Importantly, an experienced and skilled workforce and CEO set up the service, the majority of whom remain to this day. Since 2014–15 the Lae operations has gone from 12 to 26 staff in 2019–20, and its range of activities have grown and expanded, while remaining true to the core business of supporting and helping FSV survivors through case management.

Key trends

Indicators of the expansion in the Lae operations include:

- An increase in income from PGK1.8 million in 2014–15 to PGK2.4 million in 2019–20, with an annual average of PGK2.4 million. The main source of funding is the Australian aid program Pacific Women Shaping Pacific Development, but the revenue raised from other sources has climbed to PGK0.5 million in 2019–20.
- An increase in the proportion of the expenditure on personnel in the past few years, with 61% of the budget meeting these costs in 2019–20, which is due in part to increases in management and specialist positions.
- An average monthly intake of clients between 35 and 46 clients per fiscal year, and the number of active cases at the end of the financial year has remained relatively steady since 2015–16, with 370 at the end of 2019–20.

- An Increase in the monthly average in client follow-ups and the average length of closed cases from 2016–17 onwards, which suggest more intensive and longer-term case work.
- In several years, and for half of the caseworkers, the number of live cases at the end of the fiscal year was more than 60, which is a large case load. In addition, for the past three fiscal years, caseworkers were typically assigned at least 150 clients during the year.

Across PNG, under the National Strategy to Prevent and Respond to Gender-Based Violence (2016–2025), and promoted through Family and Sexual Violence Action Committees (FSVACs), there have been efforts to improve referral pathways for FSV survivors. In its first two years of the Lae operations the principal source of referrals was from the Family Support Centre in Lae, but from 2016–17 an increasing proportion of clients were from a range of services or were walk-ins. By 2019–20, 21 clients on average per month were walk-ins, 6 clients on average were referred by the police, and 11 clients on average per month were from an array of health services.

The main elements of case management offered to clients of Femili PNG's are listening and advice, referrals and support, emergency support and accommodation, legal assistance and advice, and repatriation. Trends from 2014–15 to 2019–20 show:

- An apparent decline in referrals to health services, but this may be due to changes in recording practice. In the past two fiscal years, referrals of clients to external services are primarily to the court and the police, followed by health and welfare. In 2019–20, the annual percentage of clients referred to these services was 44%, 37%, 23% and 15% respectively.
- The average monthly number of clients in emergency accommodation has fluctuated each fiscal year from 5 to 11 clients, almost all of whom were in safe houses with only a few placed in paid accommodation.
- An increasing number of clients are seeking legal assistance, notably for interim protection order (IPO) applications, with almost 80% of clients in 2019–20 listing this as a key short-term objective.
- Less than 6% of clients each fiscal year are assisted with repatriation, with the proportion decreasing from 2017–18. In 2019–20, 2.6% of clients were recorded as being repatriated.

Trends in client characteristics include:

- For every fiscal year since 2014–15 at least 80% of clients have been victims of domestic violence, and it is these clients which have driven the growth in numbers from 288 in 2014–15 to 794 in 2019–20. The annual proportion of sexual violence (by non-intimate partners) has remained relatively stable each fiscal year, with a slight decrease in the past two fiscal years. Very few clients are recorded as being victims of sorcery accusation related violence, although there was a spike of 20 clients in 2019–20.
- The percentage of clients who were female has varied each fiscal year between 90% and 96%, and the most common age category is between 21 and 40 years of age. Only a small proportion of clients have a disability, but the number is increasing. The annual proportion of clients who are children, and the proportion of child abuse cases has been at slightly lower levels in the past three financial years.

To support case management, liaison with and resourcing of partner services is crucial. The annual proportion of expenditure has remained relatively stable since the centre was established, and primarily goes to the key agencies that clients are referred from and to. The funds have been used to improve amenities at safe houses and to supply office equipment and stationery to government services such as the police, courts and community development. These service providers were all very positive about the assistance they received,

which has enhanced their capacity to provide services to survivors. In terms of maintaining relationships with key services, the use of memoranda of understanding with private and public sector agencies has declined in recent years, with an emphasis instead on core service provider meetings and case conferences, and participation in the Morobe Family and Sexual Violence Action Committee.

Femili PNG has increased its involvement in training, community education and awareness-raising activities during the six years. Training of service providers has always been a core element of its work, either delivered directly or in collaboration with others, and both training and outreach programs have consolidated their experience into three-day curricula on FSV, child abuse and the law. Participant statistics kept in the past few years indicate the very large number of people who have been reached in Lae and the province, in schools, business, villages and so forth (estimated as more than 35,000 adults and children in 2018–19). More targeted efforts have focused on the Eastern Highlands and some areas in Morobe Province. In the past year there has also been greater coordination between training and the outreach teams, so that they visit locations outside of Lae at the same time.

Meeting the strategic priorities

Femili PNG has achieved much under its four strategic priorities, identified in the Strategic Plan (2016–17 to 2019–20). Two priorities related to the organisation and partnerships with other stakeholders underpin service delivery, while the third is about the quality of its service delivery, and the fourth is about the organisation influencing the environment in which it works. To summarise the key findings, under each of the priorities:

- ***Well-run and sustainable PNG NGO***

  Femili PNG stands out as a PNG NGO, in how successful it has been developing as a PNG-led service, with support from Australian partners and donors. What has contributed to its resilience and growth has been a stable Board membership and workforce, good governance practices, good human resources policies and practices, prioritisation of safety and security, and the passion, skills and commitment of the Board, staff and supporters.

- ***Partnerships with other stakeholders to improve effective responses***

  Relationships with local stakeholders have strengthened over time, despite some difficulties along the way. The partner resourcing and the training have been essential in both enabling cooperation and improving responses from service partners. There certainly appears now to be widespread acceptance of the role Femili PNG plays in the local FSV sector.

- ***Effective and coordinated approaches to case management***

  After six years, it was felt by all stakeholders that the Lae operations of Femili PNG has demonstrated that case management can provide an invaluable service to FSV survivors. Within the context in which it operates, the practices of staff are exemplary and illustrate the level of commitment to their clients. The approach Femili PNG takes, and the degree of care taken to support survivors as best they can, is an effective form of case management. Where there may be lack of progress centres on the coordination of cases with other service providers. There are clearly multiple referrals between a small group of core service providers, but what actions are taken by external services and whether they amount to a coordinated response is less obvious. The case conferences are a vital mechanism to address complex cases which may be stalled.

- ***Operations- and research-based advocacy to improve responses to FSV***

  How well Femili PNG has gone in relation to advocacy is not as clear-cut. Client advocacy is based on operational knowledge and experience, and relationships with key local service

providers. There has been an impressive increase in the range and depth of outreach activities, to spread key messages among the general population, but it is hard to gauge its effect when the scale of the problem is so big and the capacity to meet need is so low. System and policy advocacy has been quite low key and constrained, yet very much underpinned by analysis of the client data collection. Both internally driven or sourced data, such as client data and surveys, and the views of external stakeholders add up to a very positive story. A more strategic approach could be taken to such advocacy and its research base.

Impact on clients, community and more broadly

Available Femili PNG data on clients' satisfaction, short-term outcomes, and achievement of action plans, and the perceptions of staff and stakeholders, indicates clients value highly the emergency and short-term assistance provided by Femili PNG. In particular, the focus on practical help and the willingness to assist and counsel over an extended period of time, as well as the emphasis on being client-directed, attracted considerable praise. It would appear that demand for legal outcomes is not always being met, but the police and courts are responsible for directly meeting these needs.

A constellation of indicators suggests many clients are safer because of Femili PNG's case management. The ongoing demand and the number of return clients suggest a confidence in and satisfaction with the service. The proportion of clients, during the six years, who report abuse and violence post intake indicates some measure of improved safety — 26% any abuse, 13% physical violence, and 5% sexual violence, with children having lower rates than adults.

Being a client of Femili PNG also increases the likelihood of an IPO being converted to a longer-term protection order (PO), with the additional level of protection that implies.

To investigate the longer-term impact on clients of their engagement with Femili PNG, after their cases are closed[i] or they have ceased to have contact with the service, would be difficult and involve considerable effort.

In terms of impact on local service provision for FSV survivors, there were definite improvements in access to justice, and in criminal justice outcomes that stakeholders attributed to the work and resources of Femili PNG. Other positive effects on the local FSV sector listed by a diverse range of stakeholders included improved capability, freeing up services to focus on other priorities, better informed and skilled workers, achieving outcomes that would not have been possible otherwise such as repatriation, and improved referrals and coordination. The organisation was viewed as modelling professional practices, and demonstrating how to respect and assist FSV survivors. Major issues remain with local services, not least the chronic under-funding of government services, and turnover in key staff, but Femili PNG is seen as providing a measure of stability and focus in a turbulent environment.

Available evidence suggests not many of the general public in Lae are aware of Femili PNG, which no doubt can be partly attributed to the low profile given to its physical location in order to protect staff and clients. However, surveys do suggest public awareness in Lae of FSV, and of IPOs in particular, has increased during the past five years, which Femili PNG must have contributed to. It is promising that a survey of young adults in Lae in late 2019 indicates 42% of participants were aware of IPOs or POs.

Femili PNG has a high profile among certain key stakeholder groups nationally and in Australia because of its online and social media presence, its training activities, media coverage, presentations by senior managers at key events, and the efforts of its Board members and supporters. Whether this profile has had much impact on the FSV policy and practice landscape across PNG is difficult to gauge, but it must act as a model and a beacon for those who champion reform. The expansion in its operations in Port Moresby has increased its national footprint, and stems from the confidence the donor sector has in the organisation's effectiveness and efficiency.

Lessons learnt

In summary, key achievements of the Lae operations include:

- Being a locally run and supported NGO, with local staff taking ownership and providing leadership, and the creation of a skilled and disciplined workforce.
- Providing improved access to services for survivors, by helping partners do their jobs and demonstrating the value of case management, which results in clients making informed decisions.
- Creating a ripple effect in the local and wider community, with clients and participants in training and outreach activities becoming advocates against FSV.

Key lessons that have contributed to these achievements include:

- It takes time to implement a specialist FSV service, to adjust to the difficulties and unique aspects of the operating environment, and to have an impact.
- Crisis orientation and immediate help has been a core strength of its service to clients.
- More resources for corporate areas such as human resource and financial management were required at the outset.
- Explicit attention is required to core business and practices based on clearly articulated values and principles.
- Looking after the workforce is vital to the well-being of the organisation.
- Dedicated and specialist positions are required to develop consistent messaging across communication activities and to produce standardised approaches and content for training and community education.
- Legal expertise is central to the operations and in what can be offered to clients.
- Collaboration with local service providers requires continual ongoing investment and diplomacy.
- Embracing flexibility and taking advantage of opportunities as they arise is crucial.
- A complicated and detailed client database creates a large administrative burden yet helps shape adherence to everyday good practice and is useful for monitoring, evaluation, reflection and research.

Future directions

Many recommendations and immediate priorities that emerged during the evaluation related to enhancing or embedding existing activities or gains. These included acquiring land and a building in Lae, reviewing case loads and prioritising supervision, documenting practices, agreeing on and collecting data on outcomes from outreach and training, and improving opportunities for training and promotion of support and corporate staff. More strategic suggestions were:

- Presenting stronger public communication campaigns, redesigning the website and focusing on eliciting more support from the private sector in Lae.
- Exploring future partnerships with other NGOs.
- Developing a research and advocacy plan that includes linkages with existing Pacific networks.
- Investigating various family safety multi-agency frameworks that could be based on common risk assessment tools and MOUs to share information with other services.

- » Developing a strategic framework that includes monitoring and evaluation indicators for training, outreach and awareness raising.
- » Expanding work with and support for male advocacy and human rights defender networks, and Village Court officials, especially in rural settings.

Recently, two initiatives by Femili PNG have been funded and started to further extend the work of the Lae and Port Moresby operations in a sustainable and cost-effective fashion. The first is a pilot initiative in the Eastern Highlands that will involve out-posting an experienced caseworker. The second is to run a three year program in Morobe Province that seeks to consolidate progress made through outreach and community education in rural areas. In the first year, in three districts, there will be in-depth training on case management and trauma-informed care, and the establishment and support of local committees. The program will roll out to two more districts in the second year.

So much hinges on future funding, and on how the environment in which Femili PNG operates might change as a result of the Covid19 pandemic. However, as one stakeholder put it, there is already much to celebrate in what Femili PNG Lae operations has achieved and demonstrated, as:

No-one else does what they do, with their focus on vulnerable women and children, and their safety.

Bilums. Source: Judy Putt

CHAPTER 1. INTRODUCTION

1.1. Overview of the report

The executive summary distils the main findings from the evaluation, and gives a brief account of how it was done and the context in which it occurred. The following four chapters provide more detail. This chapter covers the purpose and scope of the evaluation, the methods and approach employed in the evaluation and then provides a short account of the environment in which Femili PNG began and operates in. The second chapter documents the origins of Femili PNG, its growth and development during the past six years. The chapter looks at the size of the organisation, and the different dimensions to its service delivery and practices. The third chapter assesses Femili PNG's Lae operations against its four strategic priorities, namely effective and coordinated case management, strong partnerships with key stakeholders, operation and research based advocacy, and being a well-run and sustainable non-government organisation (NGO). The fourth chapter discusses the impact of Femili PNG's Lae operations on clients, the local community and more broadly. It canvasses lessons learnt and suggests future directions.

1.2. Purpose and scope of the evaluation

Objectives

Since it first began as a case management centre for family and sexual violence (FSV) survivors in 2013, Femili PNG has rapidly expanded its operations in Lae, Papua New Guinea (PNG), and its surrounds. The recent major development (starting late 2018) of a similar service and the responsibility of running a case management centre and safe house in Port Moresby under the Bel Isi PNG Initiative is too early to evaluate here, but has no doubt had some impact on the service in Lae. It is therefore timely to describe the evolution of the service in Lae, assess its efficacy and impact on clients and the wider community, and to identify future priorities.

The objectives of the evaluation were to:

- Review Femili PNG's progress against its strategic priorities
- Assess the impact of Femili PNG's work on the lives of clients
- Evaluate the relevance and effectiveness of Femili PNG's work with partners and core service providers in embedding a case management approach to FSV
- Assess the effectiveness of Femili PNG's outreach, training and advocacy activities
- Observe and consider any lessons learned / strengths / weaknesses in Femili PNG programs.

As a result, the evaluation questions were:

1. Is Femili PNG achieving results in respect of its four strategic priorities?
2. Are Femili PNG operations in Lae making a positive impact on the lives of clients?
3. Does Femili PNG work well with partners and service providers to support coordinated and strengthened case management services?
4. Who does Femili PNG reach with its outreach, training and advocacy activities, and what impact does it have?
5. What could Femili PNG do better?

In relation to the first evaluation question, there are four strategic priorities under Femili PNG's Strategic Plan 2016–17 to 2018–19 (which has been extended by a further year), which are:

- Priority 1: As a national centre of excellence, provide effective and coordinated case management approaches for people experiencing family and sexual violence.
- Priority 2: Foster strong partnerships with other PNG government, civil society and private sector organisations to promote effective responses to family and sexual violence, both in Lae and across PNG.
- Priority 3: Undertake operations- and research-based advocacy to improve the response to family and sexual violence across PNG.
- Priority 4: Be a well-run and sustainable Papua New Guinean non-government organisation.

Focus

The focus of the evaluation was only on the Lae service from 2014 to 2020, but not including the impact of the COVID-19 pandemic. I was contracted to undertake the evaluation and it was undertaken between March and June 2020. The process was limited by several factors including that it was done by a single person based in Canberra, who conducted a week-long visit to Lae in March 2020, but who did have the advantage of past experience with Femili PNG and with the issue of FSV in PNG.[2] In March 2020, the government of PNG declared a state of emergency in response to the COVID-19 pandemic, and on 12 June the National Pandemic Act 2020 was enacted. Restrictions on mobility and the closure of the public and private sector have had a huge impact on service delivery, including the operations of Femili PNG. Similar restrictions in Australia, on travel and social contact, meant that fewer interviews were conducted of key stakeholders than originally envisaged, and some were done by phone.

Approach

The evaluation was an opportunity to consider, collate and synthesise the evidence, to consult with staff and external stakeholders, and to produce a report that can inform future directions. The evaluation was undertaken in accordance with good ethical research practice, in particular ensuring confidentiality of information and respect for individuals' privacy. There was not the capacity to undertake a rigorous impact evaluation in terms of the long-term outcomes for clients, which it could be argued is not possible anyway, especially given that the safety of participants has to be a paramount concern. However, there was scope to consider indicators for the immediate impact on clients, and the wider impact of the service on the community and service sector in which Femili PNG operates.

Terminology

There are a range of overlapping terms for describing types of domestic, family and sexual violence. In PNG, the first wave of reforms to address these kinds of violence referred to 'family and sexual violence' (FSV) and there remains specialist policing units called Family and Sexual Violence Units (FSVUs) and Family and Sexual Violence Action Committees (FSVACs), which operate at a national and provincial level. The stated vision of Femili PNG makes it clear that it seeks to address family and sexual violence.

More recently, the term gender based violence was at the heart of a comprehensive strategy, the National Strategy to Prevent and Respond to Gender-Based Violence, 2016–2025. Under the Family Protection Act 2013, domestic violence was defined in a broad way to include intimate partner violence, and family violence involving other family, kin and in-law relationships.

In this report, domestic violence is used to refer to intimate partner violence, family violence that involves a non-intimate relationship between perpetrator and victim, and sexual violence. It is recognised that an

overlap exists between sexual violence and domestic and family violence, as sexual violence can involve family and domestic relationships.

An appendix to the Femili PNG Case Management Policy and Procedure Manual has a comprehensive list of definitions for terms used in the manual. They are reproduced as an appendix to this report (see Appendix A) as they help explain language used to describe facets of the problem, and facets of service provision and practice.

A key term is 'case management' as this is the core business of Femili PNG. The recent evaluation report on Australia's development assistance to end violence against women and girls defines it as follows: 'A collaborative, multidisciplinary process that assesses, plans, implements, coordinates, monitors and evaluates options and services to meet an individual's immediate needs (related to an incident of violence) through communication and available resources. Aims for quality, effective outcomes' (ODE 2019:6). Another facet of service delivery and a focus for services involved in addressing FSV in PNG are 'referral pathway/network' which are defined as a 'flexible mechanism safely linking survivors to supportive and competent services. May include health, psychosocial, legal, security, or economic reintegration services' (ODE 2019:7).

1.3. Methods

A review of several key areas of the literature was undertaken to help frame the evaluation, including on effective responses to FSV and good practice in FSV services in low- and middle-income countries. There is also a body of work that is generated by donors, and of particular interest were evaluations commissioned by the Australian government aid program Pacific Women Shaping Pacific Development (PWSPD). Of relevance to the context in which Femili PNG operates was recent research that has been undertaken in Lae related to FSV and/or sorcery accusation related violence (such as Forsyth 13/7/2018; Putt et al. 2019; Rooney et al. 22/5/2018, 6/12/2018).

The evaluation relied on reports and data provided by Femili PNG or available on the Femili PNG website. Femili PNG has a strong track-record in client record keeping and reviewing and reporting on progress, and these sources of data were invaluable. Because of its commitment to being as transparent as possible, there are multiple documents that are publicly available via the website, including annual reports, research and data papers, policy documents, and newsletters. In addition, Femili PNG assisted with unfettered access to information, except to protect staff or client confidentiality, and provided internal documents including a sample of Board meeting reports, memoranda of understanding (MOU) with other stakeholders, six monthly narrative reports to the principal funding body, PWSPD, and policy and procedure manuals.

Femili PNG retains very detailed client records, based on intake, case progress and referral forms. The data has been analysed and resulted in or informed several publications, mainly FPNG and ANU (2017) and FPNG and ANU (2018). Client satisfaction surveys have been undertaken by Femili PNG, and although the number of participants is not large, the results have been collated and made public (FPNG 2020).

In 2019, Femili PNG introduced a new platform to enter and store data, and it has made it much easier to interrogate the information recorded by the organisation (see Appendix B for more detail). A concerted effort has been made to combine both past and contemporary records, which has involved a considerable amount of data checking and cleaning. To date, an analysis of key trends has been presented to the Board and key staff, and specific data on the Lae operations was shared for the evaluation. This invaluable data is used throughout the report.

Semi-structured interviews were conducted either in person or over the phone. During a field visit to Lae in March 2020 and arranged by the Femili PNG Director of Operations, 21 face-to-face interviews were conducted with staff and with external stakeholders. One stakeholder, who was away working in the rural area of Morobe Province, responded to the evaluation questions via email. Due to the lock-down provisions

of the states of emergency in both countries, many interviews were conducted with stakeholders in Australia and PNG via phone. Table 1 presents the number of interviews by categories with percentages. Current staff and stakeholders in Lae were the majority of the 40 interviewees, 30% and 55% respectively.

Table 1: Number of interviews by group and percentage

Group	Number	%
Current staff	12	30
Former staff	1	3
Board members	3	8
Stakeholders in Lae	22	55
Sponsors/funders	2	5
TOTAL	40	101

Source: Author

Since it first began as a case management centre for family and sexual violence (FSV) survivors in 2013, Femili PNG has rapidly expanded its operations in Lae, Papua New Guinea (PNG), and its surrounds. The recent major development (starting late 2018) of a similar service and the responsibility of running a case management centre and safe house in Port Moresby under the Bel Isi PNG Initiative is too early to evaluate here, but has no doubt had some impact on the service in Lae. It is therefore timely to describe the evolution of the service in Lae, assess its efficacy and impact on clients and the wider community, and to identify future priorities.

1.4. Context and background

Family and sexual violence in PNG

Domestic, family and sexual violence, and child abuse, is widespread in PNG according to past surveys and qualitative research. Among women aged 15 to 49 years, 33% were estimated to have experienced intimate partner violence in the previous 12 months, and 68% in their lifetime (ODE 2019). To have a more profound understanding of what FSV might entail and mean for those affected, Femili PNG has a range of resources on its website (https://www.femilipng.org/learn-more-about-family-and-sexual-violence-in-png/).

The need for better and more extensive services to address FSV and support survivors has been highlighted in numerous reports. Many challenges exist for a survivor to access justice and protection. For a constellation of reasons it is a difficult environment in which to operate an FSV service, not least because of poorly resourced government social services, cumbersome formal justice processes concentrated in urban settings, and the recourse to localised justice processes to manage and resolve disputes and conflict, especially in rural areas. Similar to other low-income countries, PNG has a decentralised, vibrant but often corrupt governance structures, and the precarious nature of everyday life results in low levels of personal and community safety in many places.

Having said that, there have been significant changes related to FSV in the past two decades at a national level that have resulted in an expansion in specialised FSV service delivery, and in legislative and policy reforms that provide a cross-sectoral framework and legal focus and options to deal with FSV. A milestone was the national government's endorsement of a first national strategy to prevent and respond to gender-based violence (2016–2025), although limited funding has been allocated and it is yet to implement the strategy. Progressively, aid-supported specialist units have been established in the police (FSVUs) and in public prosecutions (Family and Sexual Offences unit within the Office of Public Prosecutions). An early service innovation were the Family Support Centres, attached to public hospitals and now the responsibility of hospital administrations and Provincial Health Authorities, that offer medical and other services for FSV victims.

In the non-government sector, a range of specialist services have been established and developed in various locations across the country including the Nazareth Centre for Rehabilitation (NCR) in Bougainville, and Oxfam-funded services that vary in size and by place. The number of safe houses has increased across the nation, some run by a single organisation such as NCR in Bougainville, others as independent stand-alone places that are run by a wide range of NGOs and faith-based organisations such as the Salvation Army. Established by an NEC decision in 1998 as a peak national body, the Family and Sexual Violence Action Committee (FSVAC) acts an information-sharing and coordination mechanism to bring together and build the capacity of the critical stakeholders, including FSV specialist units and services, to improve referral pathways for survivors; such committees now exist at the provincial and district level.

In terms of legal reform, amendments to sexual offences in the Criminal Code and the Evidence Act gazetted in 2003 set out different kinds of offences related to the age of the victim and the type of violence, and increased the maximum penalties (see Putt et al. 2020 for a list of criminal offences related to FSV). The Family Protection Act 2013 introduced a specific criminal offence of domestic violence, and civil protection orders that can be applied for through the District Court and, in the case of the interim protection orders, through the Village Courts as well. The new Lukautim Pikinini Act 2015 sharpened the responsibilities of government, parents and other organisations in relation to the care, protection and rights of children.

There have also been dedicated efforts to improve the knowledge and skills of practitioners who are likely to have contact with those who are affected by or engage in FSV. Progressively rolled out in a rather ad hoc fashion and delivered and hosted by a mix of stakeholders or undertaken by sector trainers, training workshops have been funded by the PNG-Australia Partnership and other sources of international development funding. Under Australian aid programs such as PWSPD and the law and justice program Justice Services and Stability for Development (JSS4D) or through the placement within key PNG agencies of advisers from Australian organisations such as the Australian Federal Police and the federal Attorney-General's Department, a key priority has been FSV and improving responses and practices by government services in collaboration with the non-government sector.

Resources have been produced to assist training activities, such as Communicating the Law Toolkit in 2018, and the FSVAC curriculum on referral pathways and its survivor advocate flip chart. In an effort to broaden knowledge among the general public of FSV and what is prohibited by law, and of services, the FSVAC has published and disseminated posters and pamphlets on FSV including child neglect and abuse, relevant laws and services, and on sorcery accusation related violence.

Lae — home to Femili PNG

Lae is where Femili PNG began, as the next chapter documents. It is the second-largest urban city of PNG. According to the 2011 census, Morobe Province has a population of 675,000 people, of which 150,000 live in Lae District (National Statistical Office 2014). It has continued to grow since then, with many settlements being set up by recent migrants, predominantly from the Highlands, and a recent estimate for the wider Lae area is as high as 250,000 (Craig and Porter 2018). The city acts a centre of provincial government, services and educational institutions, and as a major transport hub for the country. Located on the north coast of the main island, in Morobe Province, it has the busiest port in the nation and is connected by major roads inland to the Highlands and along the coast to Madang. The city has a significant private sector involved in mining, trade and manufacturing. The majority of the population in Morobe continues to live in the rural areas and many parts are difficult to access.

In recent decades Lae has had the dubious distinction of being called a homicide and crime hotspot,[3] but the past few years have witnessed noticeable improvements in public amenities and community safety due to efforts on several fronts by a network of critical stakeholders such as the provincial administration, the local member of parliament, businesses, senior police leaders, and community leaders.

As a major urban centre and provincial capital, Lae has by PNG standards a good spectrum of government and non-government services, including the Angau public hospital, the University of Technology, various large secondary and primary schools, and the provincial headquarters, central station and substations of the Royal Papua New Guinea Constabulary. In terms of FSV, there are health, social and justice services that have contact with and/or support survivors. In the one precinct, there is the National Court and District Court buildings, and premises for the Office of the Public Prosecutor (OPP) and Office of the Public Solicitor (OPS). In the centre of town the FSVU sits alongside the central police station, and the Sexual Offences Squad has an office at the rear of the station.

Nearby, in the administration of the provincial government is the office of the Division for Community Development, which is the lead agency for child protection. Somewhat further out of the centre is the first Family Support Centre established in PNG, adjacent to Angau hospital. Three safe houses have operated intermittently in Lae, one of which is exclusively for children. Less visible are neighbourhood-based Village Courts and district law and order committees, which do not have their own premises. A number of men and women have been trained as human rights defenders and FSV advocates, in Lae and wider afield in the province, but is unclear how many continue to work as volunteers in their local communities.

Representatives of most of these services are on the Morobe FSVAC. A FSV strategic plan for 2015–17 had five strategic outcomes related to rural services: skills development, community awareness and prevention, safe house services, law enforcement, support for survivors and data collection. The goals are aspirational as, despite the presence of many services, meeting these outcomes is hampered by grossly inadequate and irregular funding, basic infrastructure, inoperable equipment and few vehicles, with staff absenteeism and unofficial demands for payment commonplace.

1.5. Conclusion

The external evaluation of Femili PNG is the first to be done since it began six years ago. It is a project that seeks to consolidate a wealth of material already generated by Femili PNG and to assess whether it is meeting its own strategic objectives. In doing so, it is canvassing the four main domains at the heart of evaluating a program or service — effectiveness, impact, efficiency and sustainability (Szamier 2015). The methods used were unexceptional given the resources available, and were somewhat constrained by the timing of the states of emergency introduced into PNG and Australia to prevent the spread of COVID-19.

A socio-ecological framework is often employed to consider the individual, relationship, community and structural factors that contribute to FSV (ODE 2019). Similarly, a service such as Femili PNG is seeking to prevent or address these factors on multiple fronts, and a first step in an evaluation of its service involves an appreciation of the context in which the service operates. This chapter has alluded to the multiple challenges FSV survivors, and services, face in PNG.

Within the Lae context, as Putt et al. (2019:9) note, the introduction of a specialist and well-funded FSV service — Femili PNG — made a significant difference to the quality and range of services available to survivors. The next two chapters describe the work of Femili PNG and uses various indicators to show how it has developed in Lae and whether it has met its own strategic objectives, including building strong partnerships with multiple services and stakeholders in Lae, and beyond.

The challenges highlighted in the ODE evaluation was the continuing inconsistency in the collection tracking reported cases through the criminal justice process.

CHAPTER 2. EVOLUTION

2.1. Introduction

This chapter gives an account of the origins of Femili PNG in Lae and the changes in the past six years in terms of its operations and service provision. The aim is to better understand how Femili PNG operates and how it has expanded. To begin with, it outlines the original vision and the foundations that were established at the outset. For an NGO in PNG to establish itself and to then expand and consolidate during a six-year period is a significant achievement, and this chapter seeks to describe in detail the various aspects to its growth. The chapter covers trends in funding and expenditure, staffing, the services provided to clients, and in stakeholder and community programs. It also describes the model that underpins the organisation and the adjustments that have been made, as well as the support functions including the measures introduced in policies and procedures to maintain quality control. The chapter sets the scene for the next chapter, which examines whether Femili PNG has achieved its strategic objectives.

2.2. Foundations

The 2013 design document for what became Femili PNG clearly articulates the rationale for establishing a case management centre, as it was initially named, and the serendipitous circumstances that led to it being established in Lae. There have also been several blogs, papers and presentations that present the story of how the service was founded (for example, Wainetti 7/6/2013; Howes et al. 11/7/2013; Howes et al. 2017)

By 2013, there had been an increase in FSV services, notably Family Support Centres (FSCs), across PNG and in the specialist policing units, the FSVUs. At that time, Wainetti (7/6/2013), as head of the FSVAC, argued that nationally there was a need for case management to ensure effective and coordinated assistance was offered to survivors. A catalyst for establishing a case management centre in Lae was a 2012 evaluation by Dr Lokuge, of the FSC at the Angau hospital in Lae. The evaluation concluded that although the FSC provided invaluable medical and psychosocial services for women and children dealing with FSV, more was needed to enable access to other core FSV services such as emergency accommodation, legal and police services. There was a demonstrable need in Lae because of the large number — more than 3,000 clients per year — accessing the FSC, the majority of whom were adult survivors of domestic violence. Children were half of the sexual violence survivors.

Médecins Sans Frontières (MSF) handed back to the hospital the running of the Lae FSC in mid-2013. Former MSF staff, including the coordinator and several counsellors, formed the backbone of the staff of the new case management centre. Their contribution was crucial, as they had the experience, skills and knowledge to implement a service. In the same year, the PNG Family and Sexual Violence Case Management Centre was registered as a PNG non-government organisation, with the name changed to Femili PNG in 2014.

As aid funds could not be allocated to a new NGO without a track-record, an agreement was reached to partner with Oxfam. The Australian Foreign Affairs minister announced $3 million in funding over three years for Femili PNG under the PWSPD, and the service officially commenced in mid-2014.

According to Howes et al. (2017), it was not clear what a case management centre would look like as it was the first of its kind in PNG, but there were three driving principles behind its establishment. The principles were that it would be a PNG organisation with services delivered in partnership with local resources, and with external support and resources; that it would be a non-government organisation; and that it would be a permanent institution. The advantages of being an NGO were explained in the 2013 design document as being able to exert 'the independent and impartial leverage … with autonomy, resourcing and flexibility to lobby, pressure and advocate effectively across all governmental sectors' (PNG FSVCMC 2013:13).

Integral to its foundation and continuing to the present day, was the strong link between the Australian National University (ANU) and the new service, created through the involvement of several key people. The first Strategic Plan (2016–17 to 2018–19) called the centre 'an important demonstration project' shaped by research and education, which was the ANU's role (FPNG 2016:4). Two ANU academics in conjunction with former MSF staff and a number of PNG leaders made up the core group that contributed to the momentum to design and implement a case management centre. The partnership with the ANU has been maintained and is reflected in the composition of the Management Committee (and subsequently the Board) and in the core of Femili PNG managers and staff who have remained with the organisation. More is said on this in the next chapter.

Extensive consultations were undertaken to develop the concept of a case management centre, and the 2013 design document draws on these to outline the vision for what the centre would be and acts as a template for the subsequent evolution of the service. The three stated roles of the centre were to provide individual case work; cross-sectoral coordination, lobbying, training and resourcing; and operations-based evaluation and advocacy (PNG FSVCMC 2013:1). Other facets of its vision included having a national and potentially international impact by contributing to evidence on effective practices to support FSV survivors, by acting as a national centre of excellence that trained practitioners elsewhere in the country, and by expanding to other cities through new centres and linkages with existing programs.

From the outset, there was a commitment to good practice, to transparency, to ensuring the security of staff and clients, to working with a wide range of stakeholders and partners, and to learning from the knowledge and expertise of others. A risk management plan and a monitoring and evaluation framework were developed. The hybrid organisational structure to support the case management centre reflected these commitments and sought to marry the creation of a local NGO service with local staff, with the benefits of external financial support and expertise. In the original design for the centre there were key partners represented on a Lae advisory council,[4] a technical advisory group,[5] and technical and operational support from established NGOs, Oxfam and MSF.

In addition to stating the obvious need to do more for survivors of FSV, the 2013 design document articulates how case management and coordination would contribute to the prevention of FSV. The case is made that community attitudes to FSV would only change within a context of effective and responsive legal and social services for survivors, as this would make it clear that domestic violence is a crime, that intervening in incidents is worthwhile, and that survivors should be assisted and supported (PNG FSVCMC 2013:10) . It is also clear from the design document that, at least in the beginning, it was not envisioned that the case management centre would be directly involved in primary prevention through community education, but instead learn from the prevention activities run by Oxfam. However, as is described later on in this chapter, Femili PNG has progressively become more involved in community education through its outreach activities.

The rest of this chapter describes the consolidation and expansion of the Lae operations of Femili PNG in the past six years; as indicators of this growth, it uses trends in key areas — funding, staffing, client characteristics, and service programs. What becomes apparent is that Femili PNG has stayed true to its original mission, of providing case management and coordination for FSV survivors in Lae and its environs. As time goes by, there are more training and outreach activities and a focus on high need clients, such as those with disabilities. What drops off are certain partnerships — with Oxfam and MSF — and the re-constitution of committees to enable service coordination and advice, with the cessation of the Technical Advisory Group and the Lae Advisory Group. However, the basic organisational structure and composition have remained consistent during the six years.

2.3. Expansion

Organisation and operations

In the design document it was expected that the caseworkers would be based at the FSC. This did not occur and in its first year of operations, because the premises used by Femili PNG were insecure, the staff would interview clients in the offices of other services. However, by 2016, the service had an office in Lae suitable for walk-in clients and in which clients could be seen on the premises, with vehicles, security services and good office equipment. As the service expanded the office became crowded, and a search for land and/or suitable, larger premises remains an ongoing quest. Although the office is centrally located, it is in a discreet position and there is no signposting to indicate its existence in a church-based health service. Having a low physical profile has been part of efforts to make the workplace, staff and clients as safe as possible. Similarly, there is no badging on vehicles or staff's clothing — only name badges and the use of portable banners at events. This low profile is in contrast to Femili PNG's online presence and the work of Friends of Femili PNG.

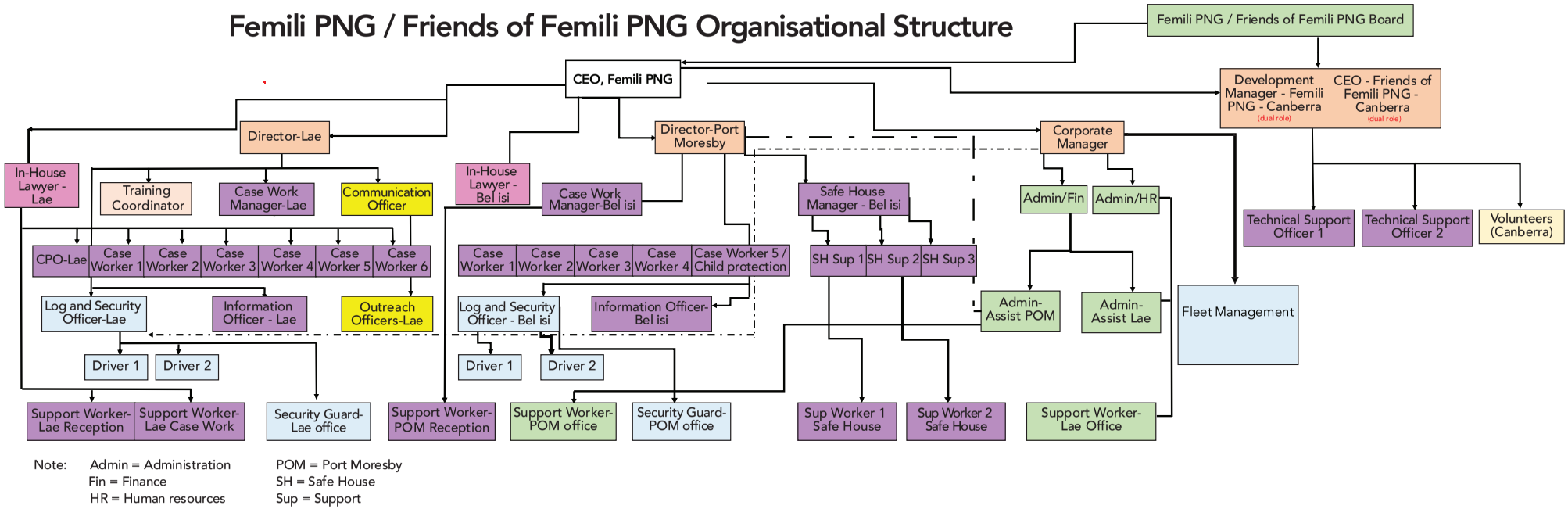
In 2016, the Friends of Femili PNG association was registered in Australia to provide financial and technical support, including through the Canberra-based position of Development Manager. Since then, the association has raised increasing amounts of money in donations and gifts, and held events in Australia. The Development Manager position continues to the present day, and has played an important support role in administration, communication, and meeting reporting obligations for Femili PNG's operations and the Board, in addition to running Friends of Femili PNG.

The most significant event in the expansion of Femili PNG in the past six years has been the establishment of a case management centre and the safe house, Bel isi, in Port Moresby. From 2017 to 2019 the Lae operations were affected by and staff directly involved in setting up the new centre. The CEO split her time between Port Moresby and Lae, and the leadership team assisted with mentoring and training new staff in Port Moresby. A number of Lae staff also moved to Port Moresby to take up positions in the centre. Lae has remained the 'headquarters' and now there are finance and communication positions based in Lae that provide support to both Lae and Port Moresby.

The original Management Committee became a Board of governance around 2018, a change in name but not in responsibilities. The numbers on the Board, and the mix of Australian and PNG nationals as members, has remained the same since its establishment. The stability, calibre and seniority of the Board membership is striking. Several Board members, including Dr Eric Kwa, Stephanie Copus-Campbell and the chair, Professor Stephen Howes, have stayed on the Board since its inception. The head of the national FSVAC has always been on the Board, first with Ume Wainetti and then with Marcia Kalinoe. As the annual reports document, meetings of the Board occur four times a year while the operationally focused Executive Management Committee (EMC) meets every fortnight. Comprising the Australian-based Development Manager and the PNG management team, the EMC is a crucial vehicle to discuss and decide on pressing issues, and to ensure congruence between Board oversight and direction, and daily operations. The EMC used to include the Board chair, who chaired the meetings until several years ago; he stepped down from the EMC in early 2020, which is a positive sign that the EMC has the confidence and skills to manage operations without external assistance.

Figure 1 shows the current organisation of Femili PNG, including staff based in Lae, Port Moresby and in Canberra, Australia. The Directors of Lae and Port Moresby, the Corporate Manager and the Development Manager report to the CEO, and under each of the managers are teams of administrative, caseworkers, support and technical staff. As is discussed later, as Femili PNG has expanded, more specialist positions such as the in-house lawyer and communications officer have been created.

Figure 1: Current organisational chart, Femili PNG



Source: Femili PNG.

Funding and expenditure

Relative to many government, other NGO and faith-based services in PNG, Femili PNG is well resourced. Australian Government/ Department of Foreign Affairs and Trade (DFAT) through the PWSPD program (ending December 2021) has continued to be the principal source of funding for Femili PNG. The second phase of five-year funding, which was provided directly rather than via Oxfam, commenced in 2017–18, and after a mid-term review was continued to 2022. As Table 2 shows, the overall income for the Lae operations has increased from PGK1,808,532 in 2014–15 to PGK2,494,531 in 2019–20, an increase of 27%. The bulk of the income is from DFAT/PWSPD grants, with an annual average of PGK2,085,022 during the six fiscal years. The amount of income from funds-raised jumped dramatically in 2016–17 and has stayed at a similar level since, with PGK502,531 raised in 2018–19, 20% of that year's income. Sources of these funds include grants from the philanthropic organisation Mundango Abroad,[6] and money raised locally and through Friends of Femili PNG. There have also been in-kind and direct support from local and national stakeholders, including businesses such as Trukai Industries, and Zenag Chicken.

Table 2: Annual income and expenditure, by fiscal year, Lae operations, 2014–15 to 2019–20 (PGK)

	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20	Average
Income	**1,808,532**	**2,036,843**	**4,124,692**	**1,050,000**	**2,847,572**	**2,494,531**	**2,393,695**
DFAT funding	1,811,094	2,035,106	3,659,581	612,350	2,400,000	1,992,000	2,085,022
Other funds	-2,562	1,737	465,111	437,650	447,572	502,531	308,673
Expenditure	**1,604,397**	**2,049,108**	**2,428,226**	**2,480,232**	**2,065,940**	**2,502,738**	**2,188,440**
Capital costs	234,276	152,683	281,425	210,118	24,942	29,417	155,477
Operational costs	640,615	901,172	1,061,964	818,868	821,360	946,348	865,054
Personnel costs	726,276	995,255	1,084,837	1,451,246	1,219,638	1,526,974	1,167,371

Source: Femili PNG annual reports

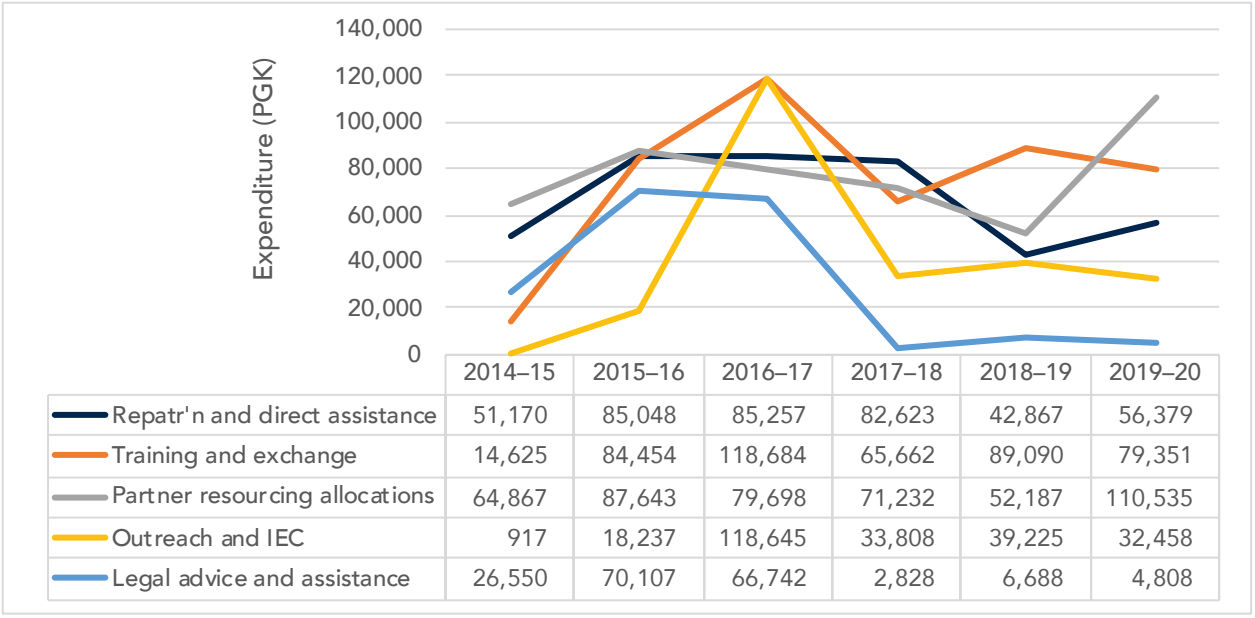
Note: Excludes in-kind support from Friends of Femili PNG and stakeholders.

Approximately half the cost of running Femili PNG in Lae are associated with the employment of staff. Expenditure on personnel rose each financial year to 2017–18, then fell in 2018–19 (see Table 2). This could be due to the increase in staff numbers but, as a proportion of expenditure, personnel costs have also risen (except for 2016–17) during the six financial years recorded in Table 2. For each financial year from 2014–15 to 2019–20, the percentages were 45.3%, 48.6%, 44.7%, 58.5%, 59% and 61%. The increase from 2017–18 to 2019–20 may be because of Lae acting as the head office for Femili PNG, and having national positions based there, as well as new outreach staff and an expanded case management team. Personnel costs in 2017–18 were also higher than other years because it was the only fiscal year that Femili PNG paid for the Development Manager position. Since then, Friends of Femili PNG have continued to fund the position.

The two other categories of expenditure — capital costs (set up and equipment purchases), and operational costs — have fluctuated over the six years, with the latter being the other significant area of expenditure aside from personnel costs. Set up costs declined in 2019–20 as the Lae operations consolidated, with the fluctuation partly attributed to vehicle purchases. Under operational costs, purchase of big items and changes in building rent can account for much of the fluctuation. Another example was when rent in 2016–17 cost PGK217,507, and dropped to PGK141,675 in the following year after the move to the new premises. Some costs may have increased in 2017–18 and 2018–19 because of supporting the new centre and safe house in Port Moresby. For instance, expenditure on staff travel rose dramatically to PGK129,452 in 2017–18 from PGK70,494 in the previous year.

Another way to consider trends in expenditure is to look at allocations to different program areas. Based on information in the annual reports, Figure 2 presents trends in expenditure on four key areas of client support and service provision. It is noteworthy that expenditure in the four areas dropped after 2016–17, which again may be explained by the re-direction of resources to help set up the Port Moresby operations. Having said that, the dramatic decline in the cost of legal advice and assistance from 2016–17 onwards is no doubt due to the employment of an in-house lawyer in Lae. The big spike in outreach and IEC (information, education and communication) in 2016–17 was because, in that year, a significant amount was spent on fundraising. Another caveat is the fairly consistent amount spent on partner resources, although there is a small but steady decrease from 2015–16 to 2018–19, but a doubling in this category of expenditure in 2019–20, as additional assistance was provided to partner organisations to help deal with the COVID-19 pandemic preventative measures.

Figure 2: Expenditure on different elements of FPNG service provision and support (PGK) per fiscal year, Lae operations, 2014–15 to 2019–20



	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Repatr'n and direct assistance	51,170	85,048	85,257	82,623	42,867	56,379
Training and exchange	14,625	84,454	118,684	65,662	89,090	79,351
Partner resourcing allocations	64,867	87,643	79,698	71,232	52,187	110,535
Outreach and IEC	917	18,237	118,645	33,808	39,225	32,458
Legal advice and assistance	26,550	70,107	66,742	2,828	6,688	4,808

Source: Femili PNG annual reports and financial spreadsheets

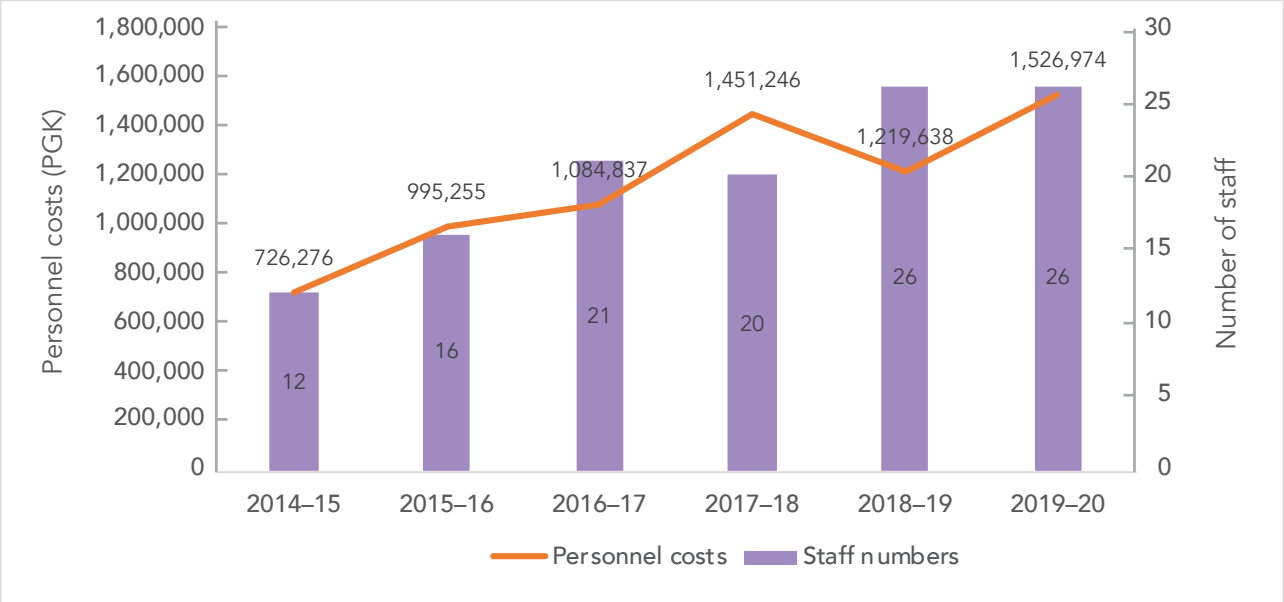
Note: For consistency over time, fundraising is included with outreach & IEC (information, education and communication), and staff training is included with training and exchange.

How much weight to place on these trends in expenditure is best answered by Femili PNG as there could have been changes in accounting and categories over time. However, it does suggest that there were costs associated with expansion, both in terms of operational costs and in a reduction in certain elements of expenditure on Lae operations, most notably in 2017–18.

Staffing

The number of staff working for Femili PNG in Lae more than doubled — from 12 in 2014–15 to 26 in 2019–20. Figure 3 compares expenditure on personnel with staff numbers for each financial year from 2014–15 to 2019–20. Personnel expenditure excludes the Development Manager position (except when it was funded by Femili PNG in 2017–18), the second paid position in Canberra, and in 2018 some of the costs associated with establishing the Port Moresby centre and Bel Isi safe house. As a result, the financial year 2017–18 is an anomaly, with a major gap between staff numbers and expenditure.

Figure 3: Staff numbers and personnel costs (PGK) each fiscal year, Lae operations, 2014–15 to 2019–20



Source: Femili PNG annual reports and financial information provided by Femili PNG

As the number of staff has grown, and as is to be expected, there has been a commensurate increase in the number of specialist and management positions. Caseworkers remain the core workforce but annual reports refer to:

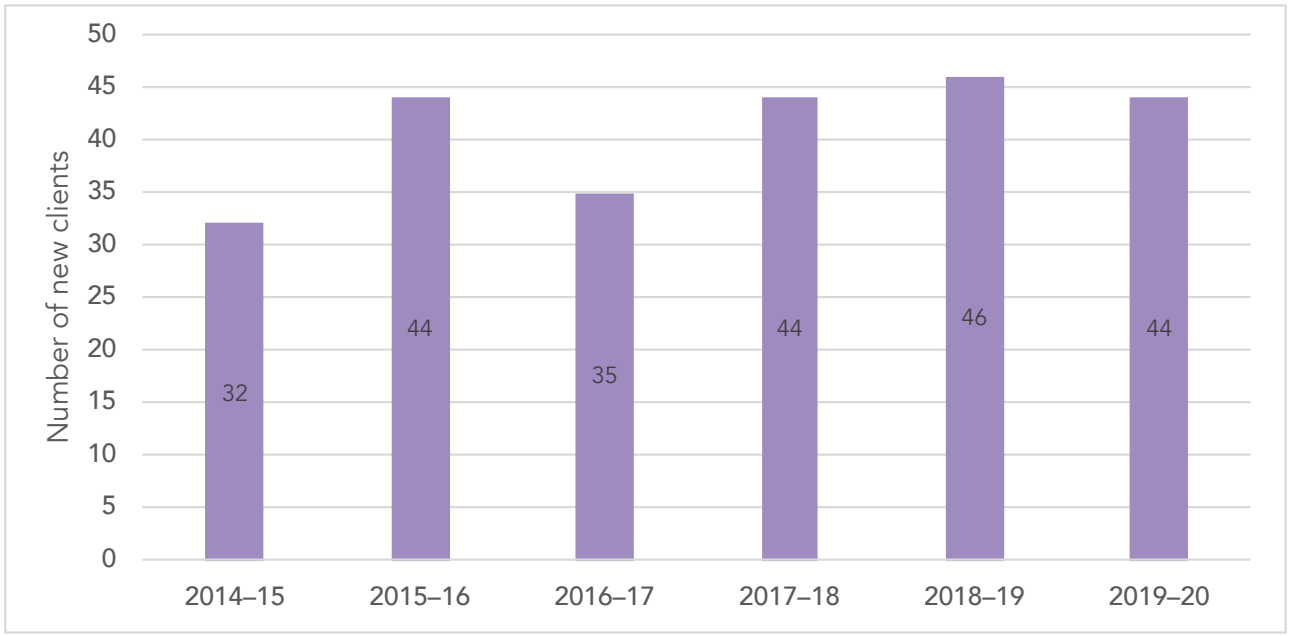
- in 2015–16, the creation of an engagement and communication position, and the appointment of an operations manager and a child protection officer.
- in 2016–17, an in-house lawyer was appointed and the position of training coordinator created.
- in 2017–18, two outreach officers were appointed.
- in 2018–19, when Lae was named as the head office, new positions of fleet manager and administration and finance manager were created for the whole organisation, but they are based in Lae.

The personnel costs do not reflect the unpaid external assistance provided by people not employed by Femili PNG. The vital contribution of volunteers and in-kind support of people affiliated with the ANU is recognised in the annual reports, especially during the early days of establishing the service. For example, a former CEO of the Domestic Violence Crisis Service in Canberra assisted with the development of policies and procedures, and Dr Lokuge at the ANU continued to assist with data analysis and research after her Femili PNG Board membership ended. An invaluable support has been the relationship with Ms Mellanie Olano, a very experienced social worker from the Philippines, who worked as a volunteer for a year in Lae guiding caseworkers and undertaking training in trauma-informed care, and who continues to provide expert advice and supervision.

Services provided to clients

The number of people who have been assessed and then taken on as clients climbed for the first two years and then plateaued. Figure 4 shows the monthly average of the intake of new clients, for each fiscal year, from 2014–15 to 2019–20. Since 2017–18, the average monthly intake per year has ranged from 44 to 46 clients.

Figure 4: New client intake, monthly average per fiscal year, July 2014 to June 2020



Source: Femili PNG Data Platform

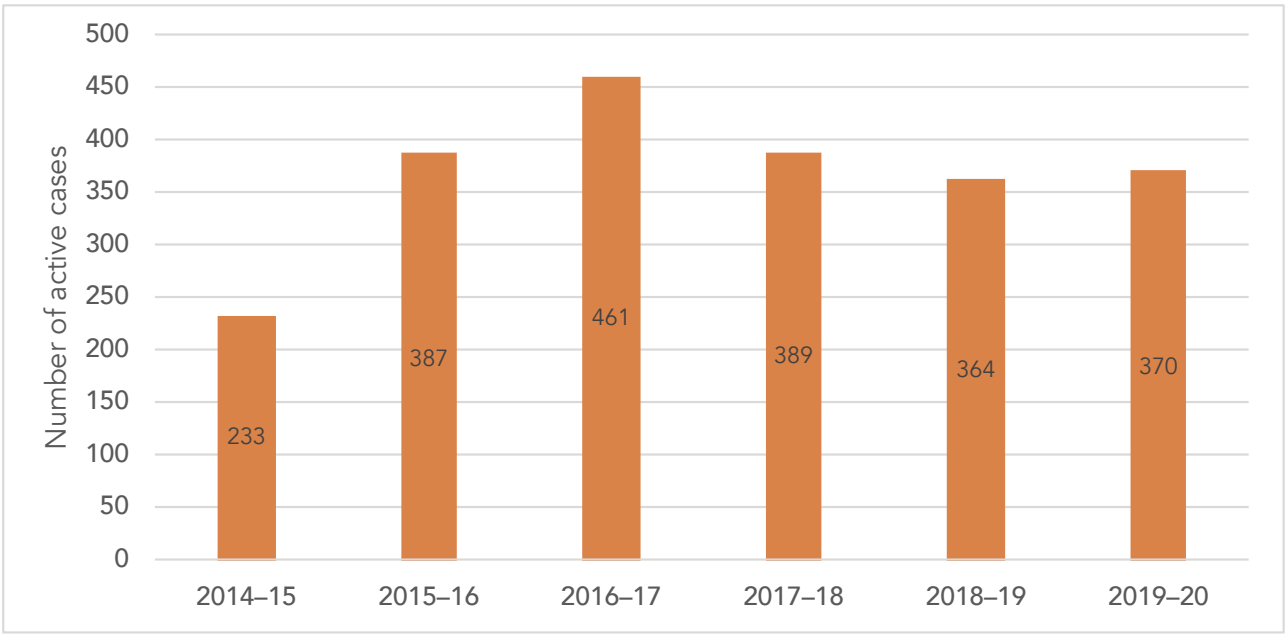
Notes: Fiscal year is from July to June, e.g. 2019 fiscal year is July 2019 to June 2020
Note: The decrease in average monthly intakes in 2019–2020 is due to the state of emergency introduced to prevent the spread of COVID-19. Lae operations did not close but intake numbers were down for a couple of months.

The overall size of the case load is indicated by the number of active (non-closed) cases at the end of each year (see Figure 5). Although the rate of client intake has remained relatively constant, the number of active cases at the end of each fiscal year climbed for the first three fiscal years, and then remained relatively steady for the most recent three fiscal years.

In total, the trends in client intake numbers and in active cases suggests that rate of closing cases was not keeping up with the new cases until 2015–16, which generated a larger workload of clients. Since then, however, the rate of closing cases appears to have been on par with the intake of new clients.

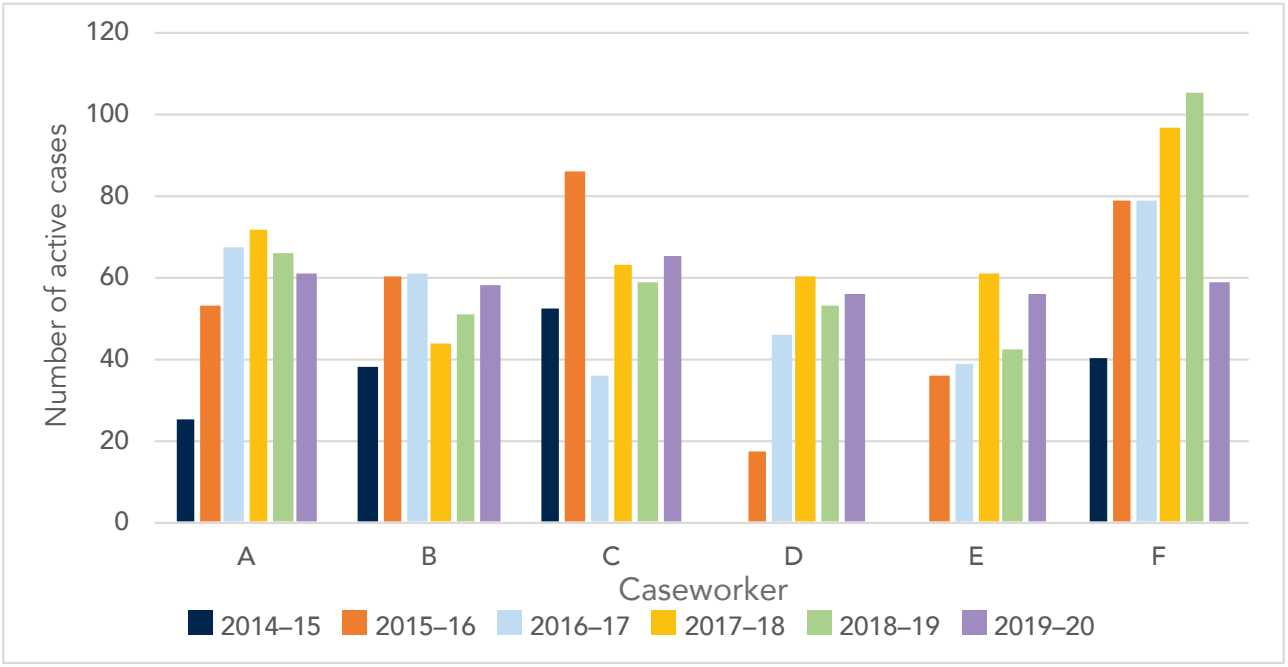
Two further indicators were examined to assess the workload of caseworkers. Figure 6 presents the number of active (non-closed) and live cases per caseworker at the end of each financial year. Live cases are defined as those in which the caseworker has had a consultation with the client in the last three months. As Figure 6 shows, there is considerable variation between caseworkers, and an increase from four to six caseworkers in 2015–16, with caseworker F having a consistently higher or equal number than her counterparts for five of the six years. There is no obvious sign of an increased workload in terms of active cases, although having 60 or more active cases at the end of each fiscal year, which happens on several occasions for half of the six caseworkers, does appear to be a lot of clients to stay in touch with and support.

Figure 5: Active cases at the end of the fiscal year, July 2014 to June 2020



Source: Femili PNG Data Platform

Figure 6: Live cases at the end of the year per caseworker, per fiscal year, July 2014 to June 2020

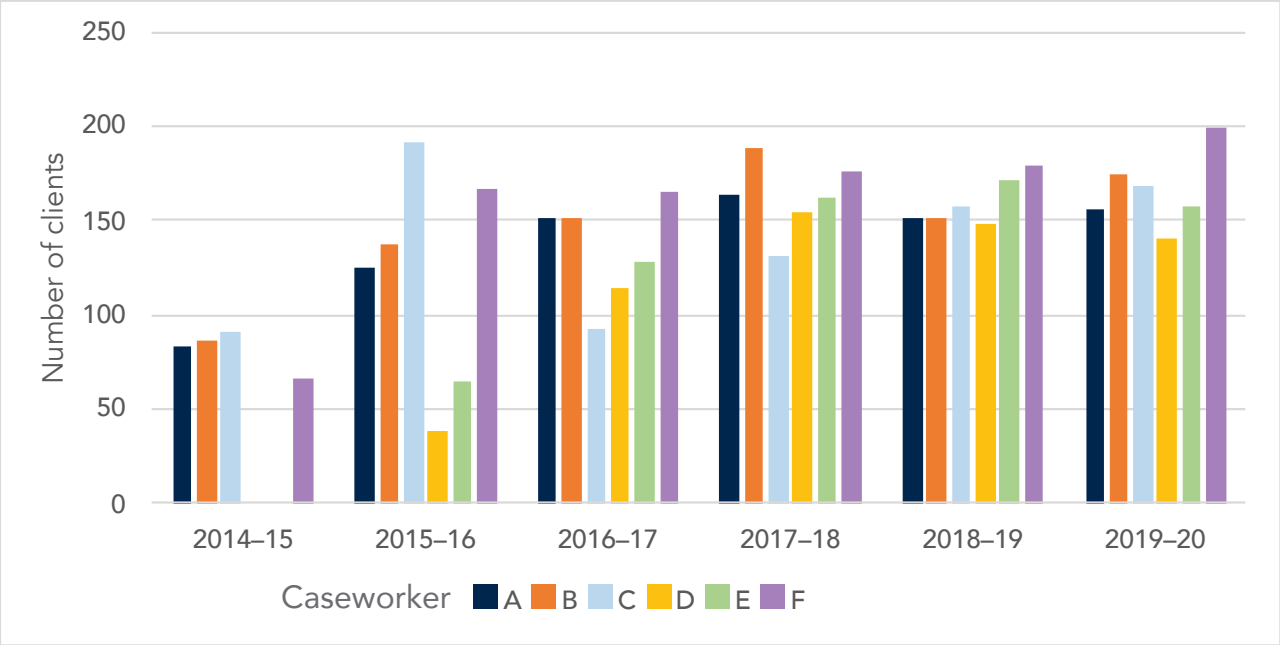


Source: Femili PNG Data Platform

Note: a live case is one in which the client has had a consultation in the last three months

The other indicator is the total number of clients assigned to a caseworker at some point during a fiscal year. Figure 7 shows that the number has been around 150 or more clients per fiscal year, for the past three years, for all of the caseworkers, except for C in 2016–17 and D in 2019–20. Once again, caseworker F has a consistently high number of cases, although when the number of assigned clients is compared with active cases in 2019–20 it appears that F is closing many cases before the end of the fiscal year.

Figure 7: Clients in a caseworker's care in the course of a year, per caseworker per fiscal year, July 2014 to June 2020



Source: Femili PNG Data Platform

Note: This is the number of clients which are assigned to a particular caseworker at some point of time during the fiscal year

Trends in the number of consultations and follow-ups per clients, which may indicate that additional work is being asked of caseworkers and/or that more caseworkers have been available to do it. The trend in Figure 8 shows a steady increase from 2016–17 to 2019–20 in the monthly average per year of client follow-ups for Lae operations as a whole. Follow-ups per client have varied between 9 and 13. During the same period, the average length of time before cases were closed increased each year from 2015–16 to 2019–20, from 6.8 to 9.8 months with a dip in 2018–19 to 7.4 months (see Figure 9). This trend suggests clients are staying longer with the service.[7]

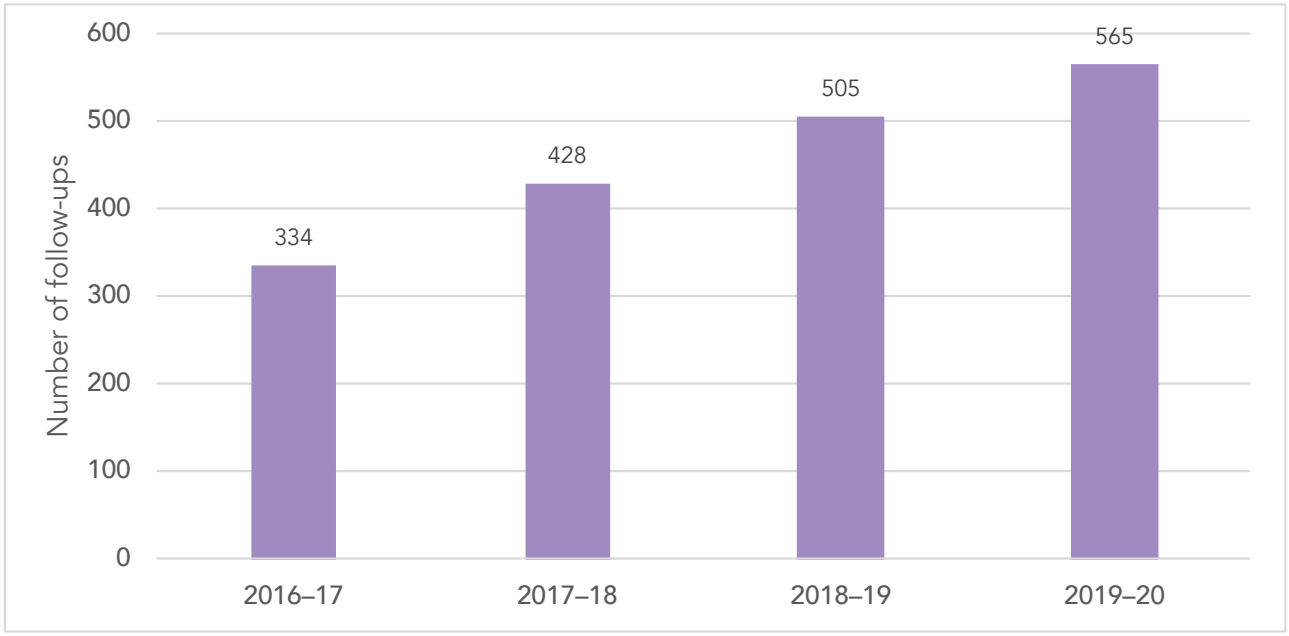
Trends in types of support and assistance

In the first Femili PNG annual report (FPNG AR 2014–15:7), new clients were described as being supported and assisted in the following ways:

- *Listening and advice:* helping clients work out what they want, and how to obtain it.
- *Referrals and support:* helping clients to make appointments with service providers, and provide transport and moral support, and facilitate a coordinated response.
- *Emergency support:* helping clients in safe houses meet their food and other basic needs.
- *Legal assistance and advice:* helping clients make statements to obtain an interim protection order (IPO) or other relevant legal remedies, and in complex cases, offer legal advice.

» *Repatriation:* assisting with family tracing, and helping clients relocate to the area where they come from and/or to live with relatives, which can include connecting them with local government officials, and providing them with some set-up support including 'business start-up kits' when appropriate.

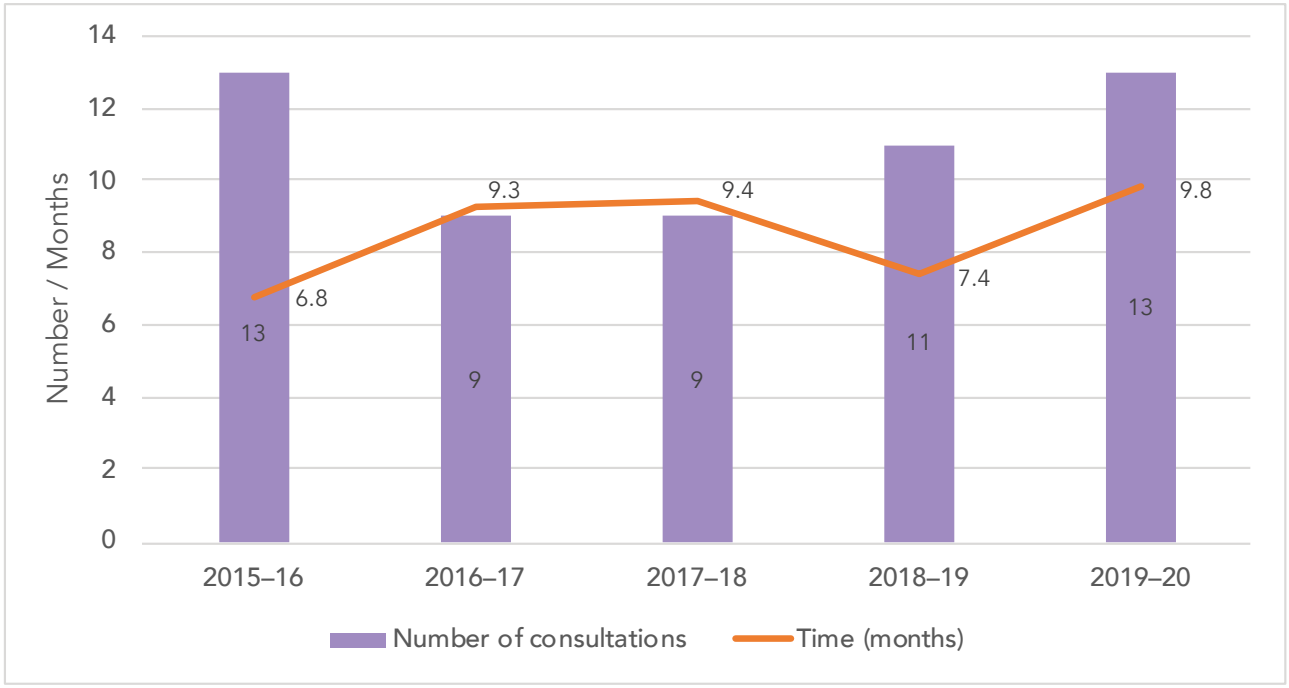
Figure 8: Client follow-ups, monthly average per fiscal year, Lae operations, July 2016 to June 2020



Source: Femili PNG Data Platform

Note: Fiscal year is from July to June, e.g. 2019 fiscal year is July 2019 to June 2020

Figure 9: Average case length and average number of consultations per closed case per fiscal year, Lae operations, July 2015 to June 2020

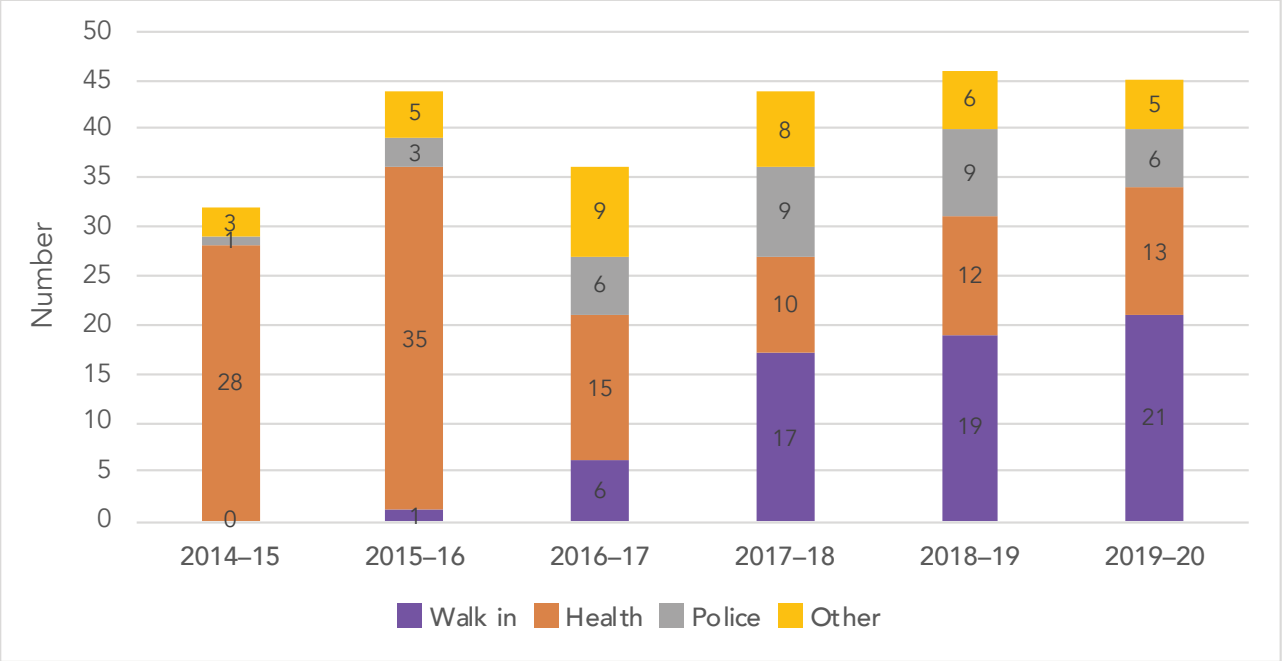


Source: Femili PNG Data Platform

All new clients continue to be offered practical support (including immediate help with food, a shower, transport), and there is no obvious 'measure' to track trends. The next chapter discusses case management practices in more detail. However, with other aspects to client assistance it is possible to see if there are changes in the volume and characteristics of cases.

An integral element of case management, articulated clearly in the original design document, is liaison with, and referrals to and from other services. Since 2017–18, the monthly average of the new client intake per fiscal year has remained relatively steady, at between 44 and 46 (see Figure 4). The main sources of referrals from other services have been from the health sector, and police. However, as is discussed in the next chapter, health sector referrals have accounted for fewer intakes since 2015–16, with an increasing number of walk-in clients from 2016–17 (see Figure 10). By 2017–18, there were 526 referrals recorded from other agencies the most common category being 'walk in clients' (36.3%), with police the most common service (19%) followed by a (non-FSC) health facility (8.4%). In the same year, of the 592 referrals to other services, the most common category was the District Court (23.5%), followed by police (19.9%), safe houses (9.5%), [8] child welfare (10%), and the FSC (6.2%).

Figure 10: Monthly average intake number by referral source (sector), per fiscal year, July 2014 to June 2020



Source: Femili PNG Data Platform

There have also been changes in referrals of clients by Femili PNG to other services. Due to changes in the forms in 2018, the early period from 2014–2015 to 2016–17 is not comparable to the past three fiscal years. Table 3 presents the proportion of clients from 2017–18 in each fiscal year referred to four key service sectors — health, police, courts, and welfare. Certainly for the past two financial years, the proportions are very similar with, in 2019–20, 44% of clients referred to courts, 37% to the police, 23% to health, and 15% to welfare.

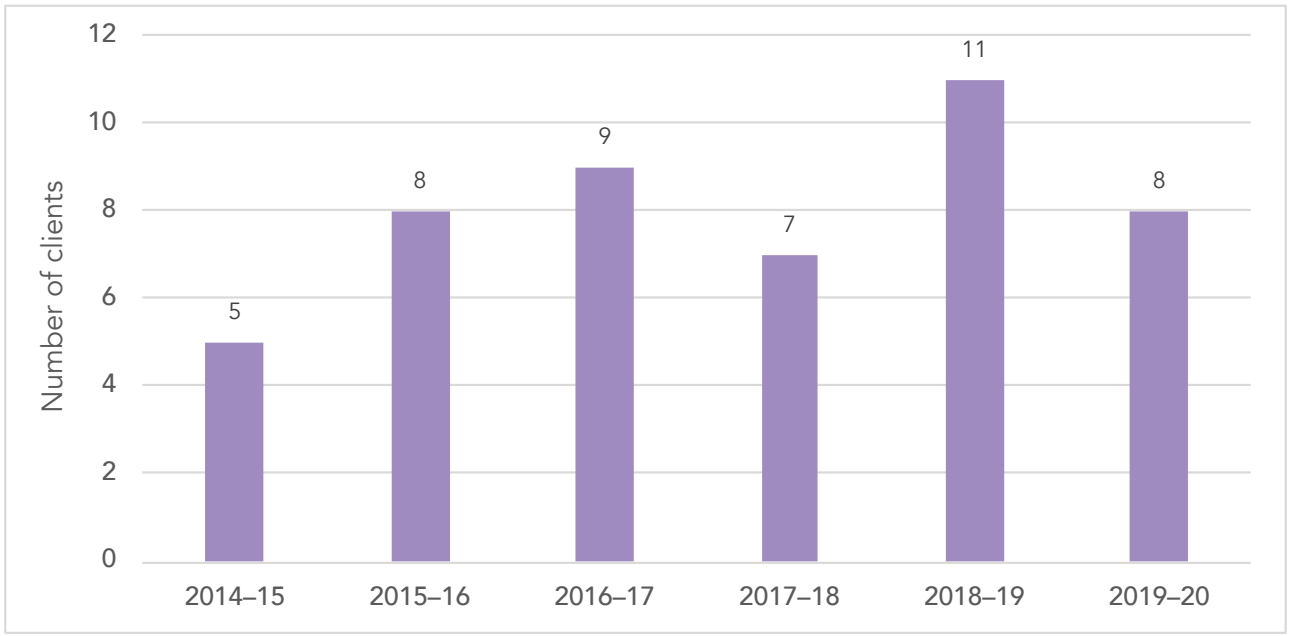
Table 3: Referrals to service providers as percentage of that year's clients, per fiscal year, Lae operations, July 2017 to June 2020

Sector	2017–18	2018–19	2019–20
Health	33%	26%	23%
Police	45%	40%	37%
Courts	62%	56%	44%
Welfare	18%	20%	15%

Source: Femili PNG Data Platform

Figure 11 shows that the average number of clients (excluding dependants) in emergency accommodation per month, each fiscal year, has fluctuated between from five in 2014–15 to 11 clients in 2019–20. Variations may be due to safe house capacity, as at various junctures one or more safe houses were closed. Certainly, the local safe houses have been a consistent recipient of Femili PNG's partner resource support, with assistance for example with furniture and renovations. The number of clients that nominate accommodation as a short-term objective (i.e. between 5% and 10%) suggest that a fair proportion of new clients (who are not already in a safe house) are likely to require emergency accommodation, in hotels or in safe houses. Femili PNG data for the Lae operations indicate that 23% of clients receive emergency accommodation which is considerably higher than the proportion who nominate it as a short-term objective. It appears that nearly all clients who say that they want emergency accommodation obtain it (92%), but most clients who get emergency accommodation do not list it as one of their short-term objectives.

Figure 11: Average number of clients in emergency accommodation per month, per fiscal year, Lae operations, July 2014 to June 2020



Source: Femili PNG Data Platform

Note: Dependants not included.

Based on the number and proportion of clients, per fiscal year, who are placed in paid accommodation it is apparent that the Lae operations have not had to resort to placing clients in paid hotel accommodation on many occasions (see Table 4). However, the availability and standard of emergency accommodation in safe houses has been an ongoing source of concern.

Table 4: Number and percentage of clients in paid accommodation, per fiscal year, Lae operations, February 2018 to June 2020

Sector	2017–18	2018–19	2019–20
Clients with paid accommodation	13	13	3
Total number of client intakes that year	237	547	527
Percentage of intake clients with paid accommodation	5.5%	2.4%	0.6%

Source: Femili PNG Data Platform

Note: Dependents not included. Data only collected from mid-2017–18 onwards, so earlier years not available and 2017–18 data reflects only about half the number of clients for full year.

Legal assistance with applications for interim protection orders (IPO), and support obtaining a conversion to a longer-term protection order (PO), has become an increasingly common part of what clients are provided by Femili PNG. The number of referrals by Femili PNG to the District Court, as mentioned above, hints at this. Two other measures are used here to further demonstrate the point. The first is the numbers of IPOs and POs that were recorded as being granted to clients of Femili PNG. Table 5 shows that the number of both kind of orders climbed until 2019–20. The second measure is the proportion of clients who wanted an IPO as a short-term objective. As Figure 12 reveals, the proportion of clients that wanted medical care and police action decreased after 2015–16, while court action increasingly became a key objective after 2016–17. In 2018–19 and 2019–20 IPOs were included as a separate objective, and approximately 80% of clients nominated them as a short-term objective (see Figure 12).

Based on the number of clients recorded as wanting IPOs and those that have them granted in Table 5, a large number of clients are not achieving a key objective. Reasons for this are likely to be the capacity of the District Court to deal with and issue protection orders, and whether clients are prepared to actually follow through with the process, especially when there are delays or other external pressures (see Putt et al. 2019). It is, however, noticeable that the actual number of IPOs and POs granted has climbed steadily, except for 2016–17 when a large number of IPOs were issued.

Table 5: The number of IPOs wanted, lodged and obtained, and POs granted, to Femili PNG clients per fiscal year, Lae operations, July 2014 to June 2020

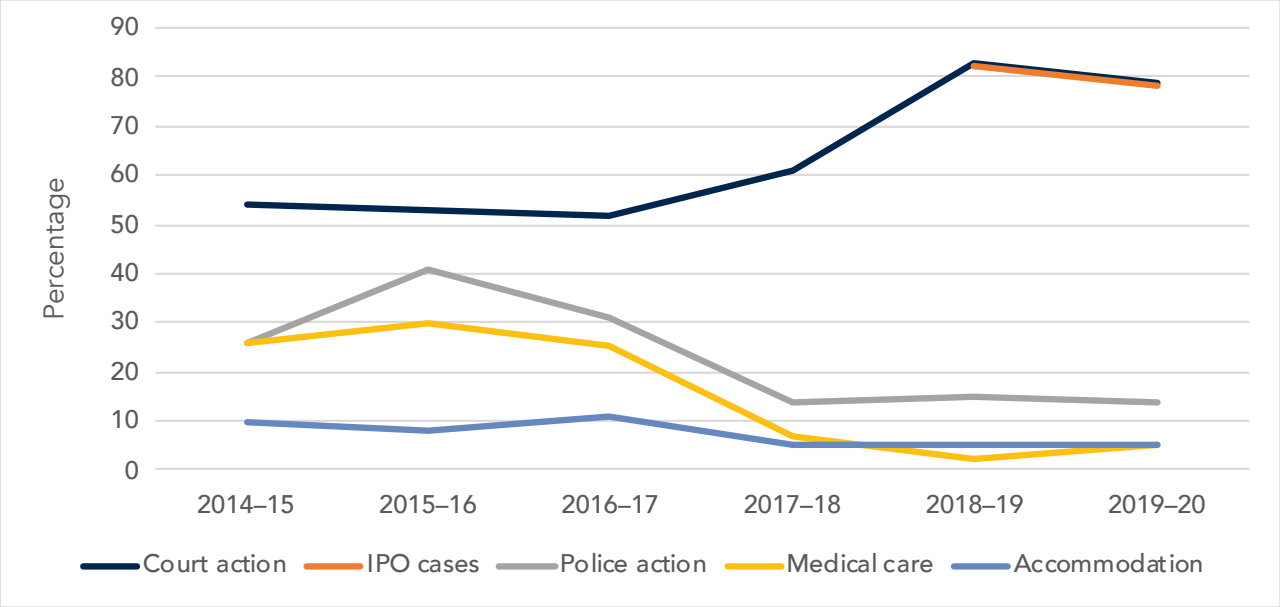
Fiscal year	IPO			PO
	wanted	lodged	obtained	obtained
2014–15	205	83	51	30
2015–16	275	76	33	19
2016–17	220	126	103	49
2017–18	473	90	70	58
2018–19	451	111	91	57
2019–20	414	175	151	83

Source: Femili PNG Data Platform

Note: 'IPO wanted' in a particular year counts those clients who were intakes in that year who want an IPO. 'IPO lodged' and 'IPO obtained', and 'PO obtained' count those clients who obtained in that year this outcome.

Only a relatively small number of clients have been assisted with repatriation. For their safety, these clients are supported to move to another part of the country where they might come from and/or to live with relatives. It is also an option for some young children who have lost contact with their families. Figure 13 presents the trend in the monthly average per fiscal year in the proportion of clients repatriated. In the highest year, 2016–17, only 5.3% of clients were repatriated. The following year had the lowest monthly average of 1.3%.

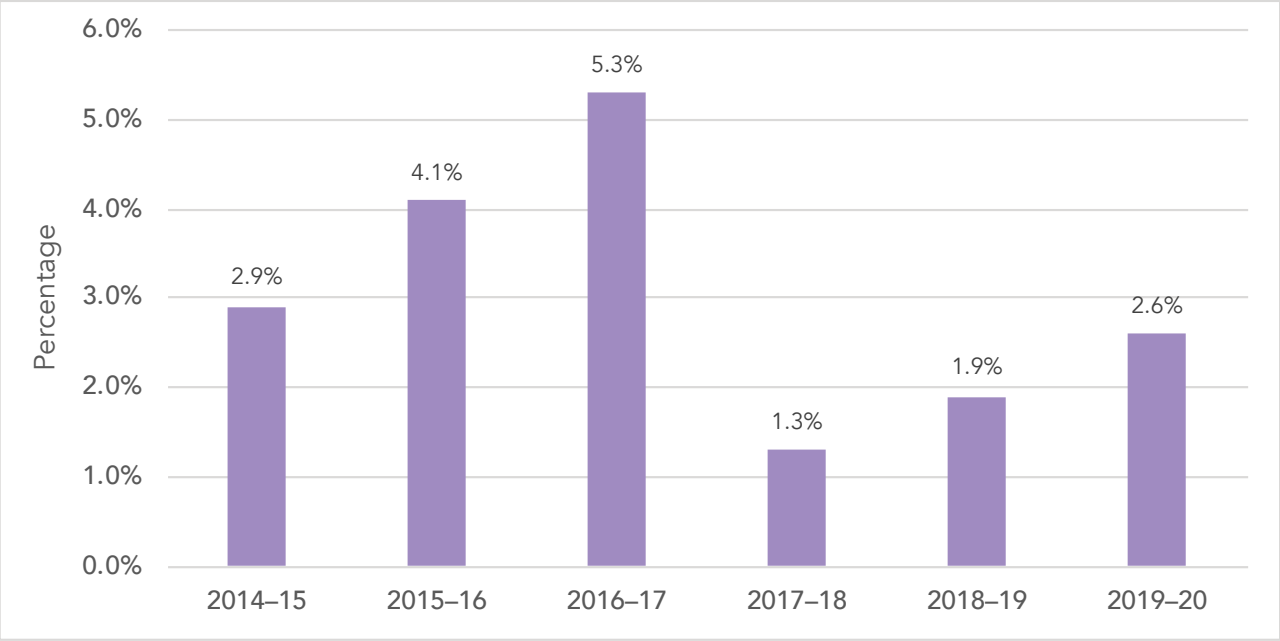
Figure 12: Key short-term objectives, percentage of clients per fiscal year, Lae operations, July 2014 to June 2020



Source: Femili PNG Data Platform

Note: Clients may have multiple short-term objectives. The year 2018 was the first full year in which IPO was provided as a separate objective. Before that, it was subsumed under the heading of court action. The number of options available and the number able to be selected has changed over time, and this may affect comparability of results

Figure 13: Monthly average in percentage of clients repatriated per fiscal year, Lae operations, July 2014 to June 2020



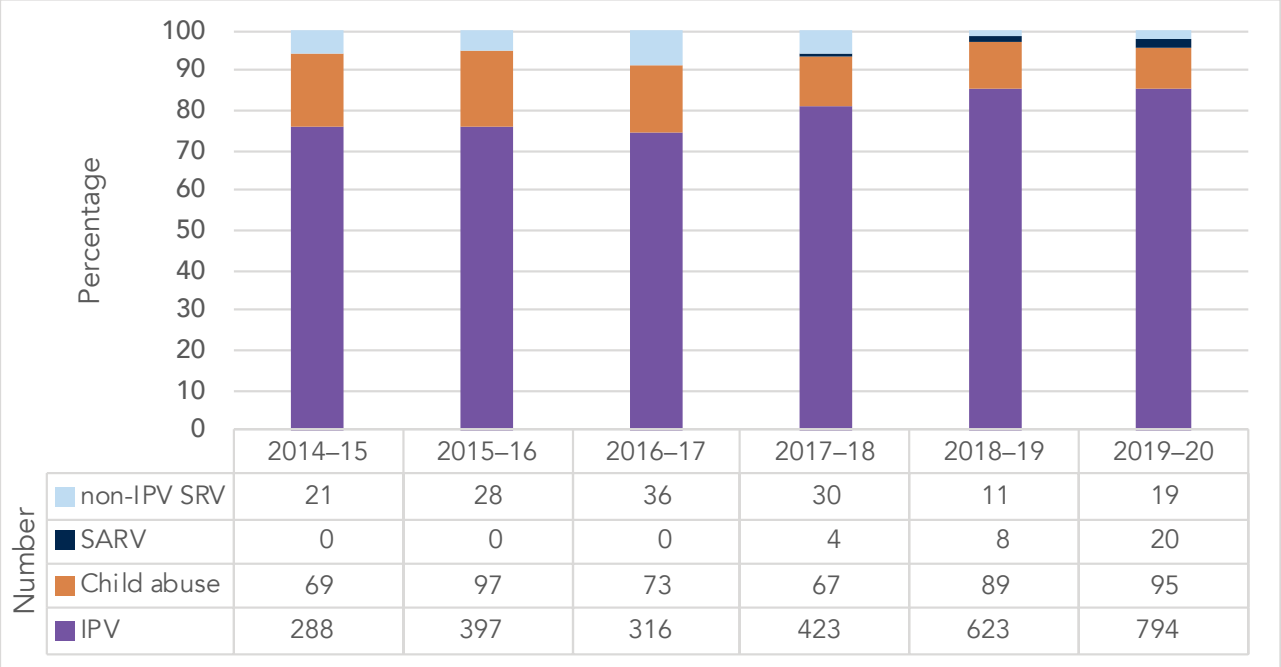
Source: Femili PNG Data Platform

Given the cost of repatriating clients (see Figure 2), how much effort is involved and the potential impact on the client it is unsurprising that few clients choose to be assisted in this way. It was also found as time went on that some clients returned to Lae after being repatriated elsewhere, which resulted in Femili PNG being more cautious about assisting clients in this way after 2016–17.

Trends in client characteristics

Since its inception, the majority of clients of Femili PNG in Lae have been women who have been subject to domestic violence. For each fiscal year since 2014–15, the overwhelming majority of clients report being victims of domestic or intimate partner violence (IPV), and it is these clients that have driven the growth in the total number of clients (see Figure 14). The proportion of non-IPV sexual violence clients has been lower in the past two fiscal years, but the annual number of clients was never greater than 36. Very few clients are recorded as victims of SARV, with the first few recorded in 2017–18. In 2019–20, there was a spike with 20 clients recorded as SARV victims. Child abuse client numbers have fluctuated each year, but form a smaller proportion of clients in the past three fiscal years (see Figure 14)

Figure 14: Trends in the proportion of clients by type of violence, per fiscal year, July 2014 to June 2020



Number	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
non-IPV SRV	21	28	36	30	11	19
SARV	0	0	0	4	8	20
Child abuse	69	97	73	67	89	95
IPV	288	397	316	423	623	794

Source: Femili PNG Data Platform

Note: IPV=interpersonal violence, SV=sexual violence, SARV=sorcery accusation related violence

An analysis of client data from July 2014 to June 2020 shows that:

- 81% of (unique) clients were adult females, 12% were female children, 3% were adult males and 4% male children
- 68% were aged between 21 and 40 years of age, 20% were 20 years or younger, and 12% were over 40 years.
- 85% of adult clients were married or in a de facto relationship
- 30% of adults had completed primary or elementary education, 32% secondary education and 28% tertiary or technical education, and 11% no education.

For the same period, 81% of clients had experienced domestic violence, 14% child abuse, 4% sexual violence and 1% SARV.

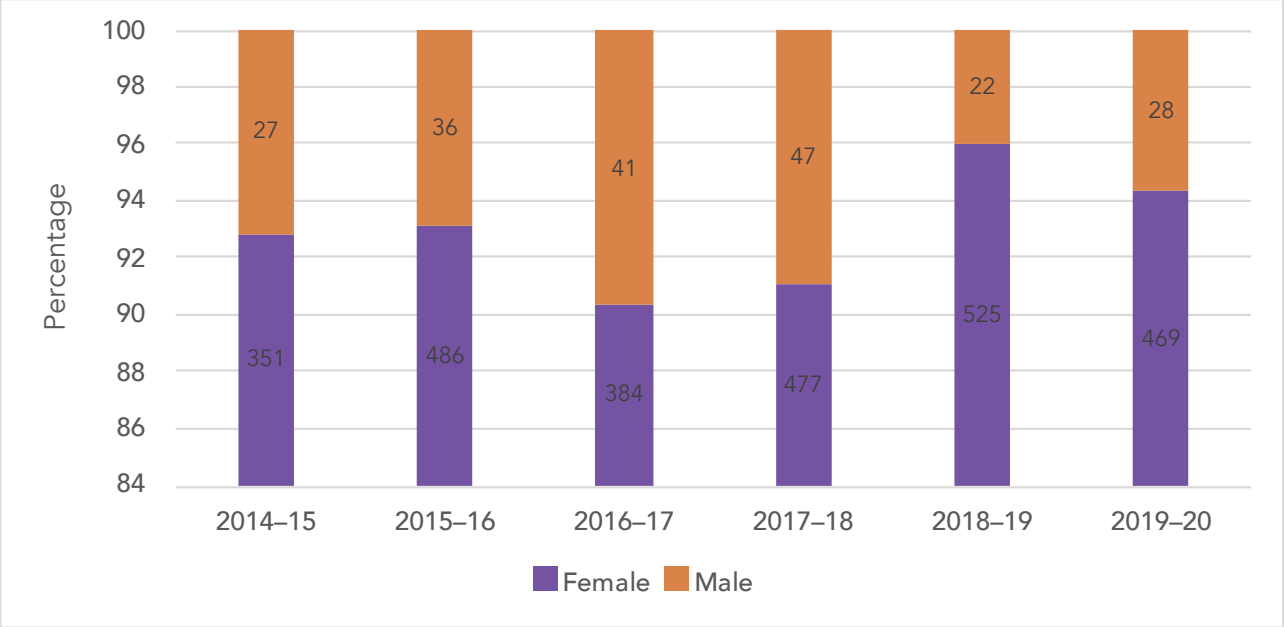
Trends in key client characteristics for each fiscal year from July 2014–15 to June 2019–20 show little variation during the six years, as the next four figures reveal:

- The percentage of clients who were female has varied between 90% and 96% each fiscal year (see Figure 15).
- More than 80% of clients have been adults each year, with a slight decrease in the proportion of child clients in 2017–18 which stayed at a similar level in the following two fiscal years (see Figure 16).
- The majority of clients have been in the 21 to 40 years age group every fiscal year, but as previously noted, the proportion of younger clients was lower from 2017–18 onwards. Prior to 2017–18 slightly more than 20% of clients were aged 20 years or under but from this year the proportion was less than 20% and in the subsequent two years has been closer to 15%. The proportion of those clients who were aged more than 40 years increased to more than 10% in 2016–17 and has remained at similar levels in subsequent years (see Figure 17).

Available data indicates more clients are presenting with complex needs. Figure 18 shows that the percentage of clients identified as having a disability has been growing each year since 2015–16, reaching 6.8% of clients in 2019–20.

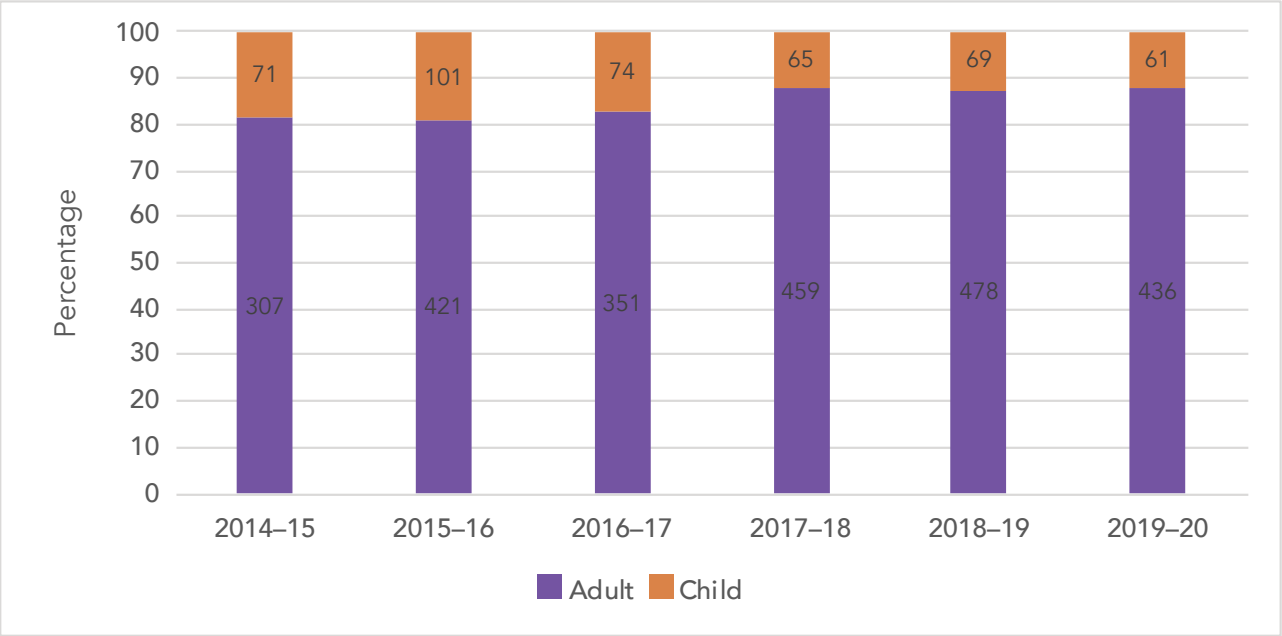
Substance abuse appears to be a common and consistent problem, with between 25% and 38% of clients' complaints about it, over the past six years.[9]

Figure 15: Trends in the proportion of female and male clients per fiscal year, July 2014 to June 2020



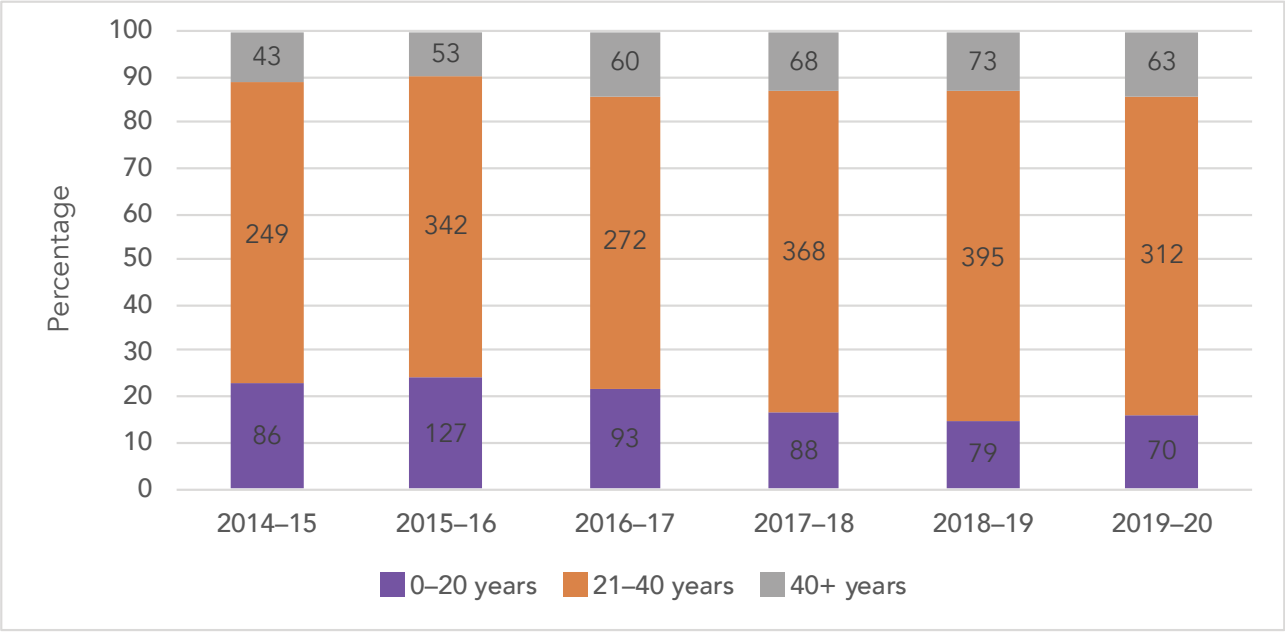
Source: Femili PNG Data Platform

Figure 16: Trends in the proportion of adult and child clients per fiscal year, July 2014 to June 2020



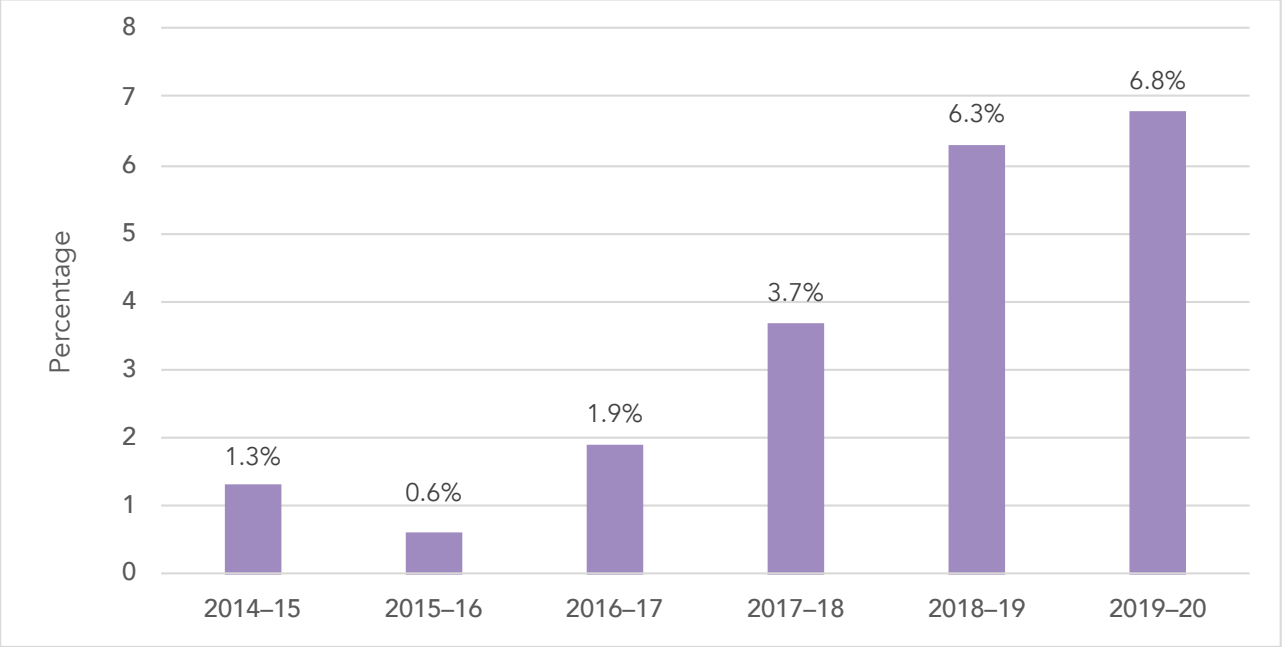
Source: Femili PNG Data Platform

Figure 17: Trends in the proportion of clients by age groups, per fiscal year, July 2014 to June 2020



Source: Femili PNG Data Platform

Figure 18: Clients with a disability, percentage of clients per fiscal year, Lae operations July 2014 to June 2020



Source: Femili PNG Data Platform

Stakeholder and community programs: training and outreach

Partner resourcing

From the outset, two strategies were embraced to improve responses to FSV survivors by other service providers. These were by improving the capacity of local stakeholders through resource assistance, and for a wider pool of stakeholders, through training activities. With the former, Figure 2 showed that expenditure on partner resourcing allocations has remained at similar levels, at approximately PGK75,000 a year. Any local service is eligible, and some services outside of Lae have received support, but the annual reports reveal that the core services that work with FSV survivors in Lae have consistently been the main recipients. These include the safe houses, the police FSVU and Sexual Offences Squads (SOS) and police prosecutions, OPS and OPP, and the District Court. Femili PNG has assisted with funds for security fences and renovations at the safe houses, and have regularly provided computers, printers, filing cabinets and stationery to justice agencies.

Training external stakeholders and practitioners

Femili PNG conducted its first training course in April 2015, organised by MSF in Port Moresby, on case management for social workers (FPNG AR 2014–15). In the ensuing six years, Femili PNG has been involved in a wide range of training programs for external stakeholders, either as sole deliverers or with other organisations. More information is provided on the courses and/or workshop as time goes by. In 2015–16 training was directly provided to government, NGO corporate stakeholders to 'support a cross-sectoral approach to assisting survivors of FSV' and Femili PNG was involved in facilitating (unspecified) training with stakeholders in Lae and Port Moresby. In the following year training was delivered on case management, to Oxfam justice partner organisations; on writing client statements for protection orders, to local police and welfare workers; and on running a training program on FSV and child trauma, for local safe house staff and other stakeholders (FPNG ARs 2015–16, 2016–17). In 2017–18, Femili PNG ran training activities further afield, for police and hospital staff in the Highlands, and in Daru, on trauma-informed care. Provincial and local

police participated in a program on FSV, child abuse and laws. For staff at Angau hospital a program was run on staff care and self-care, and Femili PNG staff facilitated week-long training for Lae service providers on FSVAC referral pathways (FPNG AR 2017–18)

By 2018–19, there was a consolidation of training material into a sensitisation training program on 'FSV, Child Abuse and the Related Laws'. The three-day course was run for a church, a women's association in Lae and Finchaffen, the Morobe Disabled Agency, and at Goroka with coffee farmers. With the Morobe FSVAC Secretariat, further training was conducted with local stakeholders on referral pathways and strengthening access to justice. In 2017–18, it is mentioned that there were 237 participants in training in that year, but no numbers are given for 2018–19. By then, the office was established in Port Moresby and from the annual report it is not clear what was run by staff, including the Training Manager, from Lae (FPNG AR 2017–18:18–19).

Outreach and awareness raising

Although the original design for the case management centre said that community education would not be a core component of its work, during the past six years there has been a significant expansion in outreach and awareness-raising activities. Two kinds of activity have occurred — joint events with other stakeholders, usually in Lae, and running awareness sessions which started off being focused on Lae and has expanded to rural areas and towns in Morobe Province (see Table 6). By 2017–18, two outreach officers were employed, and standardised outreach messages had been developed on types of FSV, related laws, rights of survivors and services available to survivors (FPNG AR 2017–18).

Table 6: Awareness-raising and outreach activities, Lae operations, 2015–16 to 2018–19

	2015–16	2016–17	2017–18	2018–19
Organisational sites and venues of awareness sessions	Local businesses including Nestle, NCS, Theodist Booksellers	Schools Private sector University of Technology	Trukai Industries – Erap Farm, Rumion Pty Ltd, Nestle and Hornibrooks Soroptomist International Community groups across Lae, Bulolo, Finschaffen and Nawaeb districts	218 sessions — 9 at businesses, 80 at communities/villages/ markets, 56 at schools, 7 at special events, and 62 at health centres across Morobe Province
Special events	With Lae Council of Women and Lae Women Arise community group, e.g. Morobe Show, Lae Walk Against Violence	White Ribbon Day march, 20 days of activism	Not recorded	Universal Children's Day and 20 Days of Activism launch at a school in the Bulolo District. Morobe Show International Day for Elimination of Violence against Women International Women's Day-organised by Morobe FSVAC.
Estimate of total number reached and/or who attended sessions	NA	7,000	8,000	35,312

Sources: FPNG annual reports

In the past year there has been more coordination between training and awareness-raising activities. For example, the outreach and training teams went to Goroka, with the former delivering sessions in the

community. In addition, on occasions, community leaders who have attended the training have subsequently invited the outreach team to do general awareness sessions in their communities.

In the 2018–19 annual report, for the first time, there are details on the sex and age of participants at awareness-raising sessions. Table 7 reproduces the information in the report (FPNG AR 2018–19:16). It shows that a greater number of adult women than adult men, and more children than adults, attended the sessions. Many children would have been present at sessions run at schools.

Table 7: Combined awareness-raising statistics from 1 July 2018 to 30 June 2019

Date	No. sessions	Topics covered (overall)	MA	FA	MC	FC	PLWD		TOTAL
							M	F	
1 July 18 – 30 June 19	218	FPNG, FSV, CA, CP, child safety rules, FSV related laws, available services	6,130	10,303	8,810	10,001	36	32	35,312

Source: FPNG annual report (2018–19:16)

Note: 'Combined' activities cover all those delivered at schools, businesses etc.

Abbreviations: MA – male adult; FA – female adult; MC – male child*; FC – female child*; PLWD – people living with disabilities; FPNG – Femili PNG; CA – child abuse; CP – child protection

* Only children aged 6 and over are included in the attendance figures.

Support functions

To run an NGO service involves a wide range of support functions. As the current organisational chart shows, there are key communication, administration, and human resource areas that enable Femili PNG in Lae to operate effectively as an FSV specialist service and a case management centre.

Communications

Femili PNG has sought to communicate and promote its work through the internet, printed information, and presentations. Established in its first year of operations, the website has been regularly updated, and a newsletter has been regularly produced. The website is a vital source of information for the public, although how many people who are at risk or have been affected by FSV can access or have accessed it is unknown. Increasingly, social media has a role to play in disseminating useful information about FSV and services, and in 2018–19 it was reported that potential clients were contacting Femili FSV for support (FPNG AR 2018–19).[10] The organisation's online presence and communication products complement the work of the outreach team, and in 2018–19, it was reported that a Femili PNG brochure and an FSV information brochure is distributed at all awareness sessions.

The organisation's social media presence started in 2015–16 and has grown exponentially. Senior staff from Lae have given presentations and attended key stakeholder meetings in Australia and in PNG. Since its inception, a stream of articles has appeared as DevPolicy blogs, and it has attracted considerable amount of media attention in PNG and the wider region, on radio and in the print media.

Key communication metrics have been reported in the past two annual reports and are presented in Table 8. No metrics are reported for the website, and even though a list of key media coverage is provided at the end of the annual reports, these are not analysed in any way. It should be noted that Femili PNG established its new centre and Bel Isi in Port Moresby during these two years, and none of the communication metrics are Lae specific.

Table 8: Communication metrics, 2017–18 and 2018–19

Sector	2017–18	2018–19
Facebook followers	2,256	5,802
Twitter followers	416	568
E-newsletter subscribers	1,123	1,957
Printed newsletters	Approx. 300 per quarter	Approx. 500 per quarter

Sources: FPNG annual reports

Administration

In comparison to many PNG NGO and government services, Femili PNG in Lae from the outset was well equipped, and had a robust regime of administration. Over time, there has been fine-tuning in the management of accounts, assets and security. As the organisation has grown in size, the demands have become more complex and costly. Femili PNG has invested in more senior positions and in building the capacity of staff to create a professional workforce. There has been a commitment to providing good security, well-maintained vehicles, IT (computers and software), and phones for staff. There has also been an investment in human resources, with the regular payment of wages and reliable access to stationery and other stores needed to assist clients.

Maintaining quality control

Responsibility for maintaining standards of governance and service delivery is dispersed across the organisation. At the heart of the organisation is the stability in senior management and Board membership, and the workforce. During the six years, there has been an expanding number of policies and procedures to act as a framework of practice for the organisation. Eighteen of these are currently on the website, including those that reduce the risk of misappropriation, fraud and nepotism. They are:

- Financial Manual
- Staff Family and Sexual Violence Policy
- Child Protection Policy
- Child Protection Code of Conduct
- Complaints Handling Policy
- Conflict of Interest Policy
- Counter-Terrorism Policy
- Development and Non-Development Activities Policy
- Funding Acceptance Policy
- Gender and Diversity Policy
- Partnership Policy
- Prevention of Sexual Exploitation, Abuse and Harassment Policy
- Privacy Policy
- Rules of the Association — Femili PNG
- Rules of the Association — Friends of Femili PNG
- Statement of Organisational Principles
- Anti-Corruption and Anti-Fraud Policy
- Disability Inclusion Policy

In addition, the following manuals and protocols can be requested by email: Risk Management Framework, Human Resources Policy Manual, Case Management Policy and Procedure Manual, Protocol for Stakeholder Resourcing, Security Policy and Procedure Manual, and the Monitoring and Evaluation Manual.

As the organisation has grown in size, more people have been appointed to oversight practices, and to give support to and supervision of staff (importantly, for caseworkers). This has been complemented by the training of staff in practical dimensions of their work, self-care, and in specific skills, such as case management. For example, in the first year of operations, staff training was a priority (see Table 9). Another dimension to staff skills development has been the visits of key staff to services in Australia and in the Philippines.

Table 9: Staff training and visits to services overseas, 2014–15 to 2018–19

Fiscal year	Training	Visits to overseas services
2014–15	Mainly related to security and to case management, but also included legal, monitoring and evaluation, human resource, financial and procurement related training	
2015–16		Operations Manager and Child Protection Officer, with key Lae partners, visit Child and Women's Protection Unit at Philippines General Hospital
2016–17	International Case Management technical expert volunteered for a year, Mellanie Olano	Visit of Case Worker Manager to Domestic Violence Crisis Service, Canberra Visit of 2 staff, 3 partners to Child and Women's Protection Unit at Philippines General Hospital
2017–18	Prof training FPNG staff — facilitator's skills, trauma-informed care, trauma counselling, basic counselling, risk and suicide management, caseworker training, and legislation and legal documents	
2018–19	The refresher training course on Trauma-Informed Care for Femili PNG staff commenced on 29 April 2019 in Port Moresby and 6 May 2019 in Lae. It was a four-day workshop for selected staff, especially caseworkers, Safe House staff and new hires in Port Moresby and Lae	Visit of Communications Manager to Canberra

Sources: FPNG annual reports; staff interviews

Monitoring, evaluation and research

Due to the involvement of Dr Lokuge in the origins of Femili PNG, and her role first as Technical Director and then as Research Director, there was a firm commitment to evaluation and research from the outset. An exceptionally detailed collection of information on client contact was established, as a source of data to monitor and evaluate the service's performance and to inform the wider community about FSV responses and survivors' needs. A monitoring and evaluation framework was finalised in 2014–15.

The client data collection has continued to this day, and is now entered on to a data platform to make analysis easier. The statistics are used in annual reports and reports to funding bodies, to inform strategic planning, and to develop funding proposals. Two years of statistics were analysed and resulted in a published report on client characteristics and services (FPNG and ANU 2017). The data was accessed as part of research on family protection orders which also resulted in a published paper (FPNG and ANU 2018), and the data was central to the final report on the research project (Putt et al. 2019).

In addition to the records of client contact, follow-up surveys are conducted with clients to see if they are satisfied with the services provided. The results from the first client satisfaction survey were published in 2018 and then updated with more recent survey data in 2020 (FPNG 2020).

An initial research plan for Femili PNG included:

- quantitative analysis of routine service-based data
- contextual analysis of the policy, legal and administrative frameworks
- qualitative research on the utility and uptake of family and sexual violence services
- community-based surveys to understand perceptions of family and sexual violence

It was an ambitious plan which has taken longer than expected to realise, especially the quantitative analysis of client data and the type of community-based survey work that has been undertaken so far. However, Femili PNG has supported research in Lae by ANU and PNG academics in the past several years. More is said on this in the next chapter.

2.4. Conclusion

This chapter shows how Femili PNG had very solid foundations. A combination of factors contributed to this, not least the involvement and support of skilled and well-connected people in PNG and Australia. There was also the strategic decision taken to capitalise on being able to appoint an experienced workforce, and a CEO, who were already familiar with Lae and the needs of FSV survivors. An ambitious but well thought out template in the original design document described a model of governance and service delivery that has, in its basic form, been adhered to.

The chapter has documented a story of expansion, in client and staff numbers, and in the breadth of programs. Key trends include:

- New client intake initially increased but has since remained relatively constant — approximately 35 to 46 per month. The number of follow-ups on average, per client, has increased, and clients are staying with the service longer. The data suggests that, in the past three fiscal years, the closing of cases is occurring at the same rate as intake.
- For every fiscal year since 2014–15 at least 80% of clients have been victims of domestic violence, and it is these clients which have driven the growth in numbers from 288 in 2014–15 to 794 in 2019–20. The annual proportion of sexual violence (by non-intimate partners) has remained relatively stable each fiscal year, with a slight decrease in the past two fiscal years. Very few clients are recorded as being victims of sorcery accusation related violence, although there was a spike of 20 clients in 2019–20.
- Almost three-quarters of clients have been women (more than 90% are female clients when children are included), and the most common age category is between 21 and 40 years of age. Only a small proportion of clients have a disability, but the number is increasing. The annual proportion of clients who are children and the proportion of child abuse cases have both been at slightly lower levels in the past three financial years.

» An increasing proportion of clients receive legal assistance, notably with applications for family protection orders. The number of clients in emergency accommodation has remained relatively constant, with a monthly average of eight clients during 2019–20, almost all of whom would be in safe houses. Very few clients have been placed in paid accommodation. A small fraction of clients is repatriated, with numbers sharply declining in 2017–18. In 2019–20 only 2.6% of clients were repatriated.

Core funding has increased, and importantly money and in-kind support has been secured from a loyal and expanding group of local and external stakeholders. As the organisation has grown, so too has the increase in support and specialist staff, which remains the largest component of expenditure, while expenditure on various common programs in Lae dropped in 2018–19, probably because of the setting up of a case management centre and safe house in Port Moresby. Importantly, quality controls have been in place and reviewed since inception, and investment has occurred to ensure the organisation is well run and staffed by a reliable and skilled workforce.

Case work and liaison with and resourcing with partner services has remained at the heart of its service delivery. More recently, statistics have been kept on the numbers of participants in community education and awareness-raising activities, which indicate the enormous number of people who have been reached in Lae and the province. More targeted efforts have focused on the Eastern Highlands and some areas in Morobe Province.

What has not been fully realised yet is the expectation at the outset that Femili PNG would be a national NGO and that it would disseminate and promote good practice, based on research, monitoring and evaluation. Femili PNG is influencing the national agenda, and is recognised for its good practices, but the evidence base is only starting to be consolidated now. More is said on this in the next chapter, which examines whether Femili PNG in Lae has achieved its strategic objectives.

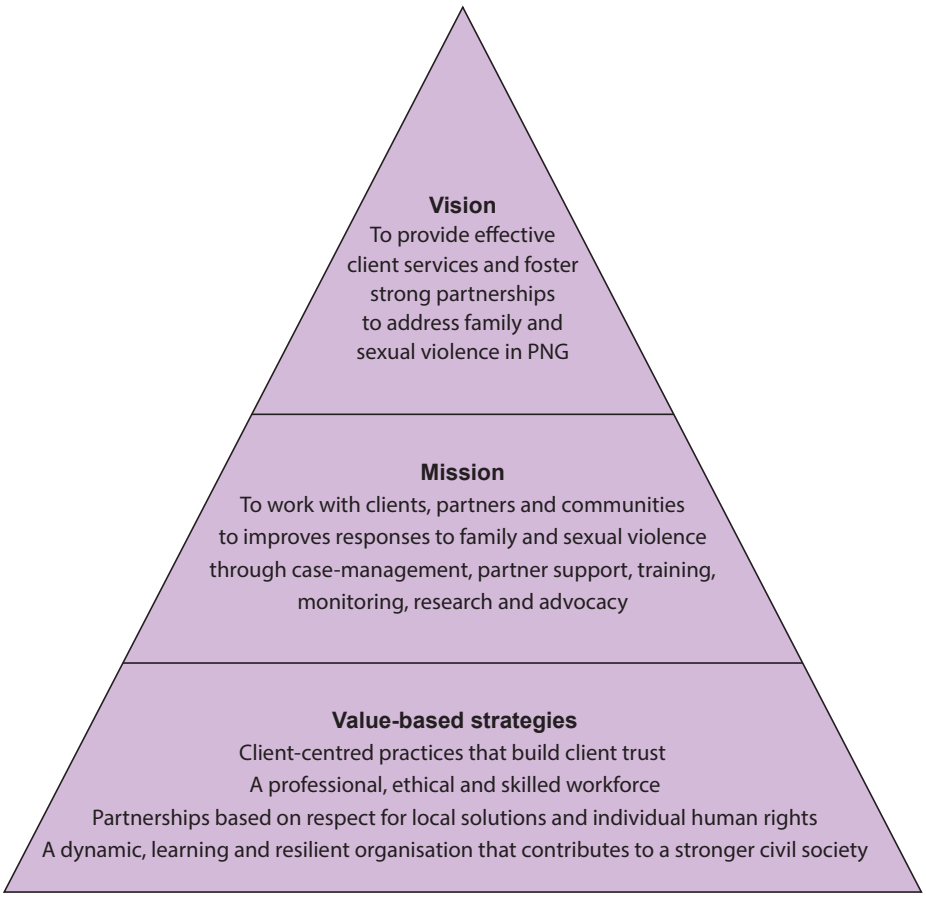
Bilums. Source: Judy Putt

CHAPTER 3. ACHIEVING THE STRATEGIC PRIORITIES

3.1. Introduction

The Femili PNG *Strategic Plan 2016–17 to 2018–19* (which was extended by a further year), has four objectives that align with the organisation's vision and mission, and the values[11] that underpin its practices and priorities (see Figure 19). The mission of Femili PNG is to improve responses to FSV through 'case-management, partner support, training, monitoring, research and advocacy'. The following chapter reviews how well Femili PNG is meeting its own stated priorities in these areas, that is: to provide *effective and coordinated case management approaches* for people experiencing family and sexual violence; to foster *strong partnerships* with other PNG government, civil society and private sector organisations; and to undertake *operations- and research-based advocacy* to improve the response to FSV across PNG. After this, the chapter considers the fourth priority which is to be *a well-run and sustainable PNG non-government organisation*.

Figure 19: Femili PNG's strategic framework



Source: Femili PNG

3.2. Effective and coordinated approaches to case management

The practices of a specialist FSV service are critical to it effectively meeting the needs of its clients, and can have a big impact on the clients (Holder et al. 2015). Research recently undertaken on women's experiences of family violence services in Solomon Islands found that the attitudes of, and information provided by, service providers had a key role in the decision-making of women (Ride and Soaki 2019). What is actually done by specialist FSV services, especially in terms of how they work with clients, has been described as a 'black box' (Macy et al. 2009). For this evaluation, there was a need to understand how Femili PNG endeavours to help clients, what principles guide their practice, and what they achieve in practice. Only then can the question of effectiveness be properly addressed. In this section, rather than take a helicopter view of Femili PNG's operations, the focus is on four aspects of practice — case management principles and practice, counselling, risk assessment and safety planning, and coordination with other services.

Case management principles and practice

Femili PNG takes very seriously the need to provide guidance for and training of staff to ensure consistent and principled practice. They have a comprehensive and detailed case management policy and procedure manual that covers duty of care, client privacy and confidentiality, clients' rights, complaints and feedback, working with children, reporting to child protection services, case management procedures, triage intake and closure procedures, risk assessment, relocation, and the most recent addition, on safe house accommodation (FPNG Case Management Policy and Practice Manual).

The principles of practice are outlined in the manual. To summarise, they include overarching statements about FSV — that it violates basic human rights, that there is no cultural justification for the use of violence and that perpetrators are always responsible for the use of violence, and that the victim should never be blamed. In relation to clients, it is stated that their safety and that of their children is the paramount concern, and that staff should always seek to act in the best interest of the client. Individuals' needs are to be met as much as possible, based on respect for the client's cultural background and the client's decisions including whether they remain or return to a violent home.

In the manual's chapter on children, it makes it clear that the guiding principles are there to act as a framework and are not a formula to dictate decision-making. It states:

> *Understanding how to use the guiding principles in everyday case work requires practice, supervision and reflection … Decision-making and good case management practice rests upon the service provider's skill and sensitivity in bringing these principles to life — in a way that continually upholds the child's best interest. Supervisors will need to carefully train staff and supervise how staff apply these principles in day-to-day case work (FPNG Case Management Policy and Practice Manual, p. 31).*

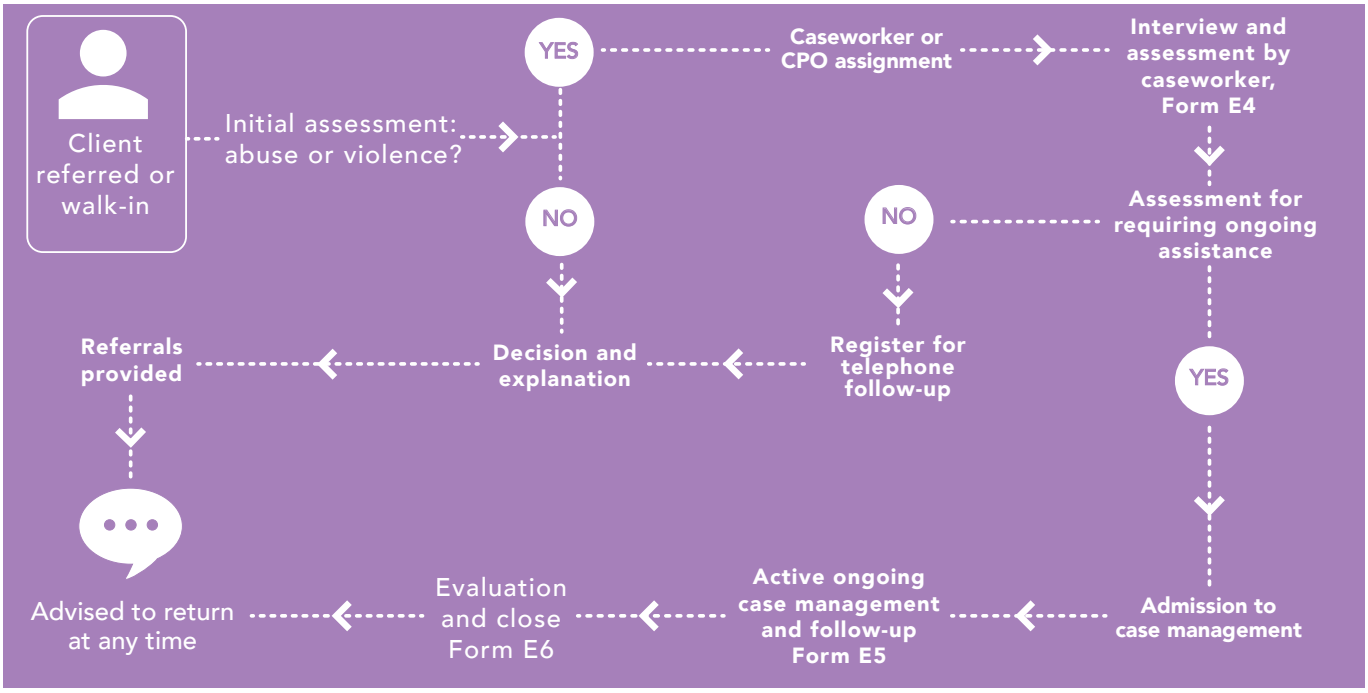
There are also examples in the manual that indicate that practices and policies have evolved to recognise the specific challenges of working with survivors in PNG. For example, eligibility for relocation is tied to the client's immediate need for intervention to protect him or her from the perpetrator/s. Among a cluster of risk factors, various characteristics of the perpetrator should be considered including whether he is a very influential person in the town/province, whether he belongs to a political party or is a well-known politician, and whether he works in a primary government institution such as the police or court (FPNG Case Management Policy and Practice Manual, p. 53).

The underlying approach to practice is to offer immediate and practical help and to explain options to clients. Advocacy on clients' behalf may happen at any point, and there is an expectation that caseworkers will follow up both the client and with relevant services or other people. The practical help that is provided

includes transport to the FSC or to other services, food, telephone, care packages, taking clients' paperwork to court, and filling out an IPO application. This assistance can involve any number of staff, including drivers, support workers, the legal officer and administrative staff. However, it is the caseworkers who carry primary responsibility for contact with and support for clients.

Nowadays, newly recruited caseworkers are given a two-week induction. Refresher courses are also run, usually by the CEO on case management, and on trauma-informed care by Mellanie Olano. In Lae, there is a very experienced caseworker manager who has been with Femili PNG since its inception. Supervision sessions and case reviews, in theory, occur every fortnight but do not always happen because of the pressures of work. Being a relatively small service, of between 20 to 30 staff, of which a subset are caseworkers, makes it relatively easy to seek advice and learn on the job. Based on what clients and stakeholders have conveyed, it appears good case work principles and practices are followed in most instances. Where it is not ideal it is most likely due to large case loads, of up to 60 clients per worker, and the challenges of being dependent on other services to provide assistance to a client.

Figure 20: Diagram of client case flow



Source: Femili PNG

Note: Form E5 is now being used when a case is closed, rather than Form E.

The Case Management manual outlines seven steps that may occur when a client is referred or walks into the building. There is an initial assessment, usually undertaken by a support worker, and then the client is assigned to a caseworker or the child protection officer. As Figure 20 shows, the caseworker has several important roles, and at critical junctures needs to complete forms: at intake, during case management and when the case is closed. This is the information that is kept in the client database, and on file. The diagram illustrates how if a person is not accepted as a client, or is assessed as not needing ongoing case management, an explanation is provided, along with referrals to other services if relevant. At such junctures, and when a case is closed, clients are advised they can return to Femili PNG at any time. The manual is only a guide, and the pathway may vary depending on the case, but it shows the attention paid to ensuring certain decisions are made and that a client's status is clear.

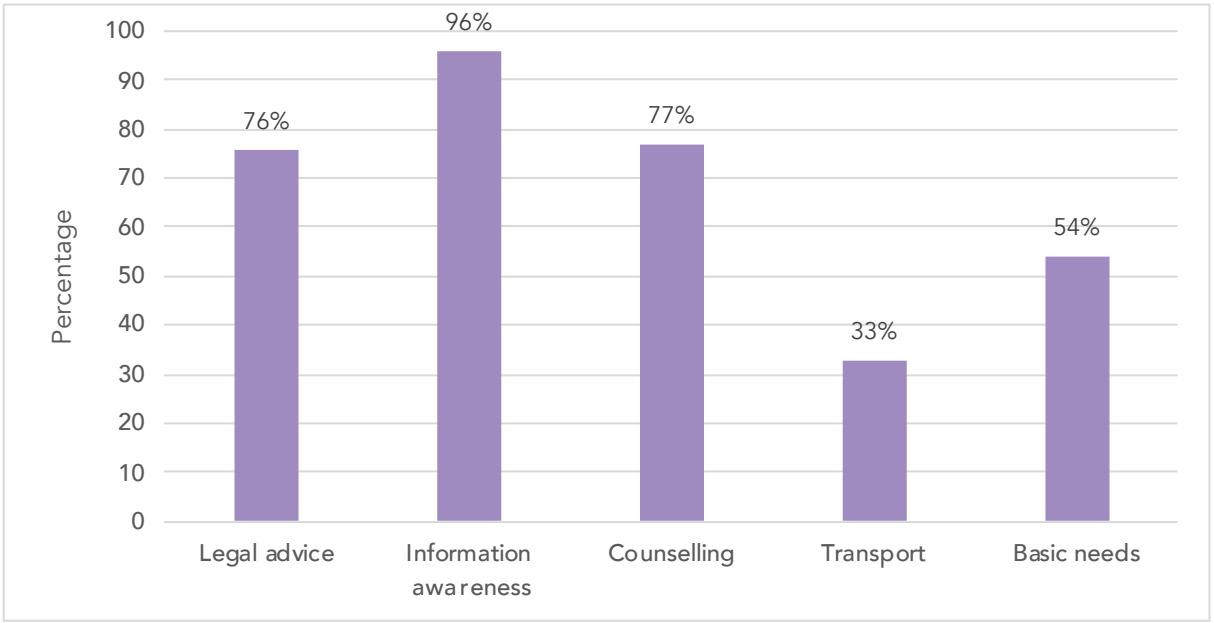
The caseworker or child protection officer's responsibilities therefore include:

- Safety or risk assessment
- Plans of action developed jointly with client, including the client's short-term and long-term objectives
- Facilitating case conferences and ongoing consultations or liaison with stakeholders
- Monitoring and documenting information including progress towards outcomes
- Checking in regularly with client, and reviewing progress towards outcomes.

The knowledge and skills of caseworkers is central to the service and practice of the organisation. They need to be aware of legal, referral and relocation options and to sensitively explain and discuss these with the clients. In addition, there is a significant burden placed on the workers to keep case notes for individual's files and to fill out the various forms. The child protection officer has the further responsibility of being attuned to current child protection policies (Femili PNG has a proactive reporting policy) and of requirements to ensure children have legal representation.

While acknowledging the crucial role of the caseworkers, it is also important to acknowledge the way other people in the organisation support the caseworkers' work, and the organisational apparatus required to do case management well. This includes having the professional expertise of an in-house lawyer, the advice and supervision of senior staff (and the international practice expert), and the logistical and practical inputs from support workers and what is sometimes called the 'backend' of the office. Working as a team at the Lae office requires everyone to be responsible, to know what to do, and to be valued through team meetings, events and the annual retreat for reflections.

Figure 21: What Femili PNG provides directly as services, percentage of all clients, July 2018 to June 2020



Source: Femili PNG Data Platform.

Note: This data not available for earlier years.

Counselling

Counselling is a very broad term and can mean different things to different people. In the 2019 FSVAC guidelines for referral pathways, counselling is defined as 'a two-way relationship, often delivered at a crisis point in the survivor's life, in which the counsellor listens to whatever the survivor wishes to say and then helps that person to look at all the options open to her or him in order to help her or him take control of the situation' (FSVAC 2019:14). Psychosocial support is an approach also described in the FSVAC guidelines, as aiming to foster resilience and to help heal psychological and emotional wounds and rebuild family and community structures after violence has occurred (FSVAC 2019:13). Although a professional association for counsellors exists in PNG, it has very few members.

At Femili PNG, several staff have social work qualifications, but it is not evident whether a particular theoretical model or approach[12] underpins the case work practice, and none of the staff are registered counsellors. The training on trauma-informed care and the induction into Femili PNG core values and principles must contribute to a professional and careful approach to supporting clients. Certainly, interviewees commented on how kind and supportive the staff are to clients. A caseworker said the clients often express gratitude, and speak of the 'comfort', 'relief' and 'peace' they have found. Research undertaken in Australia has underlined how survivors value being listened to, in a non-judgemental or prescriptive way (Putt et al. 2017), and the client satisfaction surveys show that clients appreciate most the 'counselling' of the services they had received (see Femili PNG 2020).

Risk assessment and safety planning

A range of risk assessment tools for domestic violence have been developed across the world. In Australia, there are examples in various jurisdictions of evaluated tools that are used by police and those that are shared by multiple agencies to identify cases/clients that require urgent and/or intensive assistance and intervention (Putt et al. 2016). In the case management manual, the possible high-risk indicators[13] that caseworkers are alerted to, to observe regarding clients (n=13 indicators), relate to children (n=4) and to perpetrators (n=15). These indicators accord with factors that are found in such tools to assess risk with domestic violence clients, such as controlling behaviour, threats and so forth. In addition, based on what has been shown through domestic violence research in high-income countries, attention is drawn to pregnancy and separation as times of heightened risk. What was good to see is the inclusion of indicators that are specifically tailored to the environment in which Femili PNG works — for example, tribal fighting, where the perpetrator forces the survivor to live with another wife, and threats and stigmatisation by the community/family.

It is questionable whether the risk assessment being done by Femili PNG is useful as a way to 'screen' clients requiring immediate and/or ongoing case management. A second question is whether the indicators actually inform the assessment of risk. Client data suggests 46% of adult and 47% of child clients fall into the high-risk category (see Table 10). When the level of risk was compared with client characteristics and type of harm there was no noticeable difference between those that were assessed as high or low risk (see Table 10).

In February 2018 a change occurred in risk assessments, caseworkers now make a case-by-case decision, factoring in the different personal characteristics of the survivor, rather than an assessment being completed via a form that listed the indicators. To date, it is viewed by Lae operations as working better for caseworkers and clients. This is example of Femili PNG being dynamic and adaptable in its approach and practices.

In interviews, it was stressed by caseworkers that they give their clients options. Based on the options available, a safety plan is developed with the client. Again, such practice is central to other specialist FSV services. These plans often require updating, hence the need to stay in contact with the client and to review their situation and well-being. How frequently this is done can vary considerably, and many clients

do not stay in contact with Femili PNG. To some extent this is the nature of DFV services — demand driven, and client centred.

There is no data available on how many people are turned away or whether the numbers have changed over time.

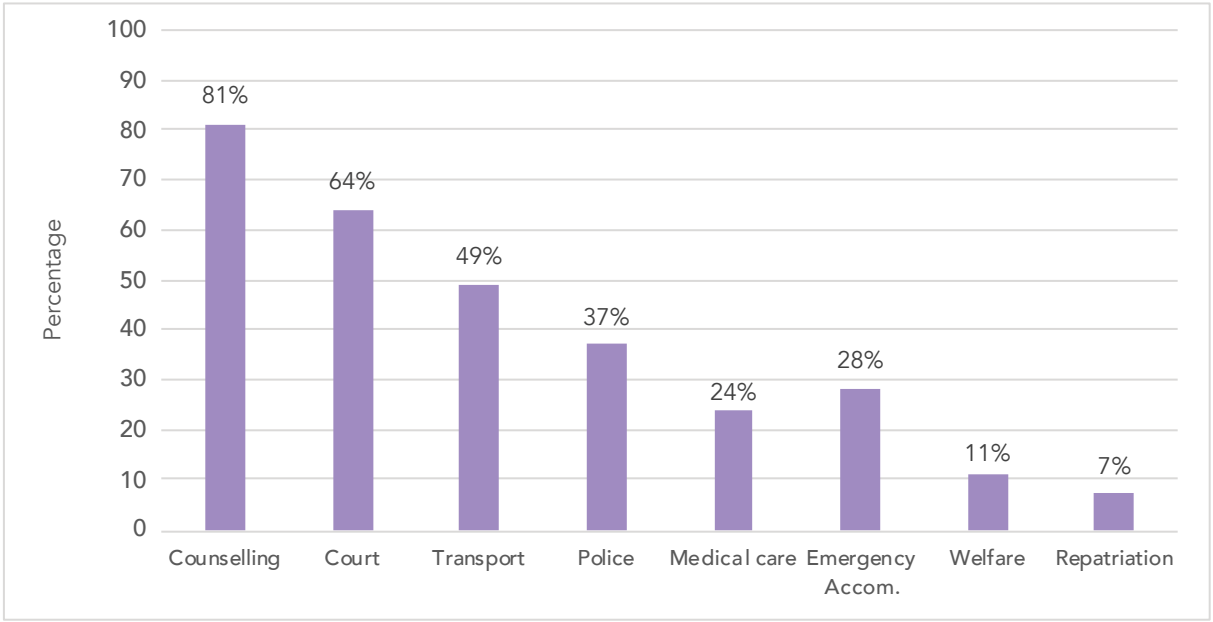
Table 10 indicates a marked difference in cases involving children and adults. For all closed cases, the average time as a Femili PNG client was 8.2 months, involving on average 12 follow-ups. Children were on average clients longer than adults (12.3 versus 7.4 months), and were more likely to be provided with emergency accommodation (37% v. 17%) and to be relocated (17% v. 8%). The steps taken to assist and support children, even if they involve more time and resources, appear to pay off. In terms of reported abuse or violence after intake, on average, 26% of clients experienced abuse, 13% physical violence and 5% sexual violence (see Table 10). Children had lower rates at 15%, 3% and 3% respectively.

Coordination of cases with external service providers

The underlying approach to practice evident at Femili PNG is ensuring clients have immediate and practical help, within a context that places emphasis on listening, discussing and explaining options. Once a plan is agreed on, referrals to and advocacy on behalf of the client with other services ensues. External service providers are the bedrock of case management by Femili PNG. They are a source of clients, they are what clients often get referred to, and they are often responsible for delivering the intervention or service that clients value or want.

Two measures indicate how external services are critical to Femili PNG clients — what they value, and their short-term objectives. Figure 22 shows the services that clients said had mattered most, based on client satisfaction surveys undertaken from July 2016 to June 2020, and done, on average, within nine months after a client's intake. Of the eight categories of services, five are provided by five non-Femili PNG organisations — courts, police, medical care, emergency accommodation and welfare.

Figure 22: What services matter to clients, percentage of survey respondents, Lae operations, July 2016 to June 2020



Source: Client satisfaction surveys, total n=182.

Note: On average, survey participants were interviewed nine months after intake.

Table 10: Adult and child clients, key characteristics and risk assessment, Lae operations, July 2014 to June 2019

	Age			Risk			
	Adults	Children	Total	High	Low	Total	Notes
% Female	96%	75%	93%	94%	94%	94%	Unique clients only
Harm							
	94%	44%	85%	85%	87%	86%	
	89%	41%	80%	78%	81%	79%	
	17%	12%	16%	18%	25%	22%	
	11%	37%	15%	18%	16%	17%	
	7%	13%	8%	7%	9%	8%	
Gender of alleged perpetrators							
Male	91%	79%	89%	91%	91%	91%	
Female	3%	10%	4%	4%	5%	4%	
Both	6%	12%	7%	5%	4%	5%	
Relationship of alleged perpetrator to client							
Partner	94%	4%	80%	83%	85%	84%	
Guardian/parent	0%	29%	5%	5%	8%	7%	
Other family member	3%	36%	8%	4%	2%	3%	
Family friend/neighbour	1%	14%	3%	4%	3%	3%	
Other	2%	18%	5%	2%	2%	2%	
Causes of violence							For part of this period, only one or two causes were allowed. This may introduce some incomparability over time, but this has not yet been explored
Substance abuse	35%	22%	33%	35%	34%	35%	
Interpersonal issues	59%	33%	55%	62%	52%	56%	
Polygamy or adultery	31%	4%	27%	22%	24%	23%	
Financial disagreements	21%	3%	18%	14%	13%	14%	
Number of service referrals							Still being coded
Referrals to services							
Emergency accommodation	17%	37%	20%				
Relocation	8%	17%	9%				
High level of assessed risk	46%	47%	46%				Starting in Feb 2018, shifted to assessment of risk by caseworker rather than based on fixed characteristics of case; that new system used here
Time as clients (months)	7.4	12.3	8.2				
Follow-ups per client	12	12	12				For closed cases
Reported abuse or violence after intake							
Any abuse	27%	15%	26%				
Physical violence	14%	3%	13%				
Sexual violence	5%	3%	5%				

Note: 'Total' under age and risk will not be the same, because the risk definition used was only introduced in 2018.

Similarly, clients' short-term objectives show many of them can only be met by external services (see Table 11).

The pattern of referrals to Femili PNG and from external services illustrate the interdependence on key partners. Figure 10 (previous chapter) showed the average monthly intake by three kinds of referral sources. It shows that the proportion of referrals from police has remained relatively constant, with a decline in the proportion of referrals from health services in 2016–17 and has remained steady since then at between 10 and 12 on average per month. The proportion of clients who 'walk in' has climbed since 2015–16, and in 2019–20 there were 21 per month on average.

Table 11: Clients' short-term objectives, percentage of clients per fiscal year, Lae operations, July 2014 to June 2020

Fiscal year	Court intervention		Police intervention		Medical care	Accom-modation	Report to welfare	Mediation
	Court action	IPO cases	Police action	Arrest cases				
2014–15	54%		26%		26%	10%	0%	0%
2015–16	53%		41%		30%	8%	0%	1%
2016–17	52%		31%		25%	11%	0%	0%
2017–18	61%	29%	14%	1%	7%	5%	2%	1%
2018–19	83%	82%	15%	5%	2%	5%	3%	1%
2019–20	79%	78%	14%	9%	6%	5%	13%	1%

Source: Femili PNG Data Platform

Note: Clients may have multiple short-term objectives. The year 2018 was the first full year in which IPO was provided as a separate objective. Before that, it was subsumed under the heading of court action. Information was also not an option prior to 2018. More generally, the number of options available and the number able to be selected has changed over time, and this may affect comparability of results.

Almost all of the referrals to Femili PNG were from the FSC in the first two years of operation. In 2016–17 the proportion of referrals from the FSC declined significantly. The relationship with the FSC has improved in recent years, but in the interim, stronger links were forged with the police and other health services, which resulted in more referrals from these sources (see Figure 10, previous chapter). In addition, with the opening of the new and more secure office in June 2017, walk-in clients could be accepted.

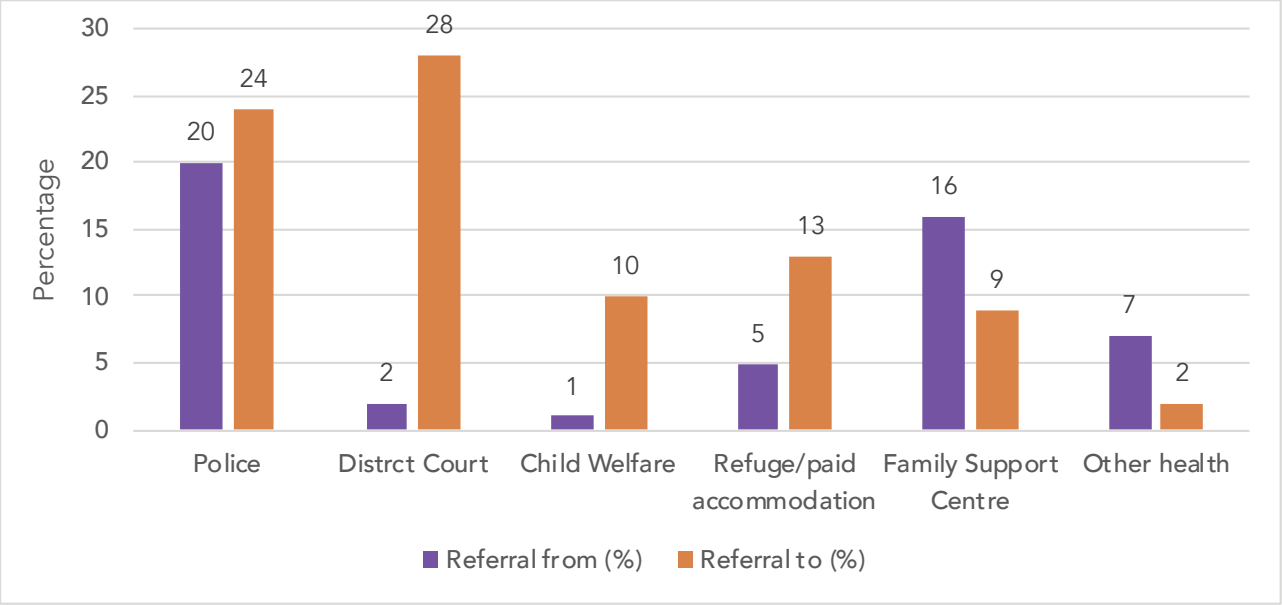
The current number of walk-ins who turn up at Femili PNG is impressive, given that the organisation does not promote or advertise its location. It suggests an increasing number of people are hearing about the service. There could be several factors causing the rise, such as an increasing number of past or current clients leading to more information through word of mouth, the outreach and training activities, and social media. The trend in the number of referred clients per month (no increase, slight decline) requires further investigation, and may be due to capacity issues of the referring agencies and of Femili PNG.

Figure 23 shows more detailed and more recent client data on referrals from and to services, from July 2017 to December 2018. It shows the referrals to and by Femili PNG during July 2017 to December 2018 involve a core group of services. Only with police is there is a comparable number of clients being referred to or from Femili PNG, but this maybe because different sections of police are involved in referrals depending on what the client requires. The health sector, notably the FSC, is more likely to refer clients to Femili PNG than have clients referred to them. The out-referrals are most frequently to the District Court, Child Welfare and to either a safe house or paid accommodation.

This cluster of core services mirrors the type of services identified in the guidelines for referral pathways for FSV survivors that aim to assist PNG service providers, which includes a description of the courts, key areas of police, safe houses, and Family Support Centres (FSVAC 2019). The Department of Community Development and Religion, which is responsible for child welfare, is not singled out as a service, but the

provisions of the Lukautim Pikinini Act 2015 are summarised in a section on children in the chapter on vulnerable groups, including the need to report FSV incidents involving children to the Office for Child and Family Services.[14]

Figure 23: Referrals from and to key partner services, percentage, Lae operations, July 2017 to December 2018



Source: Femili PNG data provided by JSS4D Lae office.

Note: Total n=729 clients referred from services/other sources, n=748 clients referred to services, along with 120 dependants referred with clients to refuge accommodation or repatriation

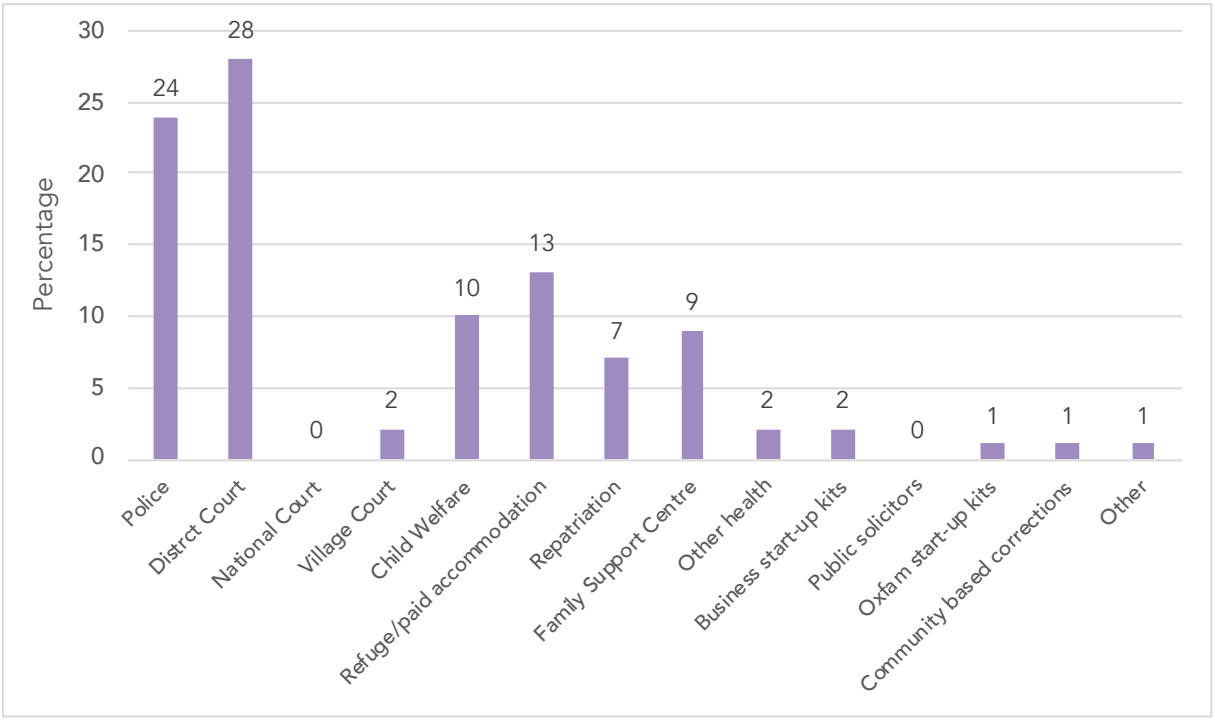
The guidelines include an example of a referral pathway flowchart. What it makes clear is that the referral to a service is interlinked with what the client needs, in the short and longer term. Services that could potentially assist are listed under immediate response, police and legal action against perpetrator, immediate response (which includes protection and justice), and reintegration. It was envisaged that provincial FSVACs would appoint an FSV Coordinator to foster coordination across the services, in terms of sharing information about capacity and in terms of the individual needs of and responses to survivors. To date, however, the actual function and funding of these positions has been difficult to ascertain,[15] which is why the case management work and partner support, including core service provider meetings, of Femili PNG has filled a significant gap in Lae. However, the available statistics on referrals to services do not indicate at what stage of client contact (or as it sometimes called, the survivor's journey) the referral has occurred.

Based on the statistics for the period July 2017 to December 2018, there were fewer than four clients referred to Femili PNG from a wide range of government services, companies and community networks. These included the National Court, the Village Courts, community based corrections, schools, Save the Children organisation, Trukai Industries, Laga Industries, Wantok Counselling, and human rights defenders. As awareness is done in community settings and with organisations, there might be more referrals from several of these groups — for example, schools, Village Court officials, and human rights defenders. However, it is probable that such clients will show up as 'walk-in clients'. Monitoring how walk-in clients heard about Femili PNG might better capture the impact of community education and awareness-raising activities.

Similarly, there are not many referrals to some services included in the Femili PNG client data collection (see Figure 24). For the recent 18 month period, few referrals are made to various justice organisations

including the National Court, Village Courts, the public solicitor's office, and community based corrections. If not many clients are pursuing criminal cases or defendants are not facing indictable criminal offences, then there would be little point in making referrals to most of these agencies. Given how critical Village Courts are at a village or neighbourhood level, in dispute and conflict management and their powers under the Family Protection Act to issue IPOs,[16] then it is surprising that there is very little interaction recorded between them and Femili PNG.

Figure 24: Referrals to services, proportion of clients, Lae operations, July 2017 to December 2018



Source: Femili PNG data supplied by JSS4D, Lae office.

Note: n=748 clients referred to services, along with 120 dependants referred with clients to refuge accommodation or repatriation.

Once clients have been referred to other services, Femili PNG staff have to remain in contact with the clients and the services to see what coordination or further intervention might be required. This involves establishing and maintaining good relations with people who work in the external services. It can be a difficult job holding other services to account. Interviewees indicated it has caused some friction and ill-feeling, either because of insufficient follow-up or because Femili PNG was viewed as interfering and not sufficiently across other stakeholders' responsibilities and limitations. Nevertheless, it was recognised that not much progress would occur without Femili PNG keeping track of what was happening that might affect their clients and interviewees acknowledged that case conferences called by Femili PNG are the only opportunity services have to find out what is or is not happening outside their own purview.

Case conferences involving multiple services are confidential meetings that can act as a strategic mechanism to 'identify or clarify issues regarding a survivor's needs, to review activities including progress and barriers towards goals and to map roles and responsibilities' (FSVAC 2019:46). In Lae, it appears case conferences are held intermittently, and typically at the instigation of Femili PNG. In 2017–18, 12 case conferences were held, involving 32 clients, and 14 were held in 2018–19 involving 40 clients. Most clients were high risk and either children or those affected by sorcery accusation related violence, both of which can require considerable time

and effort to place in emergency accommodation and to undertake family tracing, relocation or repatriation. As is described below, it is at the meetings of core service providers, or the FSVAC meetings, where more general issues surrounding referrals, capacity and coordination may be raised.

3.3. Strong partnerships with other PNG government, civil sector organisations to promote effective responses to FSV

Since its inception, Femili PNG has worked hard to build up strong partnerships with organisations in Lae. The formal mechanisms to foster the partnerships has been through MOUs, meetings with core partners, involvement in and support of the Morobe FSVAC, partner resource funding, and the running of or assistance with training and awareness-raising activities.

Most of this activity has focused on government and non-government organisations that are integral to having an effective referral network and interventions for FSV survivors. These are the police, the District Court, the FSC, the safe houses, and the Department of Community Development. It is representatives of these organisations that attend the core partner meetings[17] which are held every few months, and centre on the practicalities of improving responses to FSV and meeting survivors' needs. They are the organisations most likely to have received partner resources from Femili PNG on a regular basis over the year. As the section on expenditure showed, a fairly consistent amount of money has been spent each year across a range of agencies (see Figure 2). In interviews, key stakeholders, many of whom had long-standing connections with Femili PNG, stressed how invaluable this assistance had been in boosting their capacity to fulfil their work commitments.

Another area that was singled out for praise was the training activities in Lae and the province, and 'exposure visits' to the Philippines organised by Femili PNG. The police do have opportunities for training within their organisation, but there is not always a culture of sharing learning among government employees. Several justice stakeholders, including police, commented on how they appreciated the knowledge that Femili PNG shared through training or less formal means, as well as opportunities to build relationships with other service providers in joint training activities and exposure trips. Interviewees referred to the 'reciprocal' relationships forged with Femili PNG, with examples given by suburban and provincial police of how they assist Femili PNG by serving IPOs or court summons. Another example of reciprocity was the mutual assistance between Femili PNG and the disability sector. The latter helped as interpreters in two court cases in the past year, and in December 2019, a big awareness program was run by the special school in Lae, and sponsored by Femili PNG.

A broader group of organisations are represented at the Morobe FSVAC, which has a secretariat based at the JSS4D offices. Up until a year ago,[18] the FSVAC was meeting regularly, was well attended, and organised community awareness events. It was well-led by senior representatives of the police and provincial government. Femili PNG was a key attendee and involved in FSVAC meetings, with the Director of Operations acting as the committee secretary, but at times there have has been some tension, generated in part by what was viewed as the dominating role of the organisation and its obvious affluence, relative to other stakeholders.

Memoranda of understanding have been signed between Femili PNG and several organisations over the years. Table 12 shows that the first four MOUs signed by Femili PNG were with core service providers in Lae, in 2015 and 2016. The agreements with welfare, the safe house and the police were aspirational in intent and spelt out what was expected from each party and from Femili PNG. These included sharing of information, participation in case conferences and the timeliness of responses to survivors. More specific arrangements related to Femili PNG hosting the placement of the FSVAC Secretariat Manager for six months[19] (under the MOU with the Morobe Provincial Government Division for Community Development), and a list of resources for the safe house (under the Salvation Army MOU). These MOUs also mention the closed user group (CUG) phones.[20] None of the MOUs appear to have been extended but they served their purpose by outlining overall objectives, some principles, and practical expectations of how the services would work with Femili PNG.

The more recent MOUs had slightly different and distinct aims. Both the Business Coalition for Women (BCFW) and Trukai Industries are supporters of Femili PNG in Lae, the latter by regularly donating rice, and have been recipients or facilitators of Femili PNG training and awareness-raising activities. The most recent MOU is with a not-for-profit organisation in Sydney headed by a law professor that provides pro bono legal services. The MOU centres on reciprocal arrangements for hosting scholars by both organisations. Since 2017, there has only been one MOU signed. Perhaps it was felt that they did not do much beyond stating an intent to work together. As one stakeholder put it, it is the relationships with key individuals that matter, which does make it more challenging to embed systemic practices across services that stay constant despite changes in personnel.

Table 12: MOUs signed between Femili PNG and stakeholders

Date signed	Organisation	Duration
16/4/2015	District Court, Lae, Morobe Province	1 year
21/4/2015	Morobe Provincial Government Division for Community Development	6 months
23/4/2015	Provincial Police Headquarters, Morobe	1 year
3/5/2016	Jim Jacobsen Refuge Centre — Salvation Army	1 year
18/2/2017	PNG Business Coalition for Women (BCFW)	2 years
30/3/2017	Trukai Industries	2 years
3/9/2019	National Justice Project, Sydney, Australia	2 years

Source: Femili PNG

There is one MOU with a private company.[21] But it is apparent from their annual reports that Femili PNG in Lae has 'given back' to the private sector through its training and awareness-raising activities. Femili PNG has always acknowledged the support it has received from the private sector, notably in its newsletters. Again, there is a core group of local businesses that have continued to assist Femili PNG in Lae with donations of food and other goods. What does not seem to have occurred is the referral of clients from businesses to Femili PNG, and this may warrant further investigation.

Interviews with key service providers in Lae revealed strong relationships with key services. Such relationships often have uneven histories[22] and are always a work in progress. It helps that many key service providers have been in Lae since Femili PNG started, and it is the enduring nature of the contact between these individuals and staff that is at the heart of maintaining good and effective relationships.

The current Strategic Plan for Femili PNG lists five indicators[23] that could show that this strategic objective is being met. Stakeholders were keen to reassure me that Femili PNG has delivered on most. The core partners, in particular, referred to how Femili PNG had improved amenities for survivors and had improved knowledge and understanding of FSV among service providers in Lae. There is also ample evidence of how Femili PNG has worked over time with a wider range of organisations and in a wider range of locations, much of it done through training and its outreach activities. In the past few years, Femili PNG has held more awareness-raising events in the rural areas of Morobe Province, continued to build up its contacts in the Eastern Highlands, and advised new service providers in Daru. The expansion of its service to Port Moresby, and the establishment of Bel isi as an NGO/business partnership, represents a big leap in the size and coverage of its operations that can only contribute to Femili PNG's national and international profile.

One indicator is very ambitious — the increase in the capacity of PNG government agencies, private sector[24] and other civil society organisations to address family and sexual violence. Without a doubt, Femili PNG has made a significant contribution to the overall capacity of services in Lae to address FSV. However,

other bigger factors may influence how individual organisations operate and their daily practices, not least the level of government funding to core services. More is said on this in the next chapter. A question that must constantly haunt Femili PNG is how to set realistic goals to improve capacity when so much of what affects capacity is outside their means and remit.

3.4. Operations- and research-based advocacy to improve responses to FSV

The previous section considered how Femili PNG demonstrates and encourages improved responses to FSV via its partnerships with locally based services. As a specialist FSV service, the onus is on Femili PNG to monitor and review its own practices and policies to ensure it is meeting its own high standards. From the outset, the organisation was committed to a rigorous data collection about its work with clients that could feed into internal reviews and external research. It is no small achievement that the data has continued to be collected and recorded by Femili PNG, in an environment where administrative data is poorly kept and used by services. Two questions arise, however, as to whether the complex and detailed collection has been used to its best advantage, including in advocacy efforts, and whether it should be reduced to lessen the administrative burden.

There are multiple examples of how the statistics have been employed by Femili PNG to illustrate its operations and the impact of its work, ranging from sharing data at FSVAC meetings to presentations to international audiences, including the main funding source, PWSPD program. For external audiences, the most in-depth analysis of the client statistics was done for the first two years (FPNG and ANU 2017), yet only recently has there been the opportunity and ability to interrogate the data collection as a whole. This evaluation has benefited from the new capability.

Of course operations-based advocacy can be rooted in knowledge acquired through experience, and does not rely exclusively on operational statistics. The reputation Femili PNG enjoys, as a leading FSV specialist service in PNG, has been consolidated over time by its ability to reference its client statistics, its survival as a viable and trustworthy organisation, and the visible support of local, provincial and national stakeholders.

Despite the engagement of Femili PNG in efforts to influence provincial and national policies and practices, by showcasing its case management centre model in many fora, there has not been quite the systematic review and follow-up research to build a credible evidence base of what works that was envisaged in the original design document and in the Strategic Plan. Falling short on this objective is not unusual among frontline service providers. Keeping the service afloat and addressing the immediate needs of clients is always at the forefront of organisational priorities in specialist DFV services (Putt et al. 2017).

As stated in Chapter 2, the original research plan in the 2013 design document was highly ambitious. The 2015–16 annual report (FPNG AR 2015–16:9) refers to plans to undertake a household survey in Lae, in collaboration with the University of Technology and the Huon District Administration. However, once the Research Director of Femili PNG, who was the architect of the original research plan and one of the founders of Femili PNG, resigned, the impetus to engage in such large-scale projects appears to have rapidly dwindled. A more pragmatic approach was taken to research on community attitudes to and experiences of FSV by a team of PNG and ANU academics, led by Dr Rooney. Their project examined family strategies to address FSV while ensuring children attended school (Rooney et al. 6/12/2018). Other research collaborations involving both local and ANU researchers were established in 2017–18. The first entailed Femili PNG linking to a national project on sorcery accusation violence (Forsyth 13/7/2018); and the second on family protection orders having the most direct involvement of Femili PNG and access to its records (FPNG and ANU 2018; Putt et al. 2019). The latter project highlighted the advantage of being a Femili PNG client for IPO applicants, as is discussed further in the next chapter.

Advocacy

In addition to advocacy for individual clients, Femili PNG has reported on its system advocacy in its annual reports by highlighting the topics that they have concentrated on, and on advocacy activities. The latter primarily relate to the provision of training and resources to key partners. In 2016–17 the list of topics at the centre of advocacy efforts included improving child protection services, more options for child survivors, and implementation of the Lukautim Pikinini Act; improving processing times of IPOs; increasing awareness of sorcery accusation related violence and relevant laws; and advocating for committed FSV officers at suburban police stations.

Such topics continue to be central to communication, training and community education activities. In 2017–18 key advocacy issues identified in the annual report were improved support to police officers to respond to FSV, improved security and risk management at crisis accommodation, strengthened partnerships with district and Lutheran health services, and the implementation of the Lukautim Pikinini Act to foster more effective responses to child abuse cases. The follow year reports on advocacy activities in both Port Moresby and Lae such as regularly meeting government officials, close coordination with the FSVAC, consultations with other NGOs, and awareness raising among staff of business houses. Most pertinent and generic to Lae operations in recent years was the focus on 'strengthened partnerships with schools, disability support groups, health centres, safe houses and courts to provide better services for clients' (FPNG AR 2017–18:17).

Advocacy occurs across a spectrum, ranging from case advocacy for a client, to more political or public advocacy that seeks to address system and societal problems in the local and national context. In the original design document, the advocacy efforts of Femili PNG were expected to be founded on rigorous monitoring and evaluation of operations and practice, and draw on research and the complex and extensive client data collection. A similar assumption was made in the 2016–2020 Strategic Plan (FPNG 2016). The client data collection has been embedded into everyday practice, no mean feat, but the original research plan has never been realised. Femili PNG's Lae operations has assisted and directly been involved in several external research projects, which has further strengthened links with ANU.

Reviewing does occur at an operational level, and the Board regularly receives statistical reports based on the client data. Some analysis of client data has occurred, and this has added credibility to advocacy-oriented presentations and engagement with a range of audiences, including donors. A powerful form of communicating messages about FSV is by telling the stories of survivors, which Femili PNG does sensitively and ethically based on its operational experience. The stories are widely disseminated by the newsletter, social media and the website. In sum, the advocacy has been across the spectrum but has been largely low key and targeted at specific audiences. As Board members and senior staff are acutely aware, more could be done to build on its data collection and to forge research partnerships, which can assist and inform advocacy at a national and international level. As is discussed in the next chapter, a cost is involved and how much should be allocated to this objective is a contentious topic.

3.5. Well-run and sustainable PNG NGO

In the original design of the organisation, it was a key goal to establish a viable PNG organisation. A hybrid governance structure has evolved during the past six years, with a Board that comprises Australian and PNG members, and an Executive Management Committee (EMC) that comprises the CEO, the Operations Directors, Corporate Manager, Admin-Finance Officer, Admin-HR Officer, and the Canberra-based Development Manager. Except for the CEO and the Canberra-based position, all of the staff have been and are PNG citizens. In a recent blog, the advantages of the PNG–Australia partnership was neatly summarised as follows: 'On the one hand, we invest in local ownership, work within local structures, develop local staff and promote program sustainability. On the other, we have an Australian presence to mobilise Australian resources and expertise to

help PNG meet its development challenges'.[25] The hybrid structure, with services managed and delivered by PNG staff, has created a strong organisation that is recognised and supported as a unique PNG specialist FSV organisation. Several factors have contributed to its resilience and growth, including:

- **Stable Board membership and workforce:** the CEO and senior staff have stayed with Femili PNG since it was established. Similarly, several Board members have been involved since the beginning, and considerable stability exists in the Board with a total of 11 Board members during the six years. Where there have been changes in Board membership, due care has been taken to ensure a balance in PNG/Australia representation, and in the range of skills and knowledge that are represented.
- **Good governance practices:** these include regular and documented meetings of the Board and EMC, extensive compilation and review of policies, including a risk management framework, and robust financial management. The latter has been demonstrated by unqualified financial audits every year since it was founded. A further indicator was in late 2019 when Friends of Femili PNG became a full member of the Australian Council for International Development (ACFID), which involves going through a rigorous assessment of its compliance with the ACFID Code of Conduct, of which good governance is a key element.
- **Good human resources policies and practices:** the most impressive aspect is the level of resources and attention given to the well-being of staff. In addition to training and professional development of staff, opportunities are built into the workplace to allow staff to embrace self-care and to have time out as a group. Morale is maintained at present by holding annual retreats and by having a half-day every fortnight dedicated to a staff debrief and activities. Professional standards are upheld by adopting open and transparent recruitment and promotion procedures to minimise 'wantokism',[26] and by protecting client confidentiality.
- **Prioritisation of safety and security:** respect for workers and an understanding of the context in which they work has resulted in a significant investment in security policies, equipment, practices and staff. For example, every weekday the morning begins with a security briefing at which all staff hear of any concerns and explain what they will be doing during the day.[27] The security manual is reviewed and updated every six months by staff under the leadership of the Operations Directors, senior management and the Board. In its cautious approach to its local profile and physical visibility, Femili PNG demonstrates the way it seeks to ensure the safety of clients and staff is the paramount consideration.
- **Passion, skills and commitment of the Board, staff and managers:** Femili PNG has had Board members who have consistently been active and engaged, and sometimes have very tangibly and directly assisted the organisation. Many stakeholders have remarked on the passion and commitment of staff, and the skills and experience of the managers.

Many of the Strategic Plan objectives relate to consolidating and diversifying the financial base to Femili PNG. In the past six years, it has managed to retain core funding from PWSPD program and from a raft of core supporters, such as the Mundango Abroad philanthropic organisation, and in-kind donations from local businesses in Lae and from Newcrest Mining to fund the renovation of the current premises. The expansion of its services to Port Moresby has resulted in an even greater range of sources of funds (e.g. Oil Search Foundation) to undertake work in Hela Province, and in the partnership with the private sector to run Bel Isi.

The 2016–17 annual report illustrates the diverse sources of funds and in-kind support. For the Lae operations, donations were received from the Pilgrim Seventh-Day Adventist Church, the Australian Defence Force, Zenag Chicken and Trukai Industries. Newcrest Mining and Bank South Pacific assisted with

funds for office renovations and solar panels at a safe house. The PNG visit of Rosie Batty[28] generated a lot of publicity, and contributions to the cost of the visit included in-kind assistance from the Post-Courier and Guard Dog Security in Lae, and financial support from Trukai, Cardno and Steamships. Volunteer and pro bono support in PNG and Australia was estimated to be PGK303,000 (AUD134,000) during the year, and included volunteers in Lae who provided help with IT and communications.

Having Friends of Femili PNG as a separate support organisation with tax-deductible status in Australia is an important facet to how Femili PNG secures donations and promotes the work of the organisation. Having a small team in Australia has pioneered having remote support and been helpful, especially in the early stages of development and for the expansion in Port Moresby,[29] and has freed up the PNG team to focus on service delivery. Friends of Femili PNG is run by the Development Manager in Australia, and the contribution of its public fundraising has increased over time. It also shows to donors that Femili PNG is seeking funding from multiple sources, and that the Australian public sees the value of the work that Femili

Box 1: Femili PNG Lae operations during the state of emergency restrictions

It is globally acknowledged (including in PNG) that FSV may become more common and responses severely constrained — especially among vulnerable groups (Hukula 2020) — by restrictions introduced under states of emergency (PWSPD 2020). Under the orders issued during the state of emergency, only a small group of services, including the police, were defined as frontline services that needed to continue to operate. Other public services were closed. Although the District Courts were closed, the Chief Magistrate issued a circular to encourage Senior Provincial Magistrates to make arrangements to deal with pressing cases, including the emergency issuing of IPOs. Non-government organisations such as FSV specialist services that provide support to survivors were not named as frontline services. It appears, for example, that many safe houses closed. Femili PNG in Lae rapidly introduced protective measures for staff and clients, and helped other services with face masks, posters and community awareness activities. For people who wanted assistance, Femili PNG in Lae stayed open during the week from 9 am to 3.30 pm, and an email address and phone number was supplied to enable contact. However, on the website, it was stressed that staff and services had been reduced.

(see Femili PNG Newsletter, 5(1) Jan–Mar 2020)

PNG does.

To date, Femili PNG has proven that it can be sustainable using the hybrid model. Its continued existence and expansion without any major hiccups is a huge achievement in such a fragile and volatile environment. As a Board member acknowledged, the organisation remains dependent on Australian aid funding and that is not likely to change in the near future. There are examples, such as the Fiji Women's Crisis Centre, which have received decades-long funding from the Australian aid program. The organisation has diversified its funding base, and ensured local businesses and the provincial administration have remained committed to supporting the work of the organisation in Lae. Several Board members said it would be ideal to have PNG government funding.

Femili PNG has managed to achieve its strategic objective to be a well-run organisation, including progressively

transferring responsibilities from Canberra to Femili PNG management. The only objective that has not been realised has been the acquisition or building of its own office in Lae, which continues to be dogged by difficulties surrounding land and suitable buildings. It is a testimony to the resilience and flexibility of the organisation that Femili PNG kept operating during the state of emergency restrictions to prevent the spread of COVID-19 (see Box 1).

During interviews, several themes emerged that point to the need to continue to be vigilant, to maintain standards and to ensure continuity in good governance and workforce practices. These include:

- Succession planning: the dedication and prior experience of the CEO and other key leaders will be difficult to replace
- Professional development and promotion of staff who are not caseworkers
- Risks of nepotism
- More challenging fiscal environment, especially given the state of emergency introduced to prevent the spread of COVID-19
- Expansion at the cost of quality: many demands made on Lae staff in past few years, with the expansion of the service to Port Moresby.

3.6. Conclusion

This chapter has drawn on a range of data to assess whether Femili PNG has achieved its strategic priorities. Both internally driven or sourced data, such as client data and surveys, and the views of external stakeholders add up to a very positive story. After six years, it was felt that Femili PNG has demonstrated that case management can provide an invaluable service to FSV survivors. Within the context in which it operates, the practices of staff are exemplary and illustrate the level of commitment to their clients. The approach Femili PNG takes, and the degree of care taken to support survivors as best they can, is an effective form of case management. Where there may sometimes be glitches or lack of progress, the issue is usually centred on the coordination of cases with external service providers. There are clearly multiple referrals between a small group of core service providers, but what actions are taken and whether they amount to a coordinated response is less obvious. The case conferences are a vital mechanism to address complex cases that may be stalled.

The two pillars that support effective case management are having a well-run and resourced organisation, and having strong ties with key individuals in external services. The previous section summarised the evidence on how Femili PNG stands out as a PNG NGO, and how it has been successfully developing as a PNG-led service, with support from Australian partners and donors. Relationships with local stakeholders have strengthened over time, despite some difficulties along the way. The partner resourcing and the training have been essential in both enabling cooperation and improving responses from service partners. There certainly appears now to be widespread acceptance and gratitude for the pre-eminent role Femili PNG plays in the local FSV sector. How well Femili PNG has fared in relation to advocacy is not as clear-cut. Client advocacy is based on operational knowledge and experience, and relationships with key local service providers. There has been an impressive increase in the range and depth of outreach activities, to spread key messages among the general population, but it is hard to gauge its effect when the scale of the problem is so big and the capacity to meet need is so low. As flagged, system and policy advocacy has been quite low key and constrained, yet very much underpinned by analysis of the client data collection. The next chapter will consider the impact of Femili PNG, given that it has for the most part achieved its strategic priorities.

Training session, Lae.
Source: Femili PNG

CHAPTER 4. IMPACT AND FUTURE DIRECTIONS

4.1. Introduction

The question always asked of evaluations is whether the program or initiative is making a difference. With the Lae operations of Femili PNG, the answer is an unequivocal yes, as the previous chapter demonstrated. A more difficult exercise is trying to estimate the extent and size of impact of the program or initiative. Sufficient time has elapsed to at least try to do this for Femili PNG. This final chapter first describes the expected impact of Femili PNG, when it was first established and based on its current service logic. The bulk of the chapter presents data and qualitative information to assess whether Femili PNG has had, firstly, an impact on their clients; secondly, on the local community in terms of service provision and on the general public, and more broadly, at a national and international level. Having done that, achievements and a series of lessons learnt are listed, followed by recommendations that emerged from the evaluation and some options for future planning.

4.2. Expected impact

In the 2013 design document, the theory of change that underpinned what the case management centre was expected to achieve can be summarised as follows:

- Case-management to provide survivors with crisis support, the provision of information about options and linkages to different service providers based on their needs and expressed interests. This was expected to lead to a greater use of services, and contribute to building an evidence base to inform more systemic change.
- Training, resourcing and working with other service providers to improve access to and responsiveness of services, and the system as a whole.
- Lobbying or advocacy of services and key stakeholders, locally and more broadly, was viewed as essential too, to bring about change. This advocacy was to be informed by operational experience, client information and research.

From this design document it is clear that the aim was, from the outset, to bring about change for FSV survivors locally but to also influence and contribute to sector and system changes in PNG. Over the past six years, there has been an adjustment in what is being done and organisational priorities. The objectives have been scaled back and become more practicable. The Strategic Plan identifies how crucial is it to have a well-run and sustainable organisation to support service delivery. Over time there has also been increased emphasis on outreach — on community education and awareness raising — in a wider range of community settings. How effective Femili PNG has been in developing and implementing these strategies to bring about change was the subject of the two previous chapters. Building on the original design and the expansion over time in programs and priorities, Figure 25 seeks to capture the current service logic of the Lae operations, including longer term outcomes.

The investment in, and availability of, indicators to monitor and evaluate outcomes has been scaled back. The original monitoring and evaluation matrix in the 2013 design was, to say the least, extremely rigorous and resource intensive in its vision.[30] It is worth documenting what has been realised as monitoring tools and indicators, and what has not to ascertain what has been feasible. The original three activity areas and the objectives under each have been replaced by the four priorities under the current Strategic Plan, but there is considerable overlap. Most of the tools to monitor staff well-being are in place, although the addition of an annual survey could be useful. Similarly, the case management guidelines are in place and there is the long-standing, robust collection of information about clients. There is some sharing of information and

Figure 25: Femili PNG service logic: case management and community programs

Service area	Inputs	Activites (and participation)	Ouputs	Outcomes (Short and Medium)	Outcomes (longer term) (i.e. Social Impact)
Case management	Training and professional development of caseworkers Support staff Practice supervision Logistical support Office amenities ICT	Assessment Listening and counselling Action or safety planning Emergency accommodation support Legal advice and assistance Repatriation and relocation assistance Monitoring and case reviews Record keeping	# number of intakes, active and closed cases # caseworker average case load # action or case plans # case conferences #IPO and POs # criminal prosecutions	Survivors are safer Survivors feel more empowered	Reduction in repeat victimisation
Assisting external service providers - Training - Partner resources	Training modules Specialist staff Logistical support Office amenities ICT	Training work-shops/sessions Providing resources to key services locally Core services meetings FSVAC meetings	# training sessions # training participants # quantity and quality of resources # core services meetings # attendance at FSVAC meetings # referrals received # referrals made # clients engaged with other services	More informed and consistent response to FSV More sensitive and supportive responses to survivors More timely access to justice Better follow up and coordinated support for survivors	Improved community expectations and use of the sector Improved criminal justice outcomes
Outreach - Community education - Public awareness	Specialist staff Logistical support Office amenities ICT	Visits to local organisations and towns in the province Organisation of awareness-raising sessions	# visits to organisations # visits throughout the province and elsewhere # participants in awareness sessions # events organised or assisted with	More consistent messages More public awareness of FSV, the laws and services Local or organisational champions	Reduction in pro-violence community attitudes Greater intervention in the community to prevent FSV
Assumptions 1. Case management is an effective approach to helping FSV survivors 2. The more victims understand and are engaged in the court processes, the more likely they are to adhere to the outcomes 3. Greater access to support and justice will produce greater safety for women and children 4. Women will feel empowered 5. Men will increasingly be held accountable for their violence 6. Men's use of violence against women and children can be reduced 7. Key services are committed to working collaboratively with Femili PNG					
External influencing factors 1. Limited capacity of government services 2. Limited engagement in FSV by key national and local stakeholders 3. Lack of funding to implement national policies and initiatives 4. Donor funding critical to NGO service delivery 5. Societal expectations and assumptions regarding FSV 6. Addressing FSV requires a long-term commitment					

Note: Adapted from a program logic used in the Alice Springs Integrated Response to Family and Domestic Violence project (Putt et al. 2016).

statistics by other services, but none of it is as extensive or of such quality as what Femili PNG maintains. There is also sharing of information at case conferences, although not necessarily a full disclosure because of client privacy concerns. There is no regular survey conducted of local service providers, nor has there been a regular review by the Board of the partner resourcing, despite it being reported on in the annual reports. The yearly expert review of the M&E (monitoring and evaluation) system has not eventuated, which is unsurprising as the full panoply of the original matrix was never implemented. The biggest gap is the information about what happens post-referral in terms of what other services actually do over the longer term; for example, after legal interventions or repatriation. As is documented below, the client data provides some insights but it has not been collated and analysed in such a way that it gives routine feedback on long-term outcomes.

The next section considers whether the programs and practice of Femili PNG have had a discernible impact on clients, the local community and more broadly. It is important to stress that the contribution should be seen as proportional to the obvious limits in resources and coverage. Femili PNG is only one party in a complex array of actors that are contributing to social change that will lead to reduced levels of family and sexual violence. The recent review of the Violence Against Women and Girls programs funded by the Department of Foreign Affairs and Trade (DFAT) in the Pacific underlines that the expected process of change has to be viewed as incremental, cumulative and long-term. In the short and medium term, the aims are to improve the capacity of services, increase demand for them, and improve awareness and attitudes among the general public. An actual decrease in the lifetime prevalence of family and sexual violence among the general population is the objective, and one that is not likely to be realised for a very long time (ODE 2019).

In the context of service delivery to support survivors across the Pacific, the ODE (2019) review showcased the case management approach of Femili PNG (see Box 2). The review report noted that among services, especially government services, it was acknowledged that little was known about clients once they left their

Box 2: Singling out Femili PNG by the Australian Office of Development Effectiveness

The review of Australia's aid to prevent violence against women and girls in the region in the past decade had this to say about Femili PNG:

> *Femili PNG's innovative approach focuses on survivors rather than services. Its effectiveness is predicated on strong partnerships with existing services, additional resources and/or support provided as needed. This allows it to successfully take on high-risk cases that would normally fall through bureaucratic cracks. Femili PNG has been referred to as 'The glue between the police force, courts, health systems and women's shelters.'*
>
> *Many stakeholders referred to Femili PNG as 'best practice' because it has developed protocols and strategies for improving coordination among services. Through Pacific Women and the Justice Services and Stability for Development program, Femili PNG has trained other organisations in case management.*

ODE (2019:77, Box 11)

service. Women's crisis services in the region provided case managers or counsellor advocates to accompany clients through their process, and other examples of informal case management were identified (ODE 2019). The review, along with many stakeholders, shows how Femili PNG is viewed as an outstanding example of an FSV specialist service provider that can operate in a difficult and complex environment. This evaluation was an opportunity to examine in more depth how Femili PNG in Lae has grown in the past six years, the factors that contribute to its success, and what evidence exists of its impact.

4.3. Impact on clients, the local community and more broadly

Clients

To gauge the impact of Femili PNG's service on clients primarily relies on measures self-reported by clients. Because contact is lost with many clients, it means there may be bias in the various measures used to ascertain whether Femili PNG has had a positive impact on clients. Obviously the views of those clients who chose not to stay in contact are not heard: some may not necessarily be negative, but some may have been dissatisfied (for whatever reason), and these views would not be heard. To attempt to track down those that do not stay in contact may constitute an invasion of privacy and runs counter to the demand-driven model adopted by Femili PNG. Having said this, Femili PNG in Lae does, for the client satisfaction survey, manage to re-contact some clients where contact has been lost and their cases closed. On balance, it is probably better to invest finite resources in assessing the impact on clients while they are still with the service, and only invite feedback from the general public, which may include negative views, via such means as social media. The following section reports on the information collected and recorded by Femili PNG on the short-term outcomes for clients of referrals; on achieving clients' action plans; on their level of satisfaction with the organisation; and on whether clients are safer.

Main intervention outcomes for clients

Femili PNG endeavours to monitor intervention outcomes for their clients. It is not an easy task, and as Tables 12 and 13 show, these outcomes are short-term in nature, and many rely on the actions taken by external service providers. Due to the principle of being led by what clients want, with the onus on them to stay in contact, which in many cases may not occur beyond the initial contact, these outcomes only represent cases where Femili PNG has tracked the case to the point where that outcome has occurred.

Based on Table 13, in relation to Femili PNG clients, during the two years, many cases were reported to the police and referred to the courts. With the cases reported to the police, a minority were investigated and even fewer resulted in an arrest. In 2019–20, when 213 cases were reported to the police, there were 59 cases investigated and only 15 arrests. In relation to the courts, most cases referred to court are dealt with in the civil jurisdiction of the District Court. Very few criminal court outcomes are recorded. In 2019–20, 213 cases were referred to the courts, IPOs were granted to 151 clients and protection orders to 85 clients. Only one fine is recorded, and no convictions. The most common outcome was 'other', and many of these are likely to be ongoing (i.e. not yet finalised). These outcomes have to be interpreted within the context of a justice system that overall has a very poor track rate of prosecutions and convictions for FSV offences (see Putt and Dinnen 2020). Where Femili PNG's partnership approach has paid dividends is the civil jurisdiction, as is documented further on, with the issuing of family protection orders (i.e. IPOs and POs), and in the assistance given by police for certain tasks, such as those mentioned in the previous chapter.

Table 13: Main justice intervention outcomes for clients, Lae operations, 2018–19 and 2019–20

Intervention outcomes	Number of clients	
	2018–19	2019–20
Police intervention		
- Case reported to police	220	213
- Case investigated by the police	79	59
- Arrest	20	15
- IPO summons served to perpetrator	52	29
- Other police outcome	36	23
Court intervention/referral		
- Case referred to the courts	220	213
- IPO granted	153	151
- PO granted	92	85
- Warrant of arrest issued	9	4
- Conviction	0	0
- Court fine	4	1
- Other court outcome	115	105

Source: Femili PNG Data Platform

As has been already documented, only a fraction of clients are children. Of child welfare intervention outcomes recorded in 2018–19 and 2019–20, only a few are assisted with repatriation or a search warrant/removal the result. In 2019–20, 88 clients were recorded as having child welfare interventions, with 37 cases resulting in 'other assistance' such as child counselling and assistance with family tracing (see Table 14). More child clients were documented as having health and medical interventions — 130 clients in 2019–20. In the same year, 18 medical reports were obtained, and 66 clients had treatment and other assistance. The medical treatment was likely to be physical injuries and/or sexual assault. Medical information such as a medical report, x-rays, and dental ageing are also very important for legal cases as they are used as evidence of assault and sexual violence and, in terms of the latter, whether the survivor was a child and his/her age, to determine the appropriate sexual assault charges.

Table 14: Main child welfare and health intervention outcomes for clients, Lae operations, 2018–19 and 2019–20

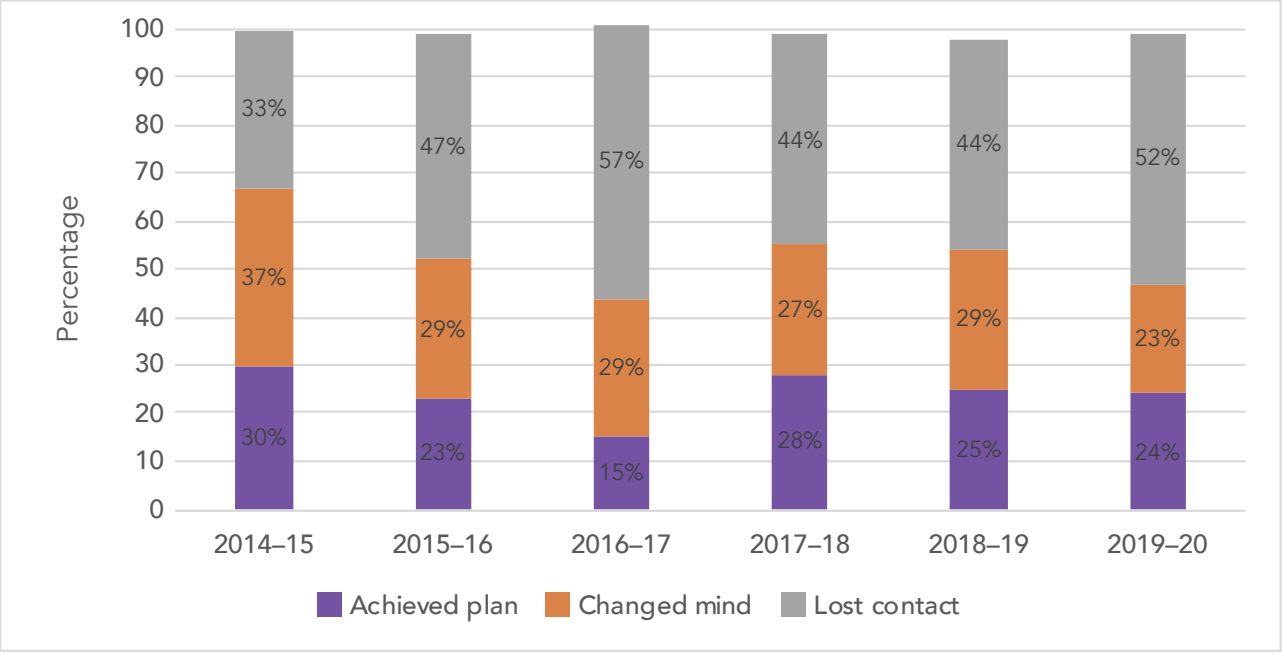
Intervention outcomes	Number of clients	
	2018–19	2019–20
Child welfare	112	88
- Counselling to client's parents or client	13	11
- Search warrant/removal	9	2
- Assist with repatriation	8	7
- Other assistance	60	37
Health and medical intervention	140	130
- Obtained medical report	24	18
- Treatment and other assistance	87	66

Source: Femili PNG Data Platform

Achieving clients' action plans

Figure 20 showed that soon after intake, a client and caseworker may develop and agree on a safety or action plan. Figure 26 presents trends in whether clients achieved their action plans, based on the information recorded by Femili PNG. Between 2014–15 and 2019–20, the annual proportion of clients who were recorded as achieving their plans varied between 15% and 30%, with between 21% and 37% of the clients changing their plans. These statistics underline that what clients want or need alters over time, and can change dramatically as circumstances and the level of risk vary. They also demonstrate how many clients elect not to continue with their engagement with Femili PNG. From 2014–15 to 2019–20, Femili PNG in Lae between 33% and 57% of cases closed each year were due to loss of contact. It could be assumed that for those whose plans were achieved, many had immediate or short-term objectives that were met, but that an equivalent number had to amend their plans due to the complexity, difficulties or changes in their situation. Much depends on when clients were asked whether their plans had been achieved. Where contact is lost, Femili PNG has to accept that the clients will make contact again if they wish or need to. A recommendation under the proposed research and advocacy plan (see later) is for Femili PNG to review and discuss these data, and decide on whether they wish to investigate further and set some parameters around monitoring and minimum standards.

Figure 26: Achievement of clients' objectives, per fiscal year, Lae operations, July 2014 to June 2020



Source: Femili PNG Data Platform.

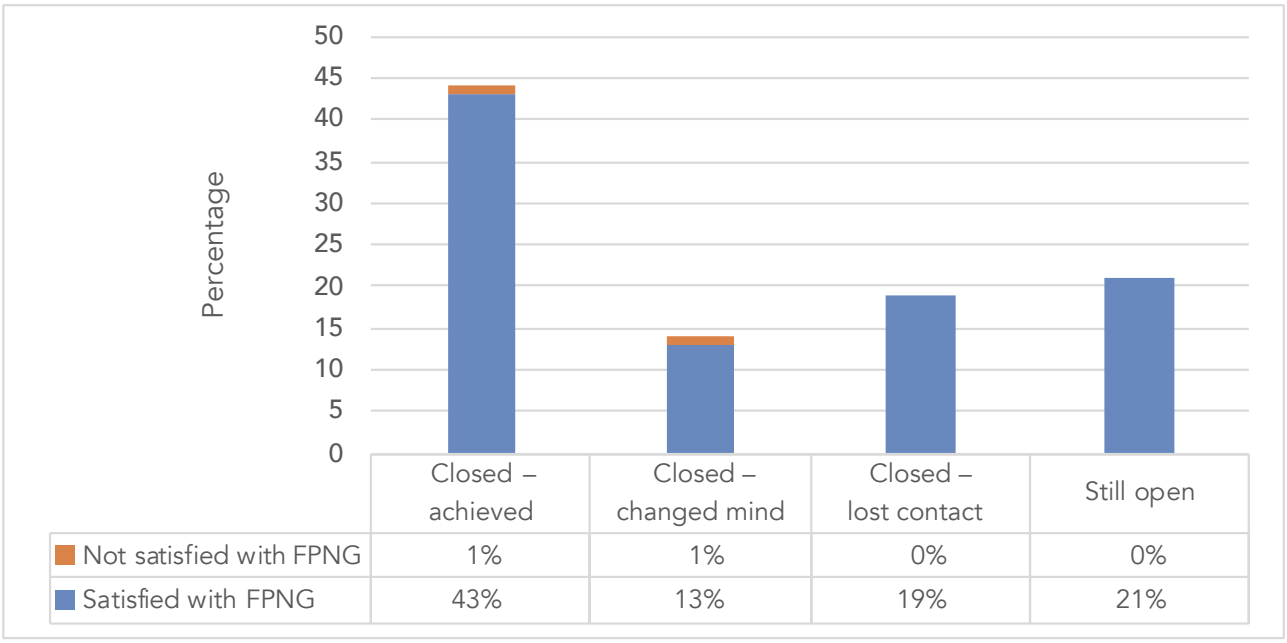
Client satisfaction

A small subset of clients participate in the rolling satisfaction survey done by Femili PNG. Undertaking such a survey is to be commended, and always difficult to do. Several interviewees saw the willingness of Femili PNG to be accountable to their clients and to seek feedback as rare among service providers in PNG, and one of the attributes valued by clients. For the survey, clients are followed up after intake, on average within nine months, to see if they are satisfied with the service they have received.

Released by Femili PNG, an earlier report presented the results of the client satisfaction survey for 2016–17, in which 39 clients participated, and it describes how challenging it is to follow up with clients. For this report, a random sample of 150 files were selected, with 89 files remaining after those without phones were discarded. A further 50 could not be contacted via the phone number on the file, which illustrates the high turnover in mobile numbers in PNG. The results showed almost all clients reported being satisfied, that informal counselling was viewed as the most useful of services received, and that suggestions for improvement included the expansion of Femili PNG, more outreach, and a reduction in delays (Femili PNG 2018).

The results of the survey to date were made available for the evaluation. Since 2016 a total of 187 clients have participated in the survey, which represents 8% of clients assisted during this period. Just over half, 52%, were interviewed in person, and the rest by phone. As is to be expected among those that do participate in the survey, a higher proportion have their plans being achieved than is recorded in client data. Figure 27 shows that there was a consistently high level of satisfaction with the service in Lae, even when clients lost contact and/or had not achieved their objectives.

Figure 27: Client satisfaction by case status, percentage of survey participants, Lae operations, July 2016 to June 2020



	Closed – achieved	Closed – changed mind	Closed – lost contact	Still open
Not satisfied with FPNG	1%	1%	0%	0%
Satisfied with FPNG	43%	13%	19%	21%

Source: Femili PNG client satisfaction survey.

Note: n=182

In the survey, clients are almost unanimous in their satisfaction with Femili PNG (99%) with a slightly lower proportion satisfied with the sector as a whole (88%).

In the Solomon Islands, Ride and Soaki (2019) found common features among the users of family violence services who were satisfied by the service they received. The features included: visits resulting in referrals or actions; perpetrators charged or were distanced; and the users personally knowing service staff, which increased the trust in, and accountability of the services. It is not known whether similar factors would account for the high levels of satisfaction among PNG clients, but staff and stakeholder interviews suggest there is a degree of convergence. In the interviews for the evaluation, the following comments were made:

- ‘Simple things made a difference’ as clients appreciate the food, clothes and transport they receive

- 'Everybody knows everybody here in Lae', and trust in Femili PNG staff accrues as word circulates of what they do for, and what staff do not say about, individual clients
- 'Keeping track' for clients, to see what other services have done and liaising with courts to ascertain progress of legal matters, was viewed as a new experience for clients and not offered by other services. As one interviewee put it, 'no other organisation does what they do'. A staff member said friends had told her that they wished Femili PNG had been here in the past when the hospital or police 'told them to just go home'.

In addition, it is evident from the available data on what mattered to clients that they valued the informal counselling offered by Femili PNG (see Figure 22). In other research, the key factors that survivors said they valued, as immediate assistance, was being listened to, as well as practical help (Putt et al. 2017). Another service provider indicated that the fact Femili PNG offers 'counselling over time', rather than as a once-off, is appreciated by clients as well.

Several stakeholders mentioned the 'load' that can be 'lifted off' clients after their contact with Femili PNG. A staff member said they try to convey positive messages and to empower clients by assisting them with safety planning, once they are aware of options. A factor that may be significant in PNG is the potential bond between staff and clients engendered by a shared Christian faith. It may act as a bond and facilitate conversations about resilience and support.

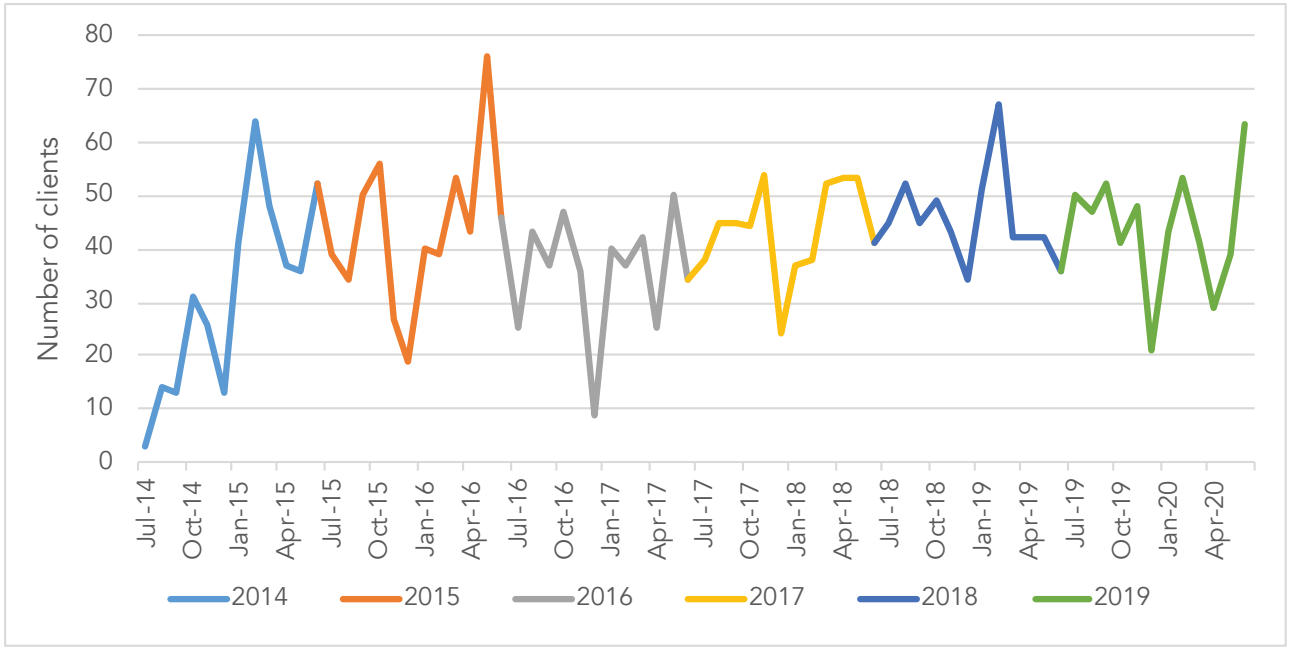
Clients are safer

The most fundamental question asked about specialist FSV services (and of justice and protection reforms and programs more broadly) is whether survivors are safer as a result of the activity or intervention. As has been canvassed elsewhere (Sullivan and Alexy 2001; Putt et al. 2017), in one sense it is an impossible question for FSV services to answer. Reasons include that firstly, it depends on when you ask, secondly, it depends on multiple other factors, thirdly, it may not be known as contact has been lost, and fourthly, it is potentially risky to follow up with and seek information from ex-clients. Nevertheless, it is vital to gauge whether there are indicators of improved safety of clients, even it is in the short term. For this evaluation, a range of indicators was examined that add up to, overall, positive feedback. They are:

- trends in demand for the service
- the number of return clients
- rates of reported abuse and violence post intake
- rates of IPO conversions to POs for clients
- reported breaches of IPOs/POs and further criminal charges.

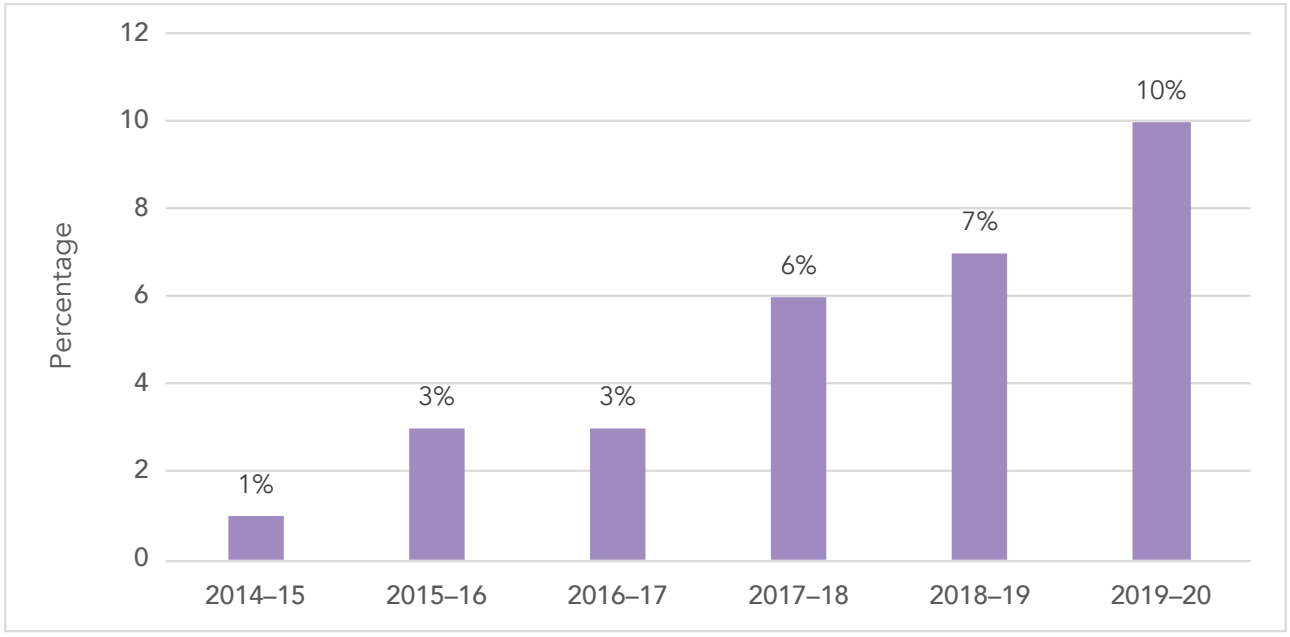
As Figure 28 shows, the average number of monthly intakes to Femili PNG in Lae has stayed relatively steady since 2015–16. At a minimum, the consistent demand suggests that enough ex-clients or social supports are advising survivors to approach the organisation. To recommend Femili PNG implies not only satisfaction with the way the service operates, but also that survivors felt their situation was improved by the experience. In Lae, the number of clients who are classified as return clients has steadily increased: from 1% of clients in 2014 to 7% in 2018, and reaching 10% in 2019–20 (see Figure 29). The rise in repeat clients could be interpreted in various ways, and it is not surprising that as time goes on there are more former clients who once again call on the assistance of Femili PNG. However, their willingness to again use the service at least signals that they have the confidence in the service to help them, especially if they are being subject to further FSV. It is an inference, but indicates that the past experience did result in improvements in their situation, including their safety.

Figure 28: Average monthly intake of clients, Lae operations, July 2014 to June 2020



Source: Femili PNG Data Platform.

Figure 29: Percentage of repeat clients in Lae per fiscal year, July 2014 to June 2020



Source: Femili PNG Data Platform.

A further indicator from the client data is the rate that clients report abuse and violence post intake. As noted in Chapter 3, 26% of all clients since July 2014 reported after intake any abuse, 13% physical violence, and 5% sexual violence, with children having lower rates than adults (see Table 10). Given the high incidence of domestic violence in PNG, these rates of further physical violence suggest increased safety but further research on pre- and post- levels of violence reported by clients is needed to strengthen this assertion. It would also be worthwhile to monitor trends in reports of post-intake abuse and violence, and to undertake further analysis to examine whether interventions such as IPOs may contribute to lower levels.

As demonstrated in Chapter 2, legal assistance and support has become increasingly significant part of what Femili PNG offers its clients in Lae. The legal assistance largely centres on assisting clients to obtain IPOs and POs. The pilot study on the use and effectiveness of family protection orders in Lae drew on statistics shared by Femili PNG. Table 15 shows the number of clients who had IPOs lodged, issued and converted to POs in 2015, 2016 and 2017. In 2017 there was a discernible rise in the number of IPOs lodged and the proportion that were issued and converted to a PO. However, in the report on the analysis of Femili PNG IPO client data, it is stressed that the number of IPOs issued and converted to POs reflects trends in District Court outputs, as well as changes in Femili PNG practices, notably the addition of in-house legal expertise (FPNG and ANU 2018)

Table 15: Number of IPOs lodged, issued and converted into POs, Femili PNG clients, 2015–2017

	2015	2016	2017
IPOs lodged	104	106	129
IPOs issued	63 (63%)	62 (60%)	105 (82%)
PO conversion	37 (61%)	31 (50%)	71 (68%)

Source: Client data, from FPNG and ANU (2018)

A crucial finding from the pilot study was the increased probability that Femili PNG clients would obtain a PO compared with non-clients (Putt et al. 2019). The difference underlines the importance of client support and advocacy by NGOs such as Femili PNG.

Court intervention outcomes for clients were listed in Table 13. In the 2017–18 annual report mentions that in relation to Femili PNG client cases, 48 perpetrators were arrested, 40 maintenance orders were issued, and there were four convictions.[31] In earlier annual reports, there are references to several convictions in the National Court, no mean feat considering how long these cases can take. Criminal cases, as previously discussed, often result in a withdrawal or dismissal across the system in PNG, and even though considerable effort may be involved in serious FSV offence cases, especially those involving children, each successful outcome is viewed as an achievement.

In the Solomon Islands, what was seen as contributing to client satisfaction was where the perpetrator was deterred or constrained. Although many women may not want their partner or husband to go to jail, the threat of criminal sanctions or being on bail or being issued a non-custodial sentence may contribute to changes in the respondent's behaviour. There are also of course, important community messages conveyed by the arrest, prosecution and conviction of FSV offenders, which is touched on below.

In conclusion, based on stakeholder and staff perceptions, and various indicators, there is sufficient evidence to conclude that the crisis and short-term assistance provided by Femili PNG to their clients is beneficial and often highly valued. The evidence of the impact of the service on clients over the longer term is less strong, for example on clients who have been repatriated or who have complex needs. An area of further development could be client long term outcome measures, such as follow-up and in-depth interviews with key client groups.

Impact on local community

Local service provision

There have been very tangible benefits from the relationships forged between key external service providers and Femili PNG. In terms of access of justice, the fact that IPOs are being issued in Lae at the rate they are, and that there have been discernible improvements in the timeliness of orders, is a testimony to the work of both Femili PNG and the District Court, notably the Senior Provincial Magistrate. The creation of FSV desks in suburban police stations is also the result of reforms introduced by the FSVU, and supported by key police leaders and Femili PNG. More convictions for serious FSV offences was also seen as more likely because of Femili PNG's assistance. Helping to fly in victims for court courses, with the costs of medical and dental examinations, and providing victim statements were cited as examples of where Femili PNG had supported police efforts to prosecute serious sex offences. A senior and long-standing police investigator said that:

> *Before Femili PNG, people go straight to police. Police didn't have a vehicle, there were delays. Now communicate with [her police officer, CID] Femili PNG take to hospital then bring to me. Sometimes they bring a statement which helps me and the victim as then only interviews on matters not in the statement… With Femili PNG, more likely to get a conviction.*

The standards and capacity of safe houses in Lae have waxed and waned, but overall, Femili PNG was viewed by stakeholders as playing a critical role in any improvements that have occurred.

In interviews, various positive effects on local service delivery and their response to FSV attributed to the presence and approach of Femili PNG included:

- **Improved capability:** the equipment and office supplies were cited as relatively small but significant contributions that help service delivery, but as one interviewee put it 'doesn't lead to dependence'.
- **Freeing up services to achieve other results:** several stakeholders said that Femili PNG had taken on responsibilities that made their job easier, for example at the District Court, Femili PNG had 'taken a load off the court and the IPO clerk' by assisting with IPO applications, and a safe house manager claimed that it would be 'much worse for me if they weren't here'.
- **Better informed and skilled:** references were made to improved safety assessment of clients, improved understanding of the law, and the fact the police were more likely to charge under s.5 of the Family Protection Act 2013.
- **Achieving outcomes that would not be possible without Femili PNG:** repatriation of survivors outside the province was cited, and a police officer in a Morobe rural station had no vehicle and relied on Femili PNG to assist with transport.
- **Improved referrals and coordination:** interviewees described Femili PNG as acting as a hub, by giving services another option and by enabling appropriate referrals and follow-ups through case conferences, and core partner meetings. As one interviewee commented 'if Femili PNG was not here there would be a massive breakdown in how we work together' and that 'we forget, they remind us'.

Major issues remain. Community development was singled out by several interviewees, because of their very limited resources, denuded workforce and lack of case management skills coupled with the multiple responsibilities and demand in relation to children. Many people noted that they felt they was still much to be improved in service delivery, notably in government services where some workers were described as not feeling a duty of care, nor held accountable. Another issue raised was the turnover in key staff. A core group of individuals across different organisations have been in Lae and in their jobs ever since Femili PNG was

established. However, in several larger organisations, such as magisterial services and the police, people move out of the province. As someone described it 'we have to train the new ones all over again'.

Morobe FSVAC developed a strategic plan that set objectives and the tracking of progress in improving responses to FSV and in support of victims of FSV. When it meets, it can be a useful forum to assess service provision in Lae, but it appears to have lost some momentum in 2019. However, a review of the strategic plan is being planned for this year.

An independent indicator of whether services have changed are questions asked about access to justice, and the use of and confidence in justice services, with a focus on police. In the 1990s several crime and safety surveys were conducted in Lae. More recently, large scale surveys were conducted in 2015 and 2018, and Morobe was included in both. Unfortunately, these surveys are not as informative as they could be, in terms of the results indicating changes in community perceptions of FSV or in the justice system, for reasons touched on below.

Impact on general public in Lae

There are number of factors to consider here. Femili PNG elects to maintain a low public profile in Lae, in terms of its location and the identity of its staff, in order to reduce risk to both the clients and staff. It is therefore unlikely to be well-known among the general public, as an entity or as a service. During the past six years the increased range of activities undertaken as outreach and community education by Femili PNG has no doubt had some impact in the settings where the team has worked, by raising the profile of the organisation and increasing awareness on FSV, the law and services. However, although once-off events in a limited number of locations may result in an impressive number of participants, they may only have a short term effect. Certainly, in the rural areas or with targeted groups such as schools where sessions were run, interviewees were full of praise about the content and how they were run, and were clamouring for more. A proposal to focus on more long-term engagement in key locations is an outcome of the lessons learnt to date.

In the original 2013 design document a robust case was made to improve public awareness of FSV by reference to research that has shown more knowledge leads to attitudinal change and a willingness to intervene (e.g. AIC and VicHealth 2009). It was envisaged that community surveys would be undertaken at regular intervals to see whether these had changed. Although one was planned in 2015, with the University of Technology, it did not eventuate. Instead, there are quite a few crime and safety surveys funded by in the main the Australian aid law and justice program that have included Lae participants, conducted in 2005, 2008, 2010, 2015 and 2018.

A critical problem with these surveys is that they have not been run as a series to allow comparisons over time. The questions and the sampling are different. For example, only a small subset of questions were the same in the 2015 and 2018 surveys (Sustineo 2018). It is a pity these surveys are not designed to allow more insight into changes over time.

As part of the research project on family protection orders, a small survey was conducted in Lae and Port Moresby in 2019–20 on young adults' perceptions of domestic violence and knowledge of the law and services (Putt, Milli and Essacu 2021). The Lae face-to-face interviews were conducted by University of Technology students and overseen by Dr Francis Essacu, in a range of locations. Box 3 outlines the key characteristics of the Lae sample. Some of the results are presented here, as it is this kind of relatively low cost survey that Femili PNG could ask to be undertaken in the future, using, for example, the assistance of the University of Technology in Lae.

According to the young adults who participated in the survey, domestic violence is common in their local area in Lae with 35.1% saying it was very common, and 56.1% common. Only a small proportion (8.8%) said it was not so common and no-one thought it rare or very rare. Almost half (42.1%) said they were aware of IPOs or POs, and a slightly higher proportion (47.4%) were not. One in 10 did not know. Just under half knew that it was

Box 3: Young adults' survey, characteristics of Lae sample

In Lae, 57 participants were interviewed face to face in a cross-section of locations. They were young adults, most of whom were in their twenties. The majority were female (63.1%), and almost half had grown up in Morobe Province (43.9%); more than half (54.4%) had a university or college education; and more than half were either in full-time work (35.1%) or a tertiary student (15.8%); a significant number were either dependent on casual work (14.0%) or street/market selling (12.3%). A minority were single (12.3%); the majority being married (45.6%) or in a de facto or other relationship (14%); and one-fifth (26.3%) were divorced or separated. See Putt, Milli and Essacu (2021).

a crime to breach an IPO or PO, more than half (55.4%) were aware of the Family Protection Act 2013, and a large majority (89.3%) said they knew of the domestic violence offence. These results are a promising sign that a greater proportion of the community know about key provisions in the Act, but in part this may because of the youth and level of education of the sample. Back in 2015 only 6% of adults interviewed in Lae were aware of IPOs or POs (GRM 2015), and in 2018, for a sample from Morobe Province, it was 20.5% (Sustineo 2018).

The 2018 survey included questions about the respondents' knowledge of support services other than FSVUs. As is to be expected, for the total population, awareness was higher among those in urban areas, followed by peri-urban and then rural areas. With the Morobe sample, 20.5% said they were aware of services. Of those that said yes, more than half (52.7%) had heard about them through a friend/family member, 25.5% from a hospital, and the rest from a range of sources such as a newspaper, social media or church.

In the recent young adult survey, from a list of seven options, respondents were asked to choose the top three people that they would recommend that a victim of domestic violence talks to for support or advice. The results, ordered from most likely to be recommended to least likely, are presented in Table 16. By far, the most likely to be recommended was the 'local pastor or church minister/priest'. The second most favoured category was another 'family member/family leader', closely followed by 'local community leader' and 'a good friend'.

Table 16: People that respondents would recommend victims talk to (percentage and rank), Lae

Recommended contact	%	Ranking
Local pastor or church minister/priest	80.7	1
Another family member/family leader	52.6	2
Local community leader	49.1	3
A good friend	47.4	4
Call the 1-Tok Kaunselin Helpim Lain	21.0	5
Other	17.5	6
Someone at school or university	5.3	7
Someone at work	3.5	8

Source: Putt, Milli and Essacu (2021)

Note: n=57

A separate question asked the respondent to pick the top three of a list of 10 services or organisations that they would recommend the victim actually go to. Table 15 presents, in order, the organisation or service

from most recommended to least recommended. The police were the most recommended either a 'police station' or a 'Family and Sexual Violence Unit'. The third most recommended was 'Family Support Centre' and the fourth was 'The Department of Community Development/Welfare'. The least recommended were 'a domestic violence service' or a 'local clinic or hospital' or 'other'.

Based on 70 in-depth interviews with women in Lae, Rooney et al. (22/5/2018) recommend more promotion of local services that can help FSV survivors. Many women said they found support through their church networks. Police were viewed as having improved, with women reporting that situations had been deescalated by threatening to go to the police, visits to the police station, and follow-up calls from police. The researchers attribute the impact to increased awareness and publicity of family protection laws. Yet many women said they continue to hesitate to report or fear the consequences of reporting to local law and justice committees and police.

Table 17: Services or organisation that respondents would recommend victims actually go to (percentage), Lae

Entity	%	Ranking
Family and sexual violence unit	64.9	1
Police station	63.2	2
Family Support Centre	38.6	3
Department of Community Welfare	31.6	4
A Village Court official	24.6	5
Local law and justice komiti	21.0	=6
Church or pastor's residence	21.0	=6
A seif haus	12.3	7
Other	1.7	=8
A domestic violence service	1.7	=8
Local clinic or hospital	1.7	=8

Source: Putt, Milli and Essacu (2021)

Note: n=57

In none of the surveys conducted in 2015, 2018 or in 2019 was Femili PNG identified by name as option for the respondents. With the young adults survey, it may be that Femili PNG does not equate with 'a domestic violence service' in the respondents' minds. Overall, however, the surveys do suggest that Femili PNG is not well known among the general population in Lae or in the rural areas of Morobe Province. Given the efforts that Femili PNG takes to have a low profile in terms of a physical presence this is perhaps not surprising. It does pose problems when seeking to estimate the impact of outreach and community education. Since these activities occur in specific locales and with certain institutions, their impact is not likely to show up in a stratified random sample of the population.

Whether there are changes in the levels and seriousness of FSV incidents over the longer term is even more difficult to assess. Local stakeholders believe that Femili PNG has made a significant contribution in the past six years in Lae by improving knowledge of FSV legislation (in particular the family protection orders under the Family Protection Act 2013), modelling professional practice, and with its focus on respecting and assisting FSV survivors. However, a wide range of factors add up to an environment that is less pro-violence and condemns FSV, of which Femili PNG is a single but crucial factor. In high-income countries such as Australia a constellation of indicators are employed and triangulated to monitor whether there is a shift in attitudes and in the prevalence of FSV. These include administrative data on police recorded crimes, arrests, hospitalisations, as well as the regular conduct of robust crime and safety surveys. As has been lamented on before, such indicators are not sufficiently robust or timely in PNG, and we rely primarily on stakeholder perceptions.

Impact nationally, more broadly

Among certain audiences, Femili PNG is very well known. Its online and social media presence, Board members and supporters in PNG, and the major funding it has received from PWSPD has resulted in a high profile among certain key stakeholder groups nationally and in Australia. The expansion in Port Moresby is symptomatic of the confidence important stakeholders have in Femili PNG to deliver FSV services efficiently and effectively, and has added to its national footprint. Other factors that have contributed to its reputation and profile have been the training activities run in other provinces, the participation and presentations given by senior management in PNG and Australia, and the considerable media coverage of its operations and public relations events, such as the visit to Lae by Rosie Batty. In recent years, Femili PNG annual reports highlight the range of media coverage, including at a national level and in the region.

How much impact this profile has had on the FSV policy and practice landscape is extremely difficult to estimate. The ODE evaluation (see Box 2) singled out Femili PNG as a very positive development, and it must act as a beacon for activists who wish to see reforms in FSV responses. Again, although it is impossible to quantify, the fact it is a PNG service with a predominantly PNG workforce must have a profound effect, conveying the strong message that the issue and how to deal with it is of grave import to PNG society. The senior managers are well respected and the messages that Femili PNG communicates through their engagement in national and international fora, and through its media coverage, must be having a positive effect. Several external stakeholders, who are familiar with the national sector, were very complimentary calling it 'a pioneer program' that 'has managed its independence well', and which would 'leave a legacy' if it ceased. Interviewees were confident that the case management service could carry on in Lae, irrespective of the vicissitudes of funding, because of the skills and knowledge that has been acquired by staff and partner services.

In interviews with staff and stakeholders, two notable issues were raised. One was whether more should or could be done to communicate with national and international audiences, in order for them to adopt a more vigorous stance in relation to practice informed advocacy. The obvious challenge is the amount of effort required, and the demand placed on key people who already have a lot to do in terms of managing operations. The other issue was whether the donor support for Femili PNG reduces the opportunities for other organisations or initiatives to receive funding. It is a pity to conceive of services as competitors. The principles that Femili PNG seeks to abide by acknowledge the importance of collaborating with and supporting other organisations and services. In reality, however, there is a constant need to be vigilant of how well Femili PNG is contributing to the capacity of the FSV sector as a whole, and of the prickly politics surrounding its growing profile at the potential expense of other service providers.

4.4. Achievements and lessons learnt

The previous chapter outlined the results against Femili PNG's four strategic priorities. All of the interviewees were positive about the achievements of the Lae operations during the previous six years. Senior managers discussed what they saw as the main achievements, which can be summarised as:

- A locally run and supported NGO, with local staff taking ownership and providing leadership, and the creation of a skilled and disciplined workforce.
- An improved access to services for survivors, by helping partner agencies do their jobs and demonstrating the value of case management, which results in clients making informed decisions.
- A ripple effect in the local and wider community, with clients and participants in training and outreach activities becoming advocates against FSV.

Another stakeholder attributed the achievements to the constancy of core funding, the skilled and committed staff, the case management model, the organisational structure and the slow devolution of

corporate responsibilities to PNG, strong finances, and workplace policies and practices. A board member said they had 'got some things right' including the hybrid approach, the board composition, starting with the former MSF staff, and the emphasis on technical support. However, on the six-year journey, there have been key lessons learnt. Based on what stakeholders and staff reported, these included:

- Being overly ambitious at the outset, in terms of aiming for best practice based on standards in high-income countries, and in the rate of progress in implementing the service and having an impact on the environment. The comparison was made to the women's crisis services in other Pacific countries, which have been more explicitly tied to a feminist philosophy, and which have grown more organically, usually under a charismatic leader. Femili PNG began with a detailed design, and it has taken more time than expected to evolve into an effective service suited to the local conditions. A take home message conveyed by one stakeholder was to not 'over-promise' and recognise the difficulties and unique aspects of the operating environment.
- The strength of Femili PNG has been in its crisis orientation, to provide immediate assistance, and to provide case management to achieve short-term goals for clients. A less clear picture emerges of how well clients do in the longer term. In addition, what has been less strategic has been the roll out of training and outreach activities, and more planning could have underpinned the growth in this area.
- In the early stages, the level of support required was underestimated, especially in financial management. Some corporate functions were initially covered by the voluntary efforts of Board members, in particular the Chair. More resources should have been built into the design for these corporate areas, such as human resources and financial management. Having the Development Manager position based in Canberra was not part of the original design and is separately funded. It has proved invaluable by taking on much of the administrative load, such as drafting funding proposals and reporting to donors, and running Friends of Femili PNG. As the organisation continues to mature, this position will eventually be redundant.
- What has paid off, but was never overtly stated, has been the attention given to core business and practices based on clearly articulated values and principles.
- Looking after the workforce has been recognised as vital to the well-being of the organisation. This includes prioritising good employment conditions and pay, staff self-care, building skills and providing opportunities for professional development.
- As specialist positions have been created, it has created the opportunity to develop consistent messaging across communication activities and to produce a more standardised approach to training courses. Improvements such as these need dedicated and specialist positions.
- The importance of legal expertise was realised after the centre was established, and has become central to the operations of Lae and Port Moresby. What remains contentious is whether Femili PNG staff should give evidence in criminal trials.
- Collaboration with local service providers and the challenges of changing personnel, requires continual, ongoing investment and diplomacy.
- Embracing flexibility and taking advantage of opportunities as they arise, wherever appropriate, is crucial. The example was given of how Femili PNG has acquired skills over time in crafting proposals for project-based funding, in response to a stated willingness from donors to fund a stand-alone project that complements existing service delivery.
- There are pros and cons in having established a complicated client database. It generates a large administrative burden, yet helps shape adherence to everyday good practice. Its promise,

in being a rich unparalleled source of information about FSV survivors and responding to their needs, has not yet been fully realised. Changes last year mean that the client data is now produced as better quality reports, that are more easily generated, which can inform operations.

4.5. Options going forward

Many recommendations elicited during interviews related to consolidating current operations in Lae. All of them will require additional resources or the redirection of current funds. Most of the recommendations have been canvassed in the past, by staff, the EMC or the board, but they remain priorities in the minds of staff and stakeholders. They included:

- Acquiring land and a building in Lae: There is limited office space in the current building, with additional pressures being created by the increasing number of walk-in clients. In 2019–20, both short-term and longer-term options were being explored. Having its own premises in Lae is seen as assisting Femili PNG achieve long-term financial sustainability.
- Improving opportunities for promotion and training of support/corporate staff
- Reviewing case loads regularly, and prioritising supervision.
- Stronger public communication campaigns, redesigning the website, and focusing on more support from the private sector in Lae.
- Agreeing on and collecting data of outcomes from outreach and training.
- Exploring future partnerships with other NGOs — for example, to produce and distribute the business start-up kits.
- A research and advocacy plan that includes developing linkages with networks in the Pacific region.
- Supporting another safe house in Lae, as proposed by the Seventh-day Adventist Church.

Key areas for potential development that emerged during the evaluation included:

- Continue the documentation of practices, as there is a risk that practice knowledge will be lost without documentation. Several practice 'tools' could form the basis of the documentation.
- Explore how family counselling skills could be developed or provided externally.
- Investigate what systems could be put in place to consolidate the relationships between agencies, rather than solely relying on relationships between individuals. There are various family safety multi-agency frameworks that could act as a model based on common risk assessment tools and MOUs to share information.
- Investigate why the private sector does not appear to be referring clients to Femili PNG.
- Continue to develop short community education courses, as part of developing a strategic plan for training, outreach, and awareness raising.
- Expand the work with and support for male advocacy and HRD networks, and Village Court officials, especially in rural settings.
- Develop a research agenda that addresses questions that Femili PNG wishes to know, and that can draw on the client data. Various stakeholders may be involved in this process.
- Agree on key indicators that should be monitored — such as staff retention rates and levels of post intake abuse and violence.
- Consider acquiring additional M&E information such as on clients' long-term outcomes, and via annual surveys of stakeholders and staff.

Femili PNG is already acting on several of these issues. Two initiatives commenced recently that seek to explore avenues to expand the footprint of Femili PNG in a sustainable and cost effective fashion. The first is a pilot initiative in the Eastern Highlands, which may demonstrate a low-cost and effective way for Femili PNG to provide services in other provinces and districts. It is a response to the many survivors who are from the Highlands, with caseworkers in Lae also reporting that more clients are travelling from other jurisdictions, including the Highlands to access Femili PNG's services in Lae. The pilot will involve the outposting an experienced caseworker to Goroka in order to:

- Provide case management services to survivors of FSV in the Eastern Highlands.
- Enable survivors to access these services without having to travel to Lae.
- Assist Lae and Port Moresby centres by conducting client family tracing, family assessment and in repatriating clients to the Highlands.
- Assist in building the capacity of partners and core service providers in Goroka.

The second initiative involves developing a model to further the initial progress made through outreach and community education in Morobe Province. The concept aims to address what can be a fairly ephemeral contact with once off outreach and community education visits. The proposal is to run a three year program in Morobe Province, with a focus on three districts in the first year, and two more in the second year. During the first year there will be in-depth training on case management and trauma-informed care, and the establishment of local committees which will be supported during the first year.

Both projects rely on external project funding, with funding proposals currently being considered by donors.

A concern will be over-stretching the Lae staff and operations there. Certainly, the setting up of a safe house and the case management centre in Port Moresby had ramifications on the availability of specialist staff and oversight provided by the CEO, as well as making the office even more crowded as new positions were created to support operations in both Lae and Port Moresby.

The possibility of reduced funding was discussed with some interviewees. It did not unduly concern them. It was believed that there are enough core staff, including managers, to continue with the operations, albeit in a reduced way. Maintaining case management for survivors was unanimously viewed as the critical element to sustain. There has already been contingency planning, including dealing with the departure of the CEO, Ms Plana, who has contributed so much to implementing the original vision and the ongoing viability of the organisation.

In the normal course of an evaluation, the preliminary findings and options for the future would be discussed with key staff and stakeholders prior to finalising the report. However, this final stage was hampered by the travel restrictions introduced to prevent the spread of COVID-19, in both PNG and Australia.

The impact on the environment in which Femili PNG operates in Lae and elsewhere is huge. In such an unstable and stressed situation it is not easy to foresee where Femili PNG might head in the next few years. However, there is much to celebrate. As one interviewee said: 'No-one else does what they do, with their focus on vulnerable women and children, and their safety'. In terms of the evaluation questions that guided this report, it is very evident that the Lae operations have made significant gains across its four strategic priorities, and that is has had a positive impact on the lives of many clients, and on responses to FSV in the local context. It has done so because it is a well-run organisation with an innovative hybrid structure that has paid dividends. It has also been strategic in how it has worked with partners and service providers, and elicited support from a wide range of stakeholders. Of course, there is always room for improvement, and a concerted effort to consolidate and embed what it has achieved will be the priority for the future.

ATTACHMENT A: FEMILI PNG DEFINITION OF TERMS

From Femili PNG Case Management Policy and Procedure Manual, Appendix C, updated October 2018

Definition of Terms

This section provides definitions of key case management terms, as they apply to Femili PNG.

Case Conference

The purpose of a case conference is to meet with the relevant partner stakeholders in order to clarify and identify ongoing issues regarding the client and their children's current situation and safety status. This also provides an opportunity to review progress and barriers, identify and document partner stakeholder roles and responsibilities, and update plans. Information sharing/exchange at case conferences is strictly on a 'need to know basis' in relation to matters that may impact on safety of the client, their children or other family or community members.

Case Management

A process to plan, seek, advocate for and monitor services from a range of services/agencies on behalf of a client. Case management can assist in limiting problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organisation or within a community program that coordinates services among settings.

Exact definitions of case management vary. The definition of social work case management used by the National Association of Social Workers in the United States is as follows:

> *Social work-based case management is a method of providing services whereby a professional social worker assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates and advocates for a package of multiple services to meet the specific client's complex needs.*

Case Management Coordination

It is a significant role of Femili PNG to oversee and lead the case management coordination with other services/agencies in order to ensure clients' cases remain a priority and assistance is provided as required. This may involve a regular or one-off case conference organised by Femili PNG caseworkers with the relevant partner stakeholders.

Child/young person

PNG's Lukautim Pikinini Act defines a child as a person under the age of 18 years. Under PNG law the age of consent is 16 years.

Child Abuse

Child abuse is any mistreatment or neglect that results in emotional or physical injury of a child.

Child Emotional Abuse

Emotional Abuse is deliberately injuring a child's self-concept and emotional well-being. Involves verbal attacks, threats.

Child Neglect

The failure to adequately provide for the child's safety, physical, and emotional needs.

Child Physical Abuse

Physical Abuse is deliberately injuring a child by hitting, shaking, kicking, burning, or throwing objects at the child.

Child Sexual Abuse

Child sexual abuse is a form of child abuse in which an adult or older adolescent abuses a child for stimulation. Forms of child sexual abuse include asking or pressuring a child to engage in sexual activities (regardless of the outcome), indecent

exposure of the genitals to a child, displaying pornography to a child, actual sexual contact against a child, physical contact with the child's genitals, viewing of the child's genitalia without physical contact, or using a child to produce child pornography.

Client

Refers to a person who voluntarily sought assistance and is being assisted by Femili PNG, and who will be given the opportunity to express their views and have a direct participation in the decision-making process.

Domestic Violence

A person commits an act of domestic violence if he/she does any of the following acts against a family member:

- Assault the family member;
- Psychological abuses, harassment, intimidation;
- Sexual abuse,
- Stalks the family member that cause apprehension and fear;
- Behaves in an indecent or offensive manner to the family members;
- Damages or cause damage to the family member's property;
- Threatens to do any acts in paragraph a, c or f.

Family and Sexual Violence (FSV)

Family and sexual violence is the abuse of power within intimate partner relationships or relationships of trust and/or dependency which causes the survivor, most often women, to live in fear of the abuser. FSV can involve physical, sexual, psychological, emotional, forced social isolation and neglect. It can also involve financial or economic deprivation and destruction of property.

Guardian

A person that legally has day-to-day responsibility for the safety, care and well-being of the child.

Informed Assent

Informed assent is the expressed willingness of a child to participate in services. For younger children who are by definition too young to give "informed consent", but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Informed assent is required for the child who is old enough to understand to participate in services.

Informed Consent

Informed consent is a voluntary agreement of an individual to participate in services. The individual must have the legal capacity to give consent. To provide informed consent, the client must be considered to have the maturity and capacity to understand the services being offered and be legally able to give their consent. For children under the age of 16, the non-abusing parent/s or guardian are typically responsible for giving consent for their child to receive services. In some settings, older adolescents are also legally able to provide consent in lieu of, or in addition to, their parents or guardians. To ensure consent is "informed", service providers must provide the following information to the client:

- Giving the client all the possible information and options available to him/her so he/she can make choices.
- Informing the client that he/she may need to share his/her information with others who can provide additional services.
- Explaining to a client what is going to happen to him/her.
- Explaining the benefits and risks of the Service to the client.
- Explaining to the client that he/she has the right to decline or refuse any part of services.
- Explaining limits to confidentiality.

Mandatory Reporting

Mandatory reporting refers to the country's laws and policies which oblige certain organisations and professionals to report actual or suspected abuses committed. Mandatory reporting is intended to assist the protection of vulnerable individuals and/or groups in the community.

Paid Accommodation

Paid accommodation is a hotel or inn accommodation that caters individual to stay temporarily. We access this accommodation as the last recourse whenever a safe house is full or whenever there is a man survivor and no available shelter to stay for his safety and security.

Referral

The process by which the immediate needs of the client are assessed and the client is assisted to gain access to appropriate and supportive services provided by a range of services/agencies other than Femili PNG.

Reintegration

Reintegration refers to a process where, at the survivor's request, a service assists the survivor to return to the place they moved from when escaping violence. There are many reasons why it is important for survivors to be assisted to return to their communities if the threat of violence lessens sufficiently, including reconnection with their family and/or land.

Relocation

Relocation is a general term describing the process where a service assists the survivor (and any dependent children) to move to an alternative location for safety, possibly the survivor's place of origin. Note that when a survivor is relocated — or repatriated or reintegrated — there are a range of costs involved e.g. assisting access to housing, schooling, employment, and suchlike.

Repatriation

Repatriation refers to the process where a service assists the survivor, and any dependents, to return to the survivor's place of origin. Ideally, the survivor will have family at their place of origin able to provide supportive care once the repatriation has occurred. Additional support should be provided by the service provider, so the survivor is not completely dependent upon family. (Repatriation should not be confused with Reintegration, described above.)

Risk Assessment

Risk Assessment is a methodical process of assessing the level of risk in a circumstance or situation in order to minimise risk. Femili PNG case management work involves regular risk assessment of clients, including children's, circumstances and situations. Effective risk assessment must be based on a combination of application of relevant Femili PNG policies and procedures, factual information, impressions and professional judgments taking into account a range of factors.

Risk assessments can form the basis of client intake assessments, risk management plans, safety planning (including for children), relocation, and engagement with other authorities and services working with the client. Because risk levels can change quickly, measuring and assessing risk must be continually reviewed to ensure the safety of the client including children.

Safe House Accommodation

Safe House Accommodation is a temporary shelter or temporary accommodation where the FSV survivors and abuse children are place due to safety issues from the perpetrators or other persons that can inflict harm and danger to them.

Safe House accommodation for adults

Safe House Accommodation for adults is a temporary accommodation for FSV survivors ages 18 years old and above.

Safe House accommodation for children

Safe House accommodation for children is a temporary shelter/accommodation to children survivors of abuse.

Sexual Abuse

Sexual Abuse is any sexual contact with a child such as rape, incest, fondling, exposure, obscene language, or inappropriate touching.

Sexual Assault

Sexual assault is any involuntary sexual act in which the assaulted person is threatened, coerced, or forced to engage against their will, or any sexual touching of a person who has not consented. This includes rape.

Stakeholders

Stakeholders are partners from the welfare, police, court, faith-based organisation (FBO) or other NGOs in or outside Lae that can provide services to survivors.

Start-up Kit

The provision of material as capital to start a small business based on the interest of the survivor and based on the feasibility of the small business in the location where a survivor can be repatriated, relocated or reintegrated.

Survivor

Survivor refers to a person who voluntarily sought assistance and is being assisted by Femili PNG, and who will be given the opportunity to express their views and have a direct participation in the decision-making process.

Trip Request

A trip request is a detailed trip plan and itinerary of the survivor including the cost of the travel. This is being prepared by the handling caseworker 2 weeks before the target date of travel. To be approved by the Case Work Manager, OM, and CEO and endorse to the admin for financial support (ticket, accommodation, start-up kit, security money, per diem). The same document will be submitted to the security officer for security assessment to ensure safety of the traveling survivor with dependents, partners and staff.

Violence against Children

The intentional use of physical force or power, threatened or actual, against a child by any individual or group, that either results in or has a high likelihood or resulting in actual or potential harm to the child's health, survival, development or dignity.

Violence against Women

Physical, sexual and psychological violence occurring within and outside of the family. This includes physical assaults, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women. Violence against women also includes rape (such as forced vaginal, anal, and oral penetration), groping, forced kissing, child sexual abuse, or the torture of the victim in a sexual manner.

ATTACHMENT B: FEMILI PNG NEW CLIENT DATA PLATFORM

Live data entry into the new digital data platform commenced on 1 July 2019 for Femili PNG's Lae and Port Moresby operations.

Based on a presentation to Femili PNG given in November 2019 and since updated, the following summarises the move to a new client data platform:

- The client data collection was established in 2014, and relies on the information recorded in the case intake, follow-up and referral forms.
- From 2014 to 2018 the data was entered into excel spreadsheets. In 2019, the data was entered using iPads into a new platform, Question Pro in 2019.
- Earlier client data, and the results from client satisfaction surveys, is being entered into the new platform.
- It is a complex data set: there are eight forms; some have 400+ questions; and questions have changed over time.
- There is a lot of data: over 3,000 clients; 35,000 observations.

The advantages of the new platform include:

- Faster and more accurate data entry with checking
- Easier report production
- Integrated data system since the start of project and across sites (Lae, POM)
- Unlimited potential for better self-understanding and advocacy
- Unique data set
- No point of continuing with data entry without utilising the data
- Building on the strong foundations laid by Dr Kamalini Lokuge in the first three years.

The drawbacks include:

- Reliance on the internet
- More privacy issues to be managed
- Lots of upfront and ongoing work.

ATTACHMENT C: MONITORING AND EVALUATION FRAMEWORK: LAE, 2017–2022

Objective	Target	Activity	Target indicator
Strategic Priority 1: As a national centre of excellence, provide effective and coordinated case management approaches for people experiencing family and sexual violence.			
1a. Provide high quality case management services to FSV survivors.	• All clients referred to Femili PNG and meeting intake criteria assessed by case worker. • Case load of case workers appropriate. • All case workers trained in case management and competent in advocacy-based counselling of FSV, including children. • Continue to diversify intake sources • Level of client satisfaction high.	• Adequate levels of staffing: monitoring of case worker/client ratios, case worker job satisfaction, at weekly staff meetings. • Training, skills and ongoing capacity building of staff: appropriate staff recruitment and selection processes, staff development plans in place and reviewed 6-monthly, ongoing support from Technical Advisory Panel, international partners, and MC experts, weekly staff debriefing. • Outreach to potential new partners (e.g. police stations, health centres, companies) • Documentation and monitoring of case management and follow up of all clients, exit interviews with all clients at discharge from centre, follow-up interviews with sub-sample of clients defaulting from care prior to discharge.	• Consistently high number of referrals from reputable agencies such as FSC and FSVU. • 400 new clients admitted per year to case management. • Case worker load: 3–4 sessions per full working day per worker, including initial assessment of 1–2 new clients. • Staff training and exchanges: 1–2 per year for 3–4 FPNG staff and partners • Yearly evaluations for all staff demonstrating staff competence. • Number of partners referring clients: in excess of 10.
1b. Support survivors to access emergency medical care and psychosocial services provided by the FSC and other health centres.	• All referrals from health centres that meet Femili PNG intake criteria assessed by case worker. • Access to medical interventions as appropriate	• Support, as appropriate, to health centres as agreed by joint on-site assessments. • Regular referrals to/from Femili PNG and collaborative service provision. • Participation of FSC and other health centre managers in Lae FSV Service Provider Group meetings, participation of health centre staff in Femili PNG training activities.	• Number and type of medical services provided to Femili PNG clients. • Client-based data: outcomes of referral to health centres, client satisfaction with care.
1c. Support survivors in need to access services for emergency shelter of an adequate standard and duration.	• All referrals to from emergency accommodation providers that meet Femili PNG intake criteria assessed by case worker. • Access to adequate duration and appropriate quality of emergency accommodation when required by Femili PNG clients.	• Ongoing material support to safe houses as agreed by Femili PNG and safe house managers through regular on-site assessments. • Regular referrals to/from Femili PNG and collaborative service provision. • Participation of safe house managers in Lae FSV Service Provider Group meetings, participation of safe house staff in Femili PNG training activities.	• Number of clients receiving emergency shelter: 10 per month or more. • Mothers with children admitted as a group. • Safe-house facilities are of adequate standard. • Clients are not discharged prematurely against clients' wishes. • Appropriate discharge processes followed. • Client-based data: outcomes of referral to safe house, client satisfaction with services.

Objective	Target	Activity	Target indicator
1d. Provide survivors with information and help them obtain recourse from policing, legal and social services.	• All referrals from police services that meet Femili PNG intake criteria assessed by case worker. • Access to appropriate police protections and interventions when required by Femili PNG clients.	• Support, as appropriate, to police services as agreed by Femili PNG and police service managers through on-site assessments. • Regular referrals to/from Femili PNG and collaborative service provision. • Participation of police service managers in Lae FSV Service Provider Group meetings, participation of policing staff in Femili PNG training activities	• Referred clients seen by police woman in SOS or FSVU and case file opened when this is agreed part of case management plan. • Cases where client requests, criminal charges are issued and an arrest made. • Cases where police provide positive assistance and are responsive to client needs. • Client-based data: outcomes of referral to police services, client satisfaction with care.
	• All referrals from justice sector that meet Femili PNG intake criteria assessed by case worker. • Access to appropriate judicial recourse when required by Femili PNG clients.	• Support, as appropriate, to legal services as agreed by Femili PNG and legal service managers through on-site assessments. • Regular referrals to/from Femili PNG and collaborative service provision. • Participation of legal service managers in Lae FSV Service Provider Group meetings, participation of justice sector staff in Femili PNG training activities.	• Referred clients seen by women's help desk at Lae District Court. • Appropriate and timely legal assistance for clients as required. • Interim Protection Orders and Protection Orders issued when in best interest of clients. • Orders relating to maintenance (etc.) issued when in best interest of clients. • Convictions recorded in relation to criminal charges brought by Femili PNG clients. • All court orders enforced by police in a timely fashion. • Client-based data: outcomes of referral to legal services, client satisfaction with care.
1e. Coordinate with other agencies to promote relocation solutions for survivors as appropriate.	• Clients repatriated (or relocated) for whom this is identified as the most appropriate intervention for improving safety long term.	• Repatriation budget accessible. • Links to repatriation networks locally and nationally maintained; mapping of networks, including level and quality of service provision. • Follow up of clients post repatriation, at one (1) and six (6) months wherever possible.	• Number of repatriations which occur when identified as part of case management plan. • Successful repatriations defined as client (plus any dependents) continuing in safety and same or improved living standards at follow up points.
1f. Help child survivors to access appropriate child protection services provided by the government and NGO sectors.	• Improved long-term safety of children affected directly or indirectly by family and sexual violence.	• Appropriate support to child protection services: baseline needs assessment and support plan developed by Femili PNG and child protection services collaboratively, regular on-site assessment of progress against plan. • Service and data sharing agreements in place with child protection services, covering referrals to/from Femili PNG and service provision. • Participation of child protection service managers in Lae FSV Service Provider Group meetings, participation of staff in Femili PNG training activities. • Client-based data: outcomes of referral to child protection services, client satisfaction with care.	• Survivors who are mothers receive information regarding their rights and obtain custody of their children if they request it. • Children referred to child protection services are seen by Welfare CPO. • Long-term appropriate guardianship obtained for children at risk. • Evidence of positive change in child's circumstances post provision of assistance (e.g. improved physical and/or mental health; improved living arrangements, stable attendance at school etc).

Objective	Target	Activity	Target indicator
Strategic Priority 2: Foster strong partnerships with other PNG government and civil society agencies to promote effective responses to family and sexual violence, both in Lae and across PNG.			
2a. Provide training and resources to FSV service providers in Morobe and other provinces to improve coordination and quality of services.	• Provide support to partners in Morobe Province aimed to ensure appropriate multi-sectoral services for FSV survivors.	• Advocacy and awareness raising with all referral networks: regular contact between Femili PNG and referral networks through Lae FSV Service Provider Group, service and data sharing agreements in place with key providers. • Femili PNG staff participation as experts/ trainers in technical workshops and training activities. • Yearly key informant interviews with FSV stakeholders in Lae. • Training activities supported by Femili PNG for local service providers/stakeholders based on needs assessment: • Active regular engagement in Provincial FSVAC meetings. • Provision of resources to partners in line with Femili PNG Protocol for Stakeholder Resourcing.	• Level of attendance at Lae FSV Service Provider Group meetings (held four times per year), positive outcomes influenced monitored through minutes/ situation reports. • Level of attendance and positive outcomes influ-enced through attendance and involvement in Morobe FSVAC. • Evaluation of all participants attending Femili PNG training activities. • Type and number of training activities, target audience attendance. • Review by Femili PNG CEO and Management Committee of support to partners in relation to needs assessment and im-provement in service provision. • Client and partner perceptions of Femili PNG and partner effectiveness.
	• Provide support to FSV service providers in other provinces aimed to ensure appropriate multi-sectoral services for FSV survivors.	• Advocacy and awareness raising with relevant FSV referral networks. • Femili PNG staff participation as experts/ trainers in technical workshops and training activities. • Training activities supported by Femili PNG for FSV service providers/stakeholders based on needs assessment. • Provision of resources to stakeholders in line with Femili PNG Protocol for Stakeholder Resourcing.	• Evaluation of all participants attending Femili PNG training activities. • Type and number of training activities, target audience attendance — at least 3–4 training programs per year, with 100+ staff attending. • Review of support to partners. • Stakeholder perceptions of Femili PNG effectiveness.
2b. Establish referral networks within Morobe and other provinces to allow us to connect high-risk clients with required services.	• Referral networks are in place so that high-risk clients have timely access to appropriate services. • Clients who are referred to Femili PNG are supported to access services through the referral network.	• Provide FSV stakeholders in Morobe province with access to closed user group (CUG) mobile communications. • Strengthen referral networks in expansion provinces, including through CUG networks and provide technical support to link those networks with national ones.	• Number of partners in Morobe connected via CUG mobile communications: at least 15. • CUG network among service providers established in at least two expansion provinces.

Objective	Target	Activity	Target indicator
2c. Support FSV stakeholders in Morobe and other provinces with data collection, monitoring and reporting tools.	• FSV partner stakeholders establish their own data collection and monitoring tools. • FSV partner stakeholders are able to collect and monitor data and provide accurate reports. • FSV partner stakeholders can analyse the outcome of their work using the data they collect.	• Develop a simple spreadsheet or database that can be provided to partners for data collection. • Provide training on data collection, monitoring and reporting. • Provide ongoing support and mentoring on data collection, monitoring and reporting.	• Use of database by at least 3 partners. • Evaluation by participants attending Femili PNG data training activities. • Stakeholder perceptions of reports generated from data collection tool. • Partners have established their own data collection and monitoring tools. • Partners are using the tools to prepare reports for the relevant authorities. • Partners are using the tools to share data with other partners.
Strategic Priority 3: Undertake operations- and research-based advocacy to improve the response to family and sexual violence across PNG.			
3a. Advocate for more effective services for survivors of FSV, based our on operational experience and research activities.	• To generate evidence on interventions that improve quality and access to services for survivors of FSV.	• Implementation of M&E policy. • Undertaking of research activities. • Hiring of Advocacy Manager. • Hiring of in-house lawyer. • Monthly reporting and feedback activities based on ongoing client and partner monitoring data. • Transparency through public availability and external reporting of monitoring data.	• M&E system in place. • M&E system meets donor requirements. • M&E system being used. • High quality research planned and undertaken. • Evidence that M&E and research results are used to advocate for improved services for survivors of FSV (e.g. research provided to FSVAC, stakeholders working with survivors of FSV, PNG Government and donors).
	• To advocate for implementation of evidence-based interventions for survivors of FSV.	• Femili PNG staff participation as experts/trainers in national and regional technical workshops and advocacy activities (e.g. conferences, technical working groups etc). • Production and dissemination of M&E and research reports. • Advocacy articles and interventions on the basis of M&E and research. • Use of social media and media to convey key messages. • Use of high-profile figures, including from Australia, for effective advocacy.	• Type and number of advocacy activities supported by Femili PNG, audience attendance. • Reports produced and disseminated as appropriate. • Appropriate media coverage. • Evidence that M&E results and research results are used to advocate for improved services for survivors of FSV (e.g. feedback from FSVAC, stakeholders working with survivors of FSV, PNG Government and donors).
3b. Through outreach, increase public awareness of the range of services available to those experiencing family and sexual violence.	• Improved understanding of FSV and available services in Morobe and other provinces.	• Femili PNG staff provide awareness sessions to business and community groups on FSV. • Develop partnerships with the private sector to increase our reach and impact. • Use of communications including Femili PNG website, newsletters, social media and the media to raise awareness on FSV.	• More than 100 outreach sessions per year, reaching 7,000 individuals. • Number of referrals from the private sector and sources other than our core partners. • Feedback from business and community groups. • Number of subscribers to Femili PNG e-newsletter reach 2,000 with another 1,000 on social media.

Objective	Target	Activity	Target indicator
Strategic Priority 4: Be a well-run and sustainable Papua New Guinean non-government organisation			
4a. Implement strong governance and management practices to safeguard the organisation's longevity.	• Femili PNG is a well-run and sustainable organisation.	• Develop and implement effective operational policies and procedures. • Maintain a high-calibre and effective Management Committee. • Raise funds from sources other than the Australian aid program. • Engage with the private sector seeking commercial and mutual-benefit opportunities. • Secure appropriate and permanent office space in Lae. • Strengthen local staff management and ownership. • Development of Friends of Femili PNG as a support organisation in Australia. • Meet requirements of all relevant regulatory bodies in PNG and Australia.	• Annual reports and audit reports shared on Femili PNG website. • Policies shared on Femili PNG website as appropriate. • 3–4 Management Committee meetings each year and high level of attendance. • Amount of cash and in-kind donations received from sources other than the Australian aid program: reduce dependence on Australian aid program from 75% to 55%. • Compliance with Femili PNG rules of association and donor requirements. • Staff training in management, finances, IT, etc: at least three staff per year. • Increased responsibility of trained and skilled staff to directly manage the project. • Risk framework updated and reviewed regularly, including four times a year by MC.

Endnotes

1. Between 33% and 57% of cases are closed in Lae each fiscal year because contact has been lost with the client.
2. I first became familiar with the work of Femili PNG while undertaking research on family protection orders in Lae more than two years ago. Since then I have had the opportunity to meet Femili PNG staff and to witness some of their work, for example in court settings. My appreciation of the context in which Femili PNG operates has been improved by more recent research in Lae for projects on family and sexual violence offences (Putt and Dinnen 2020), and a larger project on family protection orders Putt and Kanan (2021).
3. For a summary of police statistics and survey results that span the period 2005 to 2013, see Putt et al. (2019:7–8).
4. The advisory council evolved into the core service providers group which is discussed later.
5. A large number were in the original group. Fewer were needed over time but the original idea of having technical experts is retained through a register who have and do help out.
6. An early grant from Mundango Abroad was to Friends of Femili PNG, and used to fund the development manager position.
7. Other reasons were suggested for cases staying open longer, such as waiting for court outcomes, high-risk or complex cases requiring more intervention, and some clients experiencing more than one incident, and having their cases stay open as a result.
8. The number of referrals to the safe houses was 56 clients, and 43 dependants. The latter are excluded from the referral statistics. It should also be noted that many clients are already in the safe house when they become clients of Femili PNG.
9. The way in which this question was asked changed over time, which may explain some of the variability.
10. With social media inquiries, the communications officer and/or the development manager responds to ask further details if necessary and passes on the queries to the casework team for contact and/or intake.
11. The Strategic Plan has 11 values which are incorporated in the diagram as value-based strategies.
12. I was told the social work tertiary degrees in PNG focus on community development rather than one-on-one counselling skills.
13. The high risk indicators that are listed apply primarily to intimate partner violence.
14. The Office for Child and Family Services operates at the national level, but welfare services are provided at the provincial level.
15. The positions were meant to be appointed in four pilot provinces of NCD, Milne Bay Province, East New Britain, and Morobe Province, but the FSVAC (2019:4) guidelines note that it up to each Provincial Administration to determine funding, the role of and function of the coordination position. The position in Lae involves acting as a secretariat to the Morobe FSVAC, with the incumbent housed in the JSS4D office.
16. Although Village Courts have the power under the Family Protection Act to issue IPOs, there is no evidence that they are doing so in Lae (Putt et al. 2019). Interviews with Village Court officials suggest that they do not feel confident or knowledgeable about the legislation, but even where they have had training, they have expressed a preference for continuing to issue preventative orders under the Village Court Act.
17. The Lae Advisory Group, established in the early days of Femili PNG, was replaced over time by the core partner meetings.
18. Various stakeholders said that the Morobe FSVAC had been less active in 2019, for reasons that were not clear. The strategic plan is being reviewed this year.
19. This never happened for reasons that no-one could recall.
20. Femili PNG provides a phone service to all core service providers so they can communicate with each other. The CUG phone system worked well when first implemented but less so over time, due to phones being stolen or being used when not at work. Often, key people in other services are contacted via landlines or their personal mobiles. Despite these problems, senior managers based in Lae believed it was better to have the system than none at all.

21. The operations in Port Moresby, notably Bel Isi, have focused on the private sector. In interviews, several staff mentioned that more should be done in the future with the private sector in Lae. Informed by the lessons learnt in Port Moresby, they believed there was the potential to forge more substantive relationships and support with the private sector in Lae.

22. As noted previously, there was a period of time when the FSC and Femili PNG had a difficult relationship.

23. The indicators are: 'Feedback from partners; Compliance with MOUs; Improved facilities; Expanded partnerships beyond Lae (evident in training, exchanges, etc); Work more with a wider range of organisations, private sector and NGO, formal and informal; Capacity of PNG government agencies, private sector and other civil society organisations to address family and sexual violence is increased' (FPNG 2016:9).

24. Despite training and community education sessions run for private companies, it seems very few referrals are from the companies themselves. However, it may be that staff prefer to approach Femili PNG in Lae as private citizens rather than as company employees.

25. See blog by Fiona Gunn (12/9/2019).

26. The commonly used Tok Pisin term 'wantoks' refers to people who have a relationship based on language, ethnicity, kinship or shared histories, which fosters responsibilities and obligations. These relationships can act as a social safety net but can also lead to nepotism and corruption — see 'The "Wantok" System as PNG's Safety Net', Tok Pisin English Dictionary, 16/7/2015.

27. Having these daily meetings, at the beginning of the day, also contributes to workforce discipline and professionalism, and internal communication. All staff are expected to attend meetings at the set time, unless they have a reasonable excuse.

28. Rosie Batty is a domestic violence campaigner who was Australian of the Year in 2015, see Rosie Batty, Wikipedia.

29. Technical support by the Canberra-based team had included report and submission writing, data, finances, board papers preparation, IT, the latter being very important yet difficult in PNG.

30 It is noteworthy that the target indicators included in the Monitoring and Evaluation Framework, Lae, 2017–2022 reflect a more modest approach (see Appendix C).

31. It is not known whether these justice outcomes apply to the Lae courts and police, and/or in other jurisdictions, although the work would have been undertaken by the Lae team.

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