# From Gender-Based Violence to Gender Justice and Healing (2018-2022)

## **Phase Two Review**

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Nazareth Centre for Rehabilitation







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## Acronyms

ABG AROB	Autonomous Bougainville Government Autonomous Region of Bougainville
BWF	Bougainville Women's Federation
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BFSVAC	Bougainville Family and Sexual Violence Action Committee.
CC	Community Counsellors
CIMC COVID-19	Consultative Implementation and Monitoring Council Coronavirus 2019
DCD	Department of Community Development
DED	Department of Foreign Affairs and Trade
EU	European Union
FGD	Focus Group Discussion
FSC	Family Support Centre
FSV	Family and Sexual Violence
FSVAC	Family and Sexual Violence Action Committee
FSVU	Family and Sexual Violence Unit
GBV	Gender-Based Violence
GJH	From Gender-Based Violence to Gender Justice and Healing Project
HWC	Hako Women's Collective
IFES	International Foundation for Electoral Systems
IPO	Interim Protection Order
IRWD	International Rural Women's Day
IWDA	International Women's Development Agency
JSS4D	Justice Services and Stability for Development Program
KEQ	Key Evaluation Question
KII	Key Informant Interview
LPA	Lukautim Pikinini Act
NCfR	Nazareth Centre for Rehabilitation
NTC	Nazareth Training Centre
PWD	Persons With Disabilities
PNG	Papua New Guinea
PO	Protection Order
SBP	School Based Program
SC	Steering Committee
SARV	Sorcery Accusation Related Violence
UN	United Nations
UNDP	United Nations Development Program
WEE	Women's Economic Empowerment
WHRDs	Women Human Rights Defenders
YWHRD	Young Women Human Rights Defenders

## **Executive Summary**

#### Introduction

The Project *From Gender Based Violence to Gender Justice and Healing* has been implemented by Nazareth Centre for Rehabilitation in Bougainville in two phases. Phase one was implemented from 2015 until 2018, and phase two started in April 2018 and will end in March 2023 (with in field implementation ending in September 2022, and six months for reporting / evaluation). The project is funded by the Australian Government in partnership with the Autonomous Bougainville Government and the Government of Papua New Guinea as part of the Pacific Women Shaping Pacific Development Program. The project is implemented by Nazareth Centre for Rehabilitation in partnership with International Women's Development Agency.

Phase two aims to build on the strengths of phase one which was found by an external evaluator to be contributing to nation building in Bougainville by encouraging relationships founded on respect and dignity and by increasing citizen responsibility and accountability (Ann Braun, 2018 Project Phase One Evaluation Report); and apply lessons learnt from phase one to improve on its delivery. It has continued to apply a comprehensive and multi-track approach, which is underpinned by the Gender at Work framework that looks at four key areas of how change happens: individual, institutional, formal and informal, with a focus on both practical and strategic solutions and ways of working.

The project aims to reduce family and sexual violence in the Autonomous Region of Bougainville by addressing the root causes of gender inequality, through two interrelated outcomes to reduce men's family and sexual violence:

- 1. **Bougainville Women's Human Rights Defenders** are leading responses to and preventing family and sexual violence through working with government and communities.
- 2. **Men and women are preventing family and sexual violence at community level** by promoting shared power and decision making between women and men.

#### **Review objective and methodology**

This review was jointly commissioned by International Women's Development Agency and Nazareth Centre for Rehabilitation to support Nazareth Centre for Rehabilitation to make evidence-based decisions about the direction of the project based on a common understanding of progress to date and reflections on successes, challenges, and upcoming opportunities.

Fifty-four people participated in the key informant interviews and focus group discussions: 39 women and 15 men (including one man with a disability). Key informant interviews and focus group discussions were conducted with the Nazareth Centre for Rehabilitation Steering Committee, staff, field team, Women Human Rights Defenders, Male Advocates, Community Counsellors and stakeholders in government and civil society working closely with Nazareth Centre for Rehabilitation. These interviews and discussions were structured around key questions determined by the Nazareth Centre for Rehabilitation in a review co-planning workshop held in September 2021.

#### **Key Findings**

The Review identified a number of areas that Nazareth Centre for Rehabilitation and International Women's Development Agency teams can consider for further planning and implementation, with a focus on understanding key barriers and challenges, building upon the strengths and successes of the project, and addressing proposed recommendations.

#### Progress

Despite the pandemic and other barriers and constraints identified by this review, progress towards achievement of milestone deliverables has been excellent, with seven of eight deliverables on track, achieved or exceeded. The lagging women's economic empowerment work was severely affected by the pandemic, but planning has begun and the team is ready for implementation.

Staff identified two delayed activities that could be progressed in year four:

- The women's economic empowerment component which needs to start immediately.
- The School Based Program which progressed well in North Bougainville, but was delayed by the pandemic in Central Bougainville.

No activities were flagged for cancellation and re-programming of funds.

#### Outcomes

Nazareth Centre for Rehabilitation staff, Women Human Rights Defenders, Male Advocates, and Community Counsellors identified several outcomes of particular significance:

- stronger leadership by women
- positive changes in men's attitudes and behaviour
- greater demand for safe house and training services
- increased Nazareth Centre for Rehabilitation capacity to work on sorcery accusation related violence cases
- initiations of young women's groups in some communities.

Two unintended outcomes emerged related to the pandemic:

- Nazareth Centre for Rehabilitation secured funding from the GJH for a new safe house for women with children.
- Nazareth Centre for Rehabilitation has learned virtual technology approaches and staff are participating in Zoom meetings.

Overall, the review found that significant outcomes were achieved for each outcome area in the theory of change. No unintended negative outcomes were identified.

This review found that the key factors that enabled success were:

- Strong leadership from Nazareth Centre for Rehabilitation leadership as well as project team and in communities from Women Human Rights Defenders and Male Advocates.
- Strong team work and commitment to ongoing, long term leadership training dialogues, awareness and interventions
- Strong advocacy on human rights, gender equality at family, community and regional level
- Strong community ownership
- Enabling clients to return home, where they have land to grow food
- Effective monitoring of activity plans and implementation.

#### **Barriers and Constraints**

Staff and project stakeholders identified three external context changes that were particularly significant during the delivery of phase two:

- The advent of the corona virus disease 2019 pandemic which caused cancellation and postponement of activities and restricted travel,
- The election of a new Autonomous Region of Bougainville Government in 2020,
- An increase in Sorcery Accusation-Related Violence in Bougainville.

In addition to the above mentioned external context challenges, key project-related challenges may be categorised into five main groups:

- **Financial constraints**, including insufficient activity funds for repatriation costs of survivors to their home communities, and transport allowances for clients and counsellors.
- **Logistics**, associated with the rural focus of Nazareth Centre for Rehabilitation including communication and networking limitations, inclement weather, poor roads and transport, services located too far for clients to access, and a limitation due to Arawa having no local courthouse.
- **Personal challenges** affecting staff and young women human rights defenders, included deaths of family members, family obligations, community criticism of their roles, and difficult husbands who did not support the work of women staff and young WHRDs.
- Internal project & organisational matters, which included instances of insufficient supervision of staff, long hours, burnout, and no regular rest breaks which contributed to low commitment from some staff; irregular male advocate team meetings; inadequate counselling rooms at safe houses; not enough of formal recognition from authorities; delayed delivery of trainings and variations from the expected work plans; challenges with collecting reporting from community based WHRDs to help demonstrate programming impact; and insufficient capacity to meet the increased demand for services.
- **Safety and Security issues**, such as attacks on staff by perpetrators, theft of Nazareth Centre for Rehabilitation property, and a lack of respect shown for staff by some clients.

A key finding of the review is that the COVID-19 pandemic represents a fundamental shift in Nazareth Centre for Rehabilitation's operating environment for the foreseeable future. When the Corona virus first reached Bougainville around April 2020, NCfR staff had to adjust its operations by starting weekly staff meetings to inform staff on the pandemic and subsequent Government of Papua New Guinea/Autonomous Bougainville Government State of Emergency restrictions. Restrictions impacted on travel to other regions so more reliance on telephone conversation, the size of gatherings for events and Nazareth Centre for Rehabilitation had to upgrade safe houses and men's hubs hygiene and sanitation practices, facility reconfiguration and adapting client entry systems to ensure a COVID safe environment.

#### **Project Visioning and Potential Changes**

Nazareth Centre for Rehabilitation staff provided detailed input on the way forward for the remainder of phase two implementation and visioning for subsequent programming during focus group discussions and a co-analysis workshop. Key proposals are summarised below and include:

- more investments in Women's Economic Empowerment,
- organisational development for the Nazareth Centre for Rehabilitation,
- further strengthening strategic partnerships with government and civil society stakeholders
- strengthening strategic partnerships, documenting lessons from primary prevention programs and expansion of this program,
- exploring support for the repatriation of survivors
- increasing the support to youth programs, in particular young Women Human Rights Defenders.
- A. Two programmatic areas were identified for greater focus and investment for the remainder of phase two to build on successes:
- Women's Economic Empowerment was identified as the main program and an entry point to addressing the first area of concern in the Beijing Platform for Action: women and poverty. This area of work was included in the design of phase two and is represented in the

theory of change however it was envisioned to start earlier in the project cycle, but due to COVID pandemic it was delayed.

- An increased youth-focus for the women human rights defenders program to enable young women human rights defenders to grow in their work, based around theory and practice in life skills, leadership, financial literacy, business planning and marketing. Working with young women was also a part of the initial design of this phase, with a number of activities included in phase two planning, however as the review revealed preliminary success and interest from young women in participation, this area would benefit from increased investment and targeted focus.
- B. **Expansion of primary prevention** work currently in progress through increased networking around existing behaviour change programs and awareness-raising activities (such as positive parenting and respectful relationships, family and sexual violence, male advocacy, human rights, addiction to drugs and alcohol, leadership training, child protection laws, sexual and reproductive health) to increase their reach into additional districts and constituencies.
- C. New activities to allow Nazareth Centre for Rehabilitation to better meet the needs of its operating environment for year four and subsequent phases, with a key focus on the integration of leadership trainings and more reconciliations in conflict areas.
- D. Staff considered that the most appropriate way to better support **disability inclusion** was to make the existing NCfR programs more inclusive and stronger networking with the Bougainville Disable Persons Organisation, Callan Services and organisations that focus on disability. Opportunities for stronger inclusiveness may include Nazareth Centre for Rehabilitation trainings and workshops.
- E. Staff reported that the best way to support **young women's human rights defenders** was through mentoring and coaching. Empowerment, leadership programs and encouraging greater participation of young human rights defenders in training programs were also identified.
- F. Staff proposed more **outreach on the 12 critical areas of concern (the Beijing Platform for Action)** to increase awareness among people working on the project to strengthen their ownership over successes and issues.

#### **Priority recommendations**

a) Women's Economic Empowerment:

This program, comprising of different economic activities, could be viewed as an entry point for responding to 'women and poverty' and other 12 critical areas of concern in the Beijing Platform for Action. It is recommended that:

1.1 For the remainder of phase two, priority focus is required for Nazareth Centre for Rehabilitation to **implement the WEE pilot program** given that funding has been secured and there is short time remaining.

1.2 A review of the preliminary outcomes of the WEE pilot needs to be conducted in the **end line evaluation** (noting the short implementation period) in addition to assessing whether it is relevant or possible to expand the reach of the WEE program in subsequent phases of programming to Central and/or South Bougainville. And, if so, how can the redesign respond to the changed operating context as a result of COVID?

- 2. Organisational Development: To better support the work of the Executive Director, NCfR and IWDA to review roles and responsibilities of the project staff and identify opportunities for improvements and adjustments to align with strategic priorities.
- 3. Strategic Partnerships: Further strengthen relationships with government partners such as the Department of Community Development, the Department of Law and Justice and Education Department by increasing engagement and collaboration. Examples may include providing reports on NCfR successes around counselling for the ABG to be better informed of their work, and to continue to advocate for (and fund) DCD training on the Lukautim Pikinini Act. Nazareth Centre for Rehabilitation has significant experience and information to offer which could be further harnessed to influence and advocate to the Autonomous Bougainville Government. As the Autonomous Bougainville Government has competing priorities, Nazareth Centre for Rehabilitation can influence strategic prioritization on focus areas needing attention at the policy level. For example, Nazareth Centre for Rehabilitation could influence the Safe House Policy through the mechanisms that the Director is a member of, such as the Law and Justice Coordination Mechanism and the Bougainville Family and Sexual Violence Action Committee.

#### 4. Primary Prevention of Violence and Behaviour Change:

4.1 Nazareth Centre for Rehabilitation could **document** how communities and individuals have changed as a result of behavior change work by Nazareth Centre for Rehabilitation, for example as a deep dive within the end line evaluation.

4.2 Continue to work **with civil society organisations** in Bougainville that work on behaviour change to prevent violence (including providing training to organisations such as CARE, Plan and World Vision and working with the Hako Women's Collective who piloted the Positive Parenting Program in the Haku Constituency on Buka Island and produced tool kits which can be shared with Nazareth Centre for Rehabilitation) but consider expanding networking with specialist GBV/FSV organisations in PNG and beyond.

**5. Repatriation of Survivors**: Nazareth Centre for Rehabilitation and IWDA could consider the feasibility of including allocated funding for repatriation activities in the budgets for the remainder of phase two and for subsequent phases.

#### 6. Youth Focus:

6.1 For the remainder of this phase, the work plan of Nazareth Centre for Rehabilitation could include additional 'follow up' training to young women
6.2 For subsequent phases, Nazareth Centre for Rehabilitation could include more practical skills training for young women human rights defenders (to be delivered directly by the project staff or outsourced) and stronger linkages of the young women human rights defenders to the women's economic empowerment program. Practical life skills may include, for example, cooking and sewing complemented by financial literacy, business planning and marketing and leadership trainings.

## 1.Introduction

#### 1.1. Operational Context: Gender-Based Violence in PNG

The Papua New Guinea (PNG) National Strategy on Gender-Based Violence (GBV) 2016-2021 calls Family and Sexual Violence<sup>1</sup> (FSV) "an endemic problem affecting the lives of too many individuals and communities."<sup>2</sup> Papua New Guinea is considered by Human Rights Watch to be one of most dangerous places in the world to be a woman or girl. A widely cited study by the PNG Law Reform Commission carried out across 16 provinces in 1992, showed that two thirds of PNG women had experienced physical, intimate partner violence. These findings have been reinforced in subsequent studies (Betteridge and Lokuge 2014). In the Autonomous Region of Bougainville (AROB), the Family Health and Safety Study published in 2015 by Partners for Prevention<sup>3</sup> found that rape was the first sexual experience of one in five women, and that one in three women who first had sex under the age of 16 had been forced or raped.

The high prevalence of violence has high direct costs for individual women and their children and families, affecting health and well-being; livelihoods and economic security; women's status and relationships. It also creates high costs for businesses and has serious implications for public health and social policy, justice and law enforcement and economic development.

The PNG National Strategy on GBV recognizes that although much valuable work is undertaken by civil society and faith-based organisations, demand outstrips supply and thousands of survivors of GBV need more services, including appropriate medical and socio-psychological services, shelter (safe houses), and accessible legal and justice services. In 2013 the Autonomous Bougainville Government (ABG) approved the AROB Policy for Women's Empowerment, Gender Equality, Peace and Security. The policy is aimed at addressing key issues faced by women with roots in the Bougainville conflict,<sup>4</sup> including violence against women.

#### 1.2 From Gender-Based Violence to Gender Justice and Healing: Phase One

*From Gender-Based Violence to Gender Justice and Healing* (hereafter referred to as GJH) is a project implemented Nazareth Centre for Rehabilitation (NCfR) in partnership with International Women's Development Agency (IWDA) under the guidance of the AROB policy. NCfR is the only civil society organization (CSO) that is currently and actively carrying out work on preventing GBV/FSV and supporting survivors of GBV/FSV throughout Bougainville. With support from international donors, NCfR has constructed and is managing four safe houses in Bougainville. NCfR is also a member of the Bougainville Family and Sexual Violence Committee (BFSVAC). Members of BFSVAC form the Referral Pathway that supports survivors of FSV in Bougainville. The BFSVAC comprises members of the ABG Department of Community Development, Department of Law and Justice, Bougainville Police Service, the Buka General Hospital, Family Support Centres, the Courts and CSOs. Partnerships with the Government of Papua New Guinea, the ABG, development partners, International Non-Government Organisations (INGOs), Non-Government Organisations (NGOs), CSOs and private sector are very important to the work undertaken by NCfR.

<sup>&</sup>lt;sup>1</sup> In addition to FSV, other terms such as Violence Against Women (VAW and Gender-Based Violence (GBV) are often used interchangeably in PNG and Bougainville. While it should be recognised that these terms differ in meaning, in this report the terms are used interchangeably.

<sup>&</sup>lt;sup>2</sup> Papua New Guinea National Strategy to Prevent and Respond to Gender Based Violence 2016-2025

<sup>&</sup>lt;sup>3</sup> <u>Partners for Prevention</u> is a regional program for gender-based violence prevention in Asia and the Pacific implemented by four United Nations agencies: UNDP, UNFPA, UN Women and UNV.

<sup>&</sup>lt;sup>4</sup> <u>https://www.c-r.org/search#/?\_format=json&search=bougainville</u>

Government develops policies and strategies to channel services and development, plans and budgets. Most times they see NGOs as implementers. Since 2017, the ABG has been developing the Safe House Policy to guide ABG's support to safe houses. It has not been finalized, due largely to the change in government requiring time to brief new leaders on the issues. NCfR is the only NGO in Bougainville focusing on GBV and FSV and therefore occupies a unique role in informing and influencing political leaders. To ensure buy-in, sustainability and ownership by the ABG, awareness on GBV/FSV is an important step to be supported by NCfR.

The Referral Pathway and the BFSAC provide opportunities for partnerships. Through these mechanisms, NCfR is already networking with the Bougainville Police Service, the Buka Hospital through the Family Support Centre, Court, the Department of Community Development and the Department of Law Justice. NCfR's relationship with each of these partners is defined by the support that NCfR provides to them, such as trainings, awareness, and advocacy on human rights, GBV and FSV and gender equality. Programs also connect each of these government departments to NCfR. The ABG has piloted a Perpetrator Program with NCfR as an implementing partner whereby counselling for perpetrators is court ordered and the courts refers perpetrators to NCfR for counselling.

The first phase of the GJH project (2015 – 18) built on the *Funding Leadership and Opportunities for Women* project supported by the Government of the Netherlands. The primary focus of phase one was the prevention of GBV/FSV and support for survivors. Findings from an external evaluation noted that performance during phase one was excellent with all seven targets achieved or exceeded. Box 1 included at Annex 4.2 summarises the key outcomes and Box 2 summarises the key challenges of phase one of the project.

#### 1.3 From Gender-Based Violence to Gender Justice and Healing: Phase Two (current)

The focus on prevention of family and sexual violence and support for survivors continued in phase two, which commenced on 1 April 2018. The funding agreement for phase two concludes on 31 March 2023, with 1 October 2022 - 31 March 2023 envisioned as the project closure period to allow for final evaluation and preparation of an end-of-project report. The project is funded by the Australian Government in partnership with the Autonomous Bougainville Government and the Government of Papua New Guinea as part of the Pacific Women Shaping Pacific Development Program.

Phase two aims to build on the strengths of phase one which was found by an external evaluator to be contributing to nation building in Bougainville by encouraging relationships founded on respect and dignity and by increasing citizen responsibility and accountability (Ann Braun, 2018 Project Phase One Evaluation Report); and apply lessons learnt from phase one to improve on its delivery. It has continued to apply a comprehensive and multi-track approach, which is underpinned by the Gender at Work framework that looks at four key areas of how change happens: individual, institutional, formal and informal, with a focus on both practical and strategic solutions and ways of working.

The phase two design added one new element on women's economic empowerment (WEE) to the original theory of change developed for phase one, Figure 1, below.



The WEE Pilot is a new approach added to support and amplify women human rights defenders (WHRDs) achievements. Living and working in remote and rural areas provides WHRDs with limited opportunities for economic empowerment. NCfR saw a need to train and support WHRDs to become economically strong and independent so that they can engage with their communities to address GBV and gender equality. The WEE component is intended to enable them to continue their volunteer work to protect women and children. A scoping study was conducted in November – December 2019 that informed the design of the WEE pilot.

#### 1.4 Purpose of this Review

This review was jointly commissioned by IWDA and NCfR for the purpose of supporting NCfR to make evidence-based decisions about the direction of the project based on a common understanding of progress and reflections on successes, challenges, and upcoming opportunities.

#### 1.5 Methods and Limitations

#### **Review Planning**

Preparations for this review included a four-day reflection workshop held at NCfR in September 2021 and a two-day review co-planning workshop on 26-27 October facilitated by IWDA's Senior Program Quality Manager, Dr Tracy McDiarmid. Both involved senior program staff members from NCfR, field staff representatives from all the activities implemented by NCfR, and IWDA program managers. The co-planning workshop identified the key elements of the terms of reference (see Annex 4.6) for this review, including the purpose, draft key evaluation questions, roles of NCfR, IWDA and the external consultant, and the key steps in the process. Rather than making recommendations on the way forward from the perspective of an independent outsider, the planning workshop clarified that the external consultant would *facilitate* the co-development of recommendations based on primary data collected from NCfR and key project stakeholders and participants. The planned key steps for the review are summarized below (Table 1).

Step		Process		Who	
1.	Clarify Purpose	٠	Reflection Workshop	NCfR/IWDA	
		•	Planning Workshop		
2.	Engage Stakeholders	٠	Planning workshop	NCfR/IWDA	
3.	Assess Resources	•	Budget confirmed	IWDA	
		٠	Timing agreed (8-12 Nov)	IWDA/NCfR	
		٠	Logistics considered	IWDA/NCfR	
		٠	Consultants identified	IWDA	
4.	Determine Questions	٠	Planning Workshop	NCfR team/IWDA	
5.	Determine Methods	٠	Planning Workshop	NCfR team/IWDA	
6.	Develop Plan and Tools	•	Develop tools	Facilitator	
		٠	Gain ethics approval	NCfR SC <sup>5</sup>	
7.	Collect Data	٠	Gain informed consent	Facilitator	
		٠	Collect data		
		٠	Transcribe data		
8.	Analysis	٠	Preliminary analysis	Facilitator	
		٠	Sense-making workshop to		
			develop recommendations		
9.	Interpretation &	٠	Share findings and	NCfR SC	
	Dissemination		recommendations to NCfR team		
		•	Share outputs with key	NCfR Team	
			stakeholders and review		
		_	participants	IWDA	
		•	Develop communications products	IVVDA	
10	Apply Findings	•	Add report to IWDA website	IVA/DA /NCfD Director 9 50	
10.	Apply Findings	•	Prepare management response	IWDA/NCfR Director & SC	
		•	Use findings for January progress	IWDA/NCfR team	
			report	NCfR team	
		•	Implement recommendations		

#### **Review Implementation**

**Review Team**: IWDA arranged for primary data for the review to be led by a local, external facilitator, Roselyne Kenneth, with documentation support by a local assistant, Delphine Gatana. An international consultant, Dr Ann Braun, was also engaged to provide technical support on the evaluation plan, data collection tools, and with the preliminary analysis. Contextual factors had a strong influence on the way the review process was carried out in practice and will be examined in detail in the section below on review limitations.

Support to the review team included technical advice by IWDA's Senior Program Quality Manager, Dr Tracy McDiarmid, and a Steering Committee of key NCfR staff to guide the review.

Key Evaluation Questions: The review was guided by four key evaluation questions (KEQ):

- 1. What progress has been achieved against the project milestone deliverables?
- 2. What were the key barriers and challenges that affected the progress of the project?

<sup>&</sup>lt;sup>5</sup> SC: Steering Committee

- 3. What were the key intended and unintended outcomes and how were they achieved?
- 4. What is the way forward?

**Ethics**: Due to a decision not to collect primary data from survivors of GBV/FSV because of the risk of re-traumatisation and harm, and a focus on young human rights defenders over the age of 18, the review was determined to be a low risk research activity and was submitted to IWDA's ethics review process. A risk identification and mitigation process was conducted, and informed consent for data collection was secured from review participants (documents available on request). Photos were not taken at the Safe House in a compliance with their minimum standards. Names of clients are not used in the report to ensure confidentiality.

**Methodology**: Secondary data was reviewed as a part of the review process, including design documents, narrative reports and past evaluative activities, and primary data was collected in November 2021. Participants in the review included stakeholders from nine groups<sup>6</sup> and involved 39 women, 15 men, and one person with disabilities. The methodology included mixed methods via thirteen key informant interviews, with four people from NCfR, seven representatives from Government stakeholders (one each except two from the Court house) one from private sector. Thirteen focus group discussions and one sense-making workshop with key NCfR staff.

#### Limitations:

- **Timing**: The start of the review was delayed as the facilitator became ill and needed to obtain a negative COVID-19 test before data collection could commence. The AROB Community Government elections held in late November 2021 also affected the timeframe during which some NCfR staff and review participants could participate. The delayed start to the review combined with major communication constraints meant that only part of the data could be transcribed, systematised and subjected to preliminary analysis while the facilitator was present in AROB.
- Communications: Low connectivity and chronic power outages complicated the provision of technical support, requiring the facilitator to adapt her approach and methods for data collection. The most pragmatic solution was to use the evaluation questions from the terms of reference as the question guide for structured key informant interviews (KII) and focus group discussions (FGD) (see Annex 4.5 Evaluation Tools).
- **Collaboration**: Due to delays in confirming the review dates and contracting the consultants, there was a lack of opportunity for the review team to work together before commencement of the data collection phase. There was also reduced opportunity to gain clarification from both NCfR and IWDA during the detailed planning, and the quality assurance and ethics review steps planned with IWDA were necessarily reduced in scope.
- **Inclusion**: Despite the identification of people with disabilities and Organisations for People with Disabilities as important stakeholders during planning, an oversight in the production of the stakeholder list meant that they were not included as review participants. This limitation has resulted in a recommendation that disability inclusion be a focus of additional learning by NCfR.

The original intention had been to hold the sense-making workshop to present preliminary analysis and to identify recommendations with NCfR staff. Instead, due to the time limitations, the facilitator presented the systematised information on barriers and challenges (KEQ 3) and the way forward (KEQ 4) to the NCfR Steering Committee and several other senior NCfR staff.<sup>7</sup> This provided senior NCfR staff the opportunity to engage with and provide feedback on primary data from KIIs or FGDs

<sup>&</sup>lt;sup>6</sup> NCfR Staff, WHRDs, Male Advocates, Community Counsellors, WEE participants other than staff, Private Sector, Government, CSOs, YWHRDs.

<sup>&</sup>lt;sup>7</sup> One of the steering committee members could not attend due to illness.

held with the NCfR staff groups working in safe houses, with WHRDs, Male Advocates and the School-Based Program, plus WHRDs, Male Advocates, Community Counsellors and participants in the WEE) pilot.

The use of KEQs to directly guide the KII/FGD discussions combined with a structured approach to the interviews had some disadvantages, namely:

- The intention to use creative approaches in data collection (e.g., diagrams, drawings, videos etc.) was not realised due to the time constraints.
- Covering all the questions with each informant or group meant that the interviews tended to be broad and shallow rather than deeper and more narrowly focused. This reduced the detail, particularly in outcome stories and conversations about the way forward. It also meant that there was limited tailoring of questions for specific groups.
- The use of a structured approach resulted in little use of probing, follow-up questions to further clarify, or extend points made by the participants.
- The KEQ on outcomes did not narrow the scope to phase two, and the jargon word "outcome" was understood in a variety of different ways by participants. This affected the relevance and depth of some responses.

However, despite these limitations, the review collected significant primary data and included meaningful engagement with the primary intended audience, namely NCfR implementing staff and leadership.

## 2. Findings

This section summarises important contextual changes that influenced NCfR's operating environment over phase two and responses to the KEQs on milestone deliverables, project barriers and challenges, and key outcomes.

### 2.1 Context Changes

Over the course of phase two, several context changes influenced NCfR's operating environment and were noted in progress reports. In addition to water supply and drought issues noted in progress reports and the WEE Feasibility Study, which affected project activities and time availability of women participants, three external changes were particularly significant, namely:

- The advent of the COVID-19 Pandemic in early 2020
- The election of a new ABG in 2020
- An increase in Sorcery Accusation-Related Violence (SARV) in Bougainville.

#### COVID-19

COVID-19 reached Bougainville around April 2020. The Government of PNG and ABG invoked state of emergency measures in response to the pandemic which limited travel and impacted the supply of goods and services, including market produce. These measures restricted workshops, meetings of over ten people and resulted in school closures. This impacted negatively on NCfR's programs, particularly the School-based Program (SBP) and WEE pilot. A new NCfR employee was contracted for the role of WEE Project Coordinator however the delay in commencing the WEE pilot due to the impacts of the pandemic resulted in her diversion to the role of WHRDs Project Officer (North). The SBP experienced a 37% reduction in students reached during April – September 2020 in comparison to student reach reported during the same period in year one.<sup>8</sup>

A review participant noted: "COVID-19 has affected the whole Bougainville around April 2020. The GoPNG and ABG invoked SOE measures in response to the Coronavirus pandemic which limited economy. It's affected employment in Bougainville and disrupted local markets. This has had a significant impact on families and is responsible for triggering some family and sexual violence."<sup>9</sup>

A review participant noted: "Some NCFR staff may have fallen ill and thought to have COVID therefore required to do a COVID test or may have been in contact with a person thought to have COVID so has been classified a person of interest who should take time off to isolate. This has required them to take time off work to recover or to quarantine. COVID has disrupted all NCfR activities that involved travel and meetings. Exemptions for events involving more than ten people could only be issued by the ABG COVID-19 Pandemic Committee Controller, and these involved lengthy assessments. COVID has had a particularly strong impact on SBP and COVID reduced the timeframe to implement the WEE pilot<sup>10</sup>

The review finds the operating context for NCfR is likely to be impacted long-term by the COVID-19 pandemic. There is concern internationally that the COVID-19 pandemic may be protracted (The British Academy, 2021) and that the low vaccination rate in PNG may drive the emergence of new COVID-19 variants (The Guardian, 2021).

<sup>&</sup>lt;sup>8</sup> NCfR 6 monthly report 01/04/2020-30/09/2020

<sup>&</sup>lt;sup>9</sup> Review participant, Nov 2021.

<sup>&</sup>lt;sup>10</sup> Review participant, Nov 2021.

#### New ABG

The election of the new ABG in 2020 resulted in slow progress of the Safe House Policy that was started in 2017. It meant that NCfR had to brief the new Member for Justice, Attorney General and Independence Implementation Mission Justice Agencies to the issues before the draft Policy is tabled in Parliament for approval. *"The ABG had an election in 2020 and is now headed by a President who has made Law and Justice one of his six priorities. This is good but government is government and has its own priorities. The process of drawdown of powers takes precedence and takes up most resources. This has affected resource allocation by ABG, so the reality is that organisations like NCfR do not get support."<sup>11</sup>* 

"The new Government has new members, which means work for NCfR because we have to educate people. The ABG has been working on a Safe House Policy, but progress has been very slow. Without the Safe House Policy, NCfR continues to operate without formal government support. As a result, the grant to civil society by the ABG is only provided to the Bougainville Women Federation. Fortunately, a number of ABG members have started providing food to safe houses where members of their constituencies are seeking protection and refuge."<sup>12</sup>

#### Sorcery Accusation-Related Violence

An increase in Sorcery Accusation-Related Violence (SARV) in Bougainville has meant an increase in clients escaping violence from hot spots and requiring protection. This has further stretched resources such as staff, food, medical and clothing supplies in safe houses. A review participant noted that: *"Bougainville has experienced an increase in SARV. SARV is complex because it involves larger family groups, is a criminal offence, and requires mediation for peace building. FSV happens within family units at the family level. More SARV strains capacity for NCfR's FSV response. The recent killings in Haku and Nagovis resulted in heavy reliance on NCfR and the Hako Women's Collective when the issues emerged. This is a dilemma we have to deal with. NCfR is part of the Congregation of Sisters of Nazareth. We are a Church and have a religious vocation. We do not say no."<sup>13</sup>* 

Another review participant noted the difficult legal context "Laws around SARV need to improve too. A law and order response is needed to address SARV cases to complement what NGOs and CSOs are doing through awareness, advocacy so police, courts and correctional services all need to do their work too".<sup>14</sup>

#### Other

The review identified that NCfR has also experienced an important positive internal boost to its fundraising capacity and organisational sustainability as a result increased government support: "The NCfR now has a proper kitchen built using funds from training events pre-booked and pre-paid in 2018-19 by the Department of Law and Justice with support of the Justice Services and Stability for Development Program (JSS4D). The kitchen enables further fundraising by Nazareth Training Centre to provide for safe house client's needs, food, clothes and exit tickets for clients needing repatriation to other provinces in PNG."<sup>15</sup>

<sup>&</sup>lt;sup>11</sup> Review participant, Nov 2021

<sup>&</sup>lt;sup>12</sup> Review participant, Nov 2021

<sup>&</sup>lt;sup>13</sup> Review participant, Nov 2021.

<sup>&</sup>lt;sup>14</sup> JSS4D Interview, 2021.

<sup>&</sup>lt;sup>15</sup> Review participant, Nov 2021.

#### 2.2 Barriers, Challenges and Success Factors

Most barriers or challenges were mentioned in only a few KII or FGD, but COVID-19 was flagged repeatedly in GJH progress reports prepared since early 2020 and by participants in this review. Challenges relating to COVID-19 included vaccine hesitancy in clients/survivors and the co-opting of the Family Support Centre at Buka Hospital to accommodate the COVID-19 response team.

Staff in leadership roles also identified a cluster of project challenges which related to the structure and nature of NCfR programming in AROB. For example, due to the school calendar and other annual events in AROB, only seven months each year are available for implementing GJH/NCfR activities. COVID-19 disruptions compounded these short delivery timeframes. They also noted that NCfR is the only AROB organization working on these activities, contributing to many of the internal challenges identified by staff; there is often a misunderstanding about aid among community members; and the lack of formal recognition and accessible support from ABG complicates NCfR's programming context. They identified that the struggle for survival is paramount for most people, there is a lack of understanding of impacts of gendering process, the topics of GBV/FSV are hard topics to discuss and the occurrence of GBV, FSV and SARV is unpredictable which makes planning challenging.

The barriers and challenges identified by NCfR staff are presented in a table at Annex 4.4 and may be categorised into five main groups:

- **1. Financial constraints affecting survivors**, particularly additional costs such as an increase in repatriation costs, and transport allowances for clients and counsellors. At the time of the review, there were three families at NCfR run safe house waiting to be repatriated to their home provinces. NCfR staff were fundraising for airline tickets as this activity has not been part of the project. Staff also noted that the activities of Women Human Rights Defenders, Male Advocates and Community Counsellors may have been delayed due to financial constraints; this point should be further explored with staff during ongoing implementation to troubleshoot for future issues.
- **2. Logistics**, associated with the rural focus of NCfR including communication and networking limitations, inclement weather (including drought conditions in 2020), poor roads and transport, services located too far for clients to access, and a limitation due to Arawa having no local courthouse. The challenges to people's movement were also a broad challenge raised by NCfR staff.
- **3. Personal challenges** affecting staff and young WHRDs, included deaths of family members, family obligations, community criticism of their roles, and difficult husbands that did not support the work of women staff and young WHRDs.
- **4. Internal project challenges and organisational matters**, which included insufficient supervision of staff, long hours, burnout, and no regular rest breaks which contributed to low commitment from some staff; irregular male advocate team meetings; inadequate counselling rooms at safe houses; not enough of formal recognition for NCfR from authorities;; delayed delivery of trainings and variations from the expected work plans; challenges in collecting reports from community based WHRDs to help demonstrate programming impact; and insufficient capacity to meet the increased demand for services.
- **5. Safety and Security issues**, such as attacks on staff by perpetrators, theft of NCfR property, and a lack of respect shown for NCfR staff by some clients.

NCfR staff also identified a wide range of success factors, with **strong teamwork**, **strong networks with communities** and **strong support from NCfR** mentioned most frequently. Annex 4.4 includes a full table of enabling factors. Other additional factors may be categorised in the following three areas:

- **1. Growth in NCfR staff and partner capacities**, including the establishment of NCfR learning pathways, strong leadership, role modelling, effective monitoring, annual staff reflection, sharing and learning success stories, and strong commitment;
- **2. Strong relationships**, including establishment of strong referral pathways, support from NTC, local donors and service providers, donor partnerships and strong networks with local partner organisations; and
- **3. Successful project design and delivery**, including fundraising, safe house, disability inclusion, regular trainings and awareness raising activities, in-service training, support and supervision from schools and application of COVID-19 protocols at NCfR events.

A set of cross-cutting success factors were identified at the sense-making workshop, using primary data captured during the review as a starting point for staff discussions. These cross-cutting success factors are enablers or responses to challenges that synergise each other. They can also serve as a set of principles to guide and support NCfRs ongoing work with GBV/FSV and SARV. This review found that the key factors that enabled success were:

- Strong leadership from NCfR leadership as well as project team and in communities from Women Human Rights Defenders and Male Advocates.
- Strong team work and commitment to ongoing, long term leadership training dialogues, awareness and interventions
- Strong advocacy on human rights, gender equality at family, community and regional level
- Strong community ownership. An example shared by NCfR staff included initiatives by community counsellors, WHRDs, male advocates and peacebuilders to establish or build small safe homes and to be the first point of contact, particularly in Bana and Siwai, before survivors were sent to the NCfR Safe House.
- Enabling clients to return home, where they have land to grow food
- Effective monitoring of activity plans and implementation.
- Implementing programs that:
  - change attitudes at the personal and community level (for example, the peacebuilding program and the school-based program as a foundational and complementary building blocks),
  - provide opportunities for women in communities to earn income through NTC and WEE work), and
  - o provide for personal and spiritual growth for clients.

The sense-making workshop identified enablers or responses for helping to reduce, at least partially, many of the constraints identified by staff. These are summarised in Table 3.

Barriers			Current and Proposed Enablers/Responses		
a)	COVID-19	•	Safe houses are open and taking clients with compliance to		
			COVID-19 protocols		
b)	GBV/FSV and SARV are unpredictable and repatriation costs put	•	NCfR fundraising (by selling food grown in NCfR gardens and donations from overseas friends) for airfares for people to be repatriated to PNG provinces		
	pressure on budget and on staff	•	The NCfR gardening enterprise feeds clients, their children and the safe houses in Buka, Arawa and Buin as they lack land to grow food. The enterprise does not generate enough funds to cover		
Fo	r example, repatriation		repatriations.		
•	ten of PNG women	•	Occasional donations from families of clients and other		
ma	arried to Bougainville		supportive allies (e.g. Catholic Bishop's Conference)		

Barriers	Current and Proposed Enablers/Responses
men) is costly and currently done with community/NTC support; no financial support from GJH project for this	<ul> <li>Training by the NCfR director provided to other organisations is a source of funding to cover needs of nuns involved in NTC and NCfR</li> </ul>
c) Lack of Government support to GBV/ FSV work	<ul> <li>Strengthening of connections with the Department of Community Development (DCD) (e.g., making the FSVAC committee aware of trends in FSV and GBV and what it costs to run services)</li> <li>Progression by the DCD of the Safe House Policy</li> <li>NCfR made a submission for support to PNG parliament which: outlined root causes and structural dimensions of gender-based violence (GBV); documented challenges faced as a front-line GBV service provider; shared NCfR's lessons which can be applied to other contexts and made recommendations for immediate and long-term measures the government can action. IWDA engaged a PNG Woman Leader to do the submission, and the NCfR Advocacy Officer is also advocating to the PNG government</li> </ul>
d) Minimal understanding of aid (external funding) in communities, eg demands for sitting fees	<ul> <li>Ongoing awareness-raising to communicate to communities:         <ul> <li>The nature of aid (it comes and goes, and does not cover all costs)</li> <li>Training by the NCfR director provided to other organisations is a source of funding to cover needs of nuns involved in NTC and NCfR</li> <li>The 'no sitting allowance' policy is designed so that communities take ownership of the knowledge and skills gained at events run by the project.</li> <li>More funding should be provided to activities that teach life skills and those that bring empowerment at individual level as well such as supporting WHRDs who form groups known as learning circles. Through learning circles, WHRDs exchange ideas and even resources to support one another for economic development. For example, one of the WHRDs raised pigs. When her sow had a litter, she shared piglets with those in her circle to go and raise and sell to raise funds.</li> </ul> </li> </ul>
e) GBV and FSV are hard topics to discuss	Peace building program complements GBV and FSV work
f) Delays to commencement of WEE pilot	<ul> <li>Strong community buy-in of WEE, but need programming to start</li> <li>A monthly market at Suir could enable more activities with Tinputz women selling food crops, vegetables and kaukau (sweet potato); Suir women selling peanuts and choko (green leaves), and coastal women selling fish</li> <li>Encourage links with community sports activities to encourage planting of backyard gardens to produce food for survival and sale.</li> </ul>
g) Family Obligations	• Roster plans. Staff produce roster plans to cover work when other staff members need to take leave due to family obligations such as death or illness of family members.

Barriers	Current and Proposed Enablers/Responses
<ul> <li>Barriers         <ul> <li>h) Lack of ongoing funding and support from the ABG</li> </ul> </li> <li>For example: DCD has made commitments (e.g. PGK 20,000 for IRWD, without informing NCfR) but has not followed through (has not paid, so service providers turn to NCfR)</li> <li>i) Communication For example, poor network, damaged phones, vandalized phone towers makes communication with IWDA, WHRDs YWHRDs MAs and CCs in rural areas difficult. Lose many volunteers due to</li> </ul>	<ul> <li>Current and Proposed Enablers/Responses</li> <li>This links closely to c) ABG support for GBV/FSV services.</li> <li>An ABG Parliamentary Committee needs to be set up for GBV/FSV; some ABG members (from Suir and Kopi) are connecting from their constituencies (resulting in celebration of International Rural Women's Day in Oct 2021; local women provided the budget, NCfR contributed safe transport from coastal and middle Suir women and a PA system).</li> <li>Initiate discussions with DCD around cost-sharing for events (16 days of Activism and International Days). Build on existing cost-sharing where DCD provides child protection training and NCfR provides GBV training and do these together.</li> <li>DCD is a natural link for NCfR (they are responsible for safe houses). Also NCfR needs to liaise with PNG DCD as a way to increase the effectiveness of ABG DCD. NCfR needs to liaise strongly with DCD in order for DCD to understand their work and provide more support.</li> <li>Use pull and push strategies simultaneously/side-by-side to work on Government to work with Churches to support of CSOs such as NCfR. The government needs to realise that ministries provide whether there is money or not, it's their mission, it's about people. Government needs to realise this and provide support)</li> <li>NCfR uses other means when available (e.g., letters delivered by staff)</li> <li>Staff noted that due to COVID-19 NCfR has been learning virtual technology approaches</li> </ul>
<ul> <li>issues.</li> <li>j) Transport</li> <li>For example, the use</li> <li>of project cars in</li> <li>conflict-affected</li> </ul>	<ul> <li>NCfR has learned that it's best to hire vehicles. This makes transport even more expensive.</li> </ul>
areas is risky. k) Networking	<ul> <li>Take meetings/workshops/trainings to communities. More workshops could be run at HWC to further build capacity so that they can extend reach to all constituencies on Buka Island (Halia, Hagogohe, Tsitalato, Petit)</li> </ul>
<ul> <li>I) Young Women</li> <li>Human Rights</li> <li>Defenders facing</li> <li>difficulties from</li> </ul>	<ul> <li>WHRDs from different parts of AROB supporting each other.</li> <li>Ongoing sharing and learning needed; invite husbands, adults and youths to workshops</li> </ul>

Barriers	Current and Proposed Enablers/Responses		
communities and			
spouses			
m) Arawa has no court	• Encourage court circuits and trainings for village courts to give		
house	them skills to draft Protection Orders and Interim POs		
n) Welfare offices far	• Strong referral pathways combined with client case management		
from Safe houses	help mitigate this problem		
o) Burn out	Staff can take leave when required.		
p) Demonstrating	• Use trainings to collect information about how life skills are		
impact	changing as a result of project activities (e.g., what women are		
	selling and how they are using the money)		
	• The transformations at Bana, Tangari and Soatakap (NOTE: these		
	are documented in the 2018 end-of-phase report) are leading to		
	leaders referring to NCfR as the University of Life Skills		
	• Track results of community government elections to demonstrate		
	links to NCfR trainings/activities		

#### The COVID-19 pandemic represents a fundamental shift in NCfR's operating environment

Corona virus first reached Bougaiville around April 2020 so NCfR staff had to adjust operations by starting weekly staff meetings to inform staff on the pandemic and subsequent Government of Papua New Guinea/Autonomous Bougainville Government State of Emergency restrictions. Most of the activities of the GHJ project require gatherings and NCfR has had to make adjustments to comply with the restrictions. NCfR had to upgrade safe houses and men's hubs' hygiene and sanitation practices, facility reconfiguration and adapting client entry systems to ensure a COVID-19 safe environment. The Nupela Pasin (New Way of Living) allows a maximum gathering of ten people to minimise community transmission. To hold events of over ten people exemption is required from the Regional Pandemic Controller. At each of the events, personal protective gear such as masks are worn, sanitizers are always made available, social distancing and personal hygiene to ensure a COVID-19 safe environment. Staff were also restricted to attending public events and meetings and travelling to other regions so used telephones to give and receive updates from other regions. These were also confirmed by the six monthly report for the Pacific Women Support Unit for the reporting period 01/04/2020 to 30 September, 2020. NCfR also incorporated awareness raising on COVID-19 prevention.

NCfR applies a risk based approach. At the time of the review, fourteen staff had taken the vaccine.

#### 2.3 Milestone Deliverables

Table 2 summarises milestones deliverables compiled from GJH progress reports (available in Annex 4.3). Table 2 compares performance in year one (2018/19), year two (2019/20) and for the first half of year three (Oct 2020 – Mar 2021).

- In **year one**, GJH achieved or exceeded all milestone deliverables with one exception. The WEE pilot scoping study took longer than expected and was completed in December 2019.
- In year two, despite the advent of the COVID-19 pandemic in 2020, GHJ achieved or exceeded six of eight milestones. For the milestone on new and existing WHRDs, only 62% of the target was reached, but this shortfall was made up in year three, when the target was exceeded. For WEE, the implementation of the WEE pilot was deferred to year three due to the COVID-19 pandemic State of Emergency declared by the Government of PNG and ABG.
- Progress in **year three** is on track to achieve annual targets for half of the milestones and has already exceeded the target in the case of three milestones. For WEE, planning has commenced in the first half of 2021.

#### Table 2. Summary of Progress Against Milestone Deliverables

<b>Rating (R):</b>   Exceeded $\sqrt{\checkmark}$   Achieved $\checkmark$	Partially Achieved ~	Not Achieved x   Data Not
Available 🔪		

	Annual Target	2018/19	2019/20	2020/21
1	<b>400</b> women and children who have experienced family and sexual violence have been provided with crisis services by NCfR and WHRDs.	~~	$\checkmark$	On Track
2	<ul> <li><u>200</u> new WHRDs will have increased skills and knowledge to undertake community based education and advocacy.</li> <li><u>200</u> existing WHRDs will continue training and skills development.</li> </ul>	~~	١	$\checkmark\checkmark$
3	NCfR, Bougainville WHRDs and male advocates have contributed to/ influenced the development of at least <u>5</u> advocacy instances: a) legislative changes, b) policies, c) programs, d) actions, and/or e) budget allocations) to address family and sexual violence.	√	$\sqrt{}$	On Track
4	NCfRs financial management and human resources systems reviewed, updated and strengthened. Review of counselling services against national and international standards.	1	~	On Track
5	WEE pilot design completed.	١	١	~
6	<b>100</b> male advocates will have the skills and knowledge to lead initiatives focused on ending family and sexual violence; and advocating against family and sexual violence.	$\checkmark\checkmark$	$\checkmark\checkmark$	$\checkmark\checkmark$
7	<b>1,000</b> boys, girls, young men and young women will be supported to develop non-violence attitudes and behaviours.	~~	$\sqrt{}$	On Track
8	<b>100</b> men, including those who have perpetrated family and sexual violence and children have received counselling services to change their behaviour.	~~	$\sqrt{}$	$\sqrt{}$

#### **Quotes from NCfR Staff**

"Project milestones have been exceeded and we've reached new areas including the Bana District of South Bougainville. We've delivered Gender and Human Rights and FSV training in upper Lato – the area where a horrendous sorcery accusation related killing occurred in 2013."

"Work on the ABG safe house policy is progressing, but very slowly."

"Community Male Advocates and Community Counsellors are proud that the number of women or children who were referred and supported towards quality services was exceeded."

"The WEE pilot commenced operation planning in March 2021 after a delay due to the COVID-19 State of Emergency declared by the government, and we are ready to implement!"

"We've had some setbacks in the School-Based Program and not only because of COVID. In one primary school SBP was not implemented at all because our work is disputed by the head teacher. Doputs and Siara schools didn't deliver all modules, but the program progressed in seven schools, including off school activities in Sokela Tangari and Sanakoba.

"All Male Advocates (MA) activities were achieved. We completed all MA trainings."

"Safe house milestone targets were exceeded."

*"WHRD work exceeded target milestones. We achieved completion of nine trainings (three new, six existing."* 

#### 2.4 Outcomes

The outcome stories shared by NCfR staff are grouped here according to the five outcome areas in the theory of change (refer to Figure 1 for the theory of change).

**Outcome area 1**: Survivors of family and sexual violence have increased access to high quality rightsbased support services provided by civil society organisations (CSOs), community-based organisations (CBOs) and government.

- 1. "There is a big difference today having safe houses. When there were no safe houses, clients would escape to relatives' places. These places were either safe homes or not but the clients had no choice. With organized systems, clients know where services are and call or turn up for help. With the availability of safe houses, clients have a safer choice. Over the course of phase two, the client case management process has grown stronger. When they arrive at a safe house, the first step involves an initial assessment used to guide the intervention: staff make a call on whether the risk is high or low. Then [the] intervention that follows depends on the needs of the client. Whether the client needs counselling or support with Interim Protection Orders or Protection Orders, then safe house staff start actioning this. At later stages, they use case reviews to check whether the client is ready to disengage. Case management is key for helping staff understand what services to undertake."
- 2. "When one person passes on information, we get a ripple effect. For example, in 2021 a woman hopped on a plane to escape violence in Port Moresby. On arrival in Buka, she was connected to the NCfR."
- 3. "More clients are accessing NCfR services as can be seen by comparing milestone deliverables from phase two to those reported in 2018 in the end of phase evaluation for phase one."
- 4. "The training NCfR has provided to the Hako Women's Collective on FSV and safe house management has really paid off. In May 2021 an internal conflict arose in Lontis Village over the suspicious death of a young woman. This led to her family burning the houses of suspects and physically attacking them. Over 200 people were displaced, and five families sought refuge at the safe house run by the Hako Women's Collective. Without the safe house facilities and well-trained staff in Haku, the survivors would have sought refuge at NCfR-run safe houses."
- 5. "The referral pathway has become stronger over the course of phase two of the GJH project due to the reopening of the safe house at Hahela, Buka in 2020, with funding from DFAT through JSS4D. The original safe house was in a rented building and had to be closed during phase one due to serious problems with the building. It can [now] accommodate clients and is accessible due to its location."
- 6. "If clients call us in the night from a risky area, a female police sergeant from the FSVU in Buka goes to the location, picks them up and brings them to the Buka Safe House. Once the clients are at the safe house, safe house staff take over the process. The Bougainville Police Family and Sexual Violence Unit (FSVU) does not need to write up reports and documents any more. Safe house staff have been up-skilled to draft Interim Protection Orders (IPOs) and statements. Previously Police would pick up clients, and prepare the documents. Network partners have now been trained to do that [thereby] freeing up police to pick up clients and

make arrests when required. This makes the process easier and safer, with less need to move clients around. If they need medical examination, police can provide private escorts. The work done by safe house staff shortens the process."

- 7. "Police are bringing cases to NCfR for safe accommodation and public solicitors provided training on SARV in Rabaul. Two staff members from NCfR attended a training on SARV and after people heard of their work, they started making referrals."
- 8. "Safe houses are a key part of our work, and we start with a first assessment of whether the risk is high or low then intervention follows depending on this and may involve a combination of counseling, drafting of Protection Orders, and providing safety."
- 9. "Client case management is critical. It involves, protection, and medical examination. Case reviews check whether the client is ready to disengage. Case management is critical for understanding what services still need to be undertaken. All safe house counsellors have been trained in case management and [are expected to] come in for supervision."

**Outcome area 2:** Bougainville WHRDs and male advocates are empowered, raise awareness and demand increased resourcing from Government for responses to and prevention of family and sexual violence.

- 1. "NCfR's Learning Pathways have increased the knowledge and skills of WHRDs and MAs enabling them to become Ward member candidates. For example, in Haku three WHRDs contested the November 2021 ward elections and one of them was elected. Leadership training has been integrated to the GBV/GHJ program learning pathway. Participants have gained deeper understanding of human rights and the associated international conventions, and the impact of the unequal power relations between men and women. They also understand more about how gender roles are learned, where they are learned and how the gendering process contributes to the un-equal distribution of labour and privileges between men and women, boys, and girls."
- 2. "In years two and three of phase two of the program through the counselling training, the participants from Bolave in Bana District and Suir Constituency in Selau District, formed very active rehabilitation teams to address trauma and violence in their Constituencies. They are providing Trauma and Violence Awareness Education and also counselling and therapy."
- 3. "SARV is a complex because it involves the larger family group. This has to be dealt with under the Criminal Offences Act. The Department of Law and Justice and JSS4D have supported the 'Text Blasting' which included information on safe houses and telephone numbers. NCfR mentioned an increase in enquiries. NCfR have to deliver services to fill the gaps and challenges. The GBV/GJH program was very good during COVID-19 and with the Haku situation in enabling support to survivors."
- 4. "Young women are starting Young Women's Associations groups in their communities. In Busbin, for example, a young woman is mobilising other young women as well as some mature women to make and sell arts and crafts. They also organised a celebration of International Children's Day this year in their community. She enjoys strong support from her husband who started a men's group focused on working with the women on their programs and supporting men who need counselling.

5. These women are motivated by their experiences as victims of violence related to land grabbing. Community members have been selling land to people from other parts of Bougainville. There is an assumption that because the Busbin community is near town that they have access to all services. Like other communities, they also need advocacy and awareness."

**Outcome area 3:** Women and men have the skills to challenge and change unequal gender norms and relations at family and community level.

- 1. "We have increased requests by communities for training on NCfR learning pathways."
- 2. "We are seeing changes in men. Following the awareness work we have been doing in Bana, men are now turning up to the safe house with clients. Men are also changing their attitudes and helping us."
- 3. "These are changes that not only developed overnight but over a period of time after conducting many awareness [sessions] and advocacy work defending people's rights, providing educational sessions and community trainings. I have seen mothers no longer abusing their children after conducting awareness in one of the communities we have reached. And husbands too are now sharing roles and there is equal participation. Women can go to the gardens and return around 4pm in the afternoon and the husbands are already cooking dinner for the family. This is not a usual sight therefore it is telling me that changes are happening as a result of our awareness (September, 2019)<sup>16</sup>
- 4. Data collected showed that through the School Based Program, students were changing their negative behaviours for positive change and respectful of others. For example, after the SBP, students started helping their parents and other students.<sup>17</sup>
- 5. *"GJH is a behaviour-change program that works in two different ways, through counselling and learning pathways."*
- 6. "Our program engages the community, so we do trainings. This helps people realise, for example, that in SARV people are killed for nothing. That realisation comes up through trainings on human rights, peace building, male advocacy training, and training on management of violence."
- 7. "Our early experiences led to the realisation that targeting individuals and working with key partner organisations such as the Hako Women's Collective was effective and offered opportunities to extend the reach of the program deep into rural areas of Bougainville."
- 8. "Bougainville is still recovering from conflict. Those engaged in this work must own what is happening and really give our time. Peace-building work is a foundation for and complements GBV work in Bougainville. Through peace-building work, people realise that FSV/GBV are forms of structural violence and they start requesting gender, human rights and GBV/FSV training."

<sup>&</sup>lt;sup>16</sup> From Gender Based Violence to Gender Justice and Healing Phase 2 6 Monthly report for the Pacific Women PNG Support Unit. 30 September, 2019 to 30 January 2020.

<sup>&</sup>lt;sup>17</sup> From Gender Based Violence to Gender Justice and Healing Phase 2 6 Monthly report for the Pacific Women PNG Support Unit. 01 April 20-30 September 2020.

**Outcome area 4:** Violence-supportive attitudes and behaviours of men and boys who have perpetrated family and sexual violence are transformed.

 "A man who attended Planim Save (Plant Knowledge) training once in 2019 changed his behaviour with his family and in his community. He had a long history of intimate partner violence, abusive language and his children had been affected by his violence, but he has now put this behind him. This Planim Save program was funded by UN Women and implemented by NCfR in South Bougainville."The GJH project continued to provide awareness on human rights and gender equality in communities which ensured lessons from the Planim Save were sustained and continued.

**Outcome area 5**: Nazareth Centre for Rehabilitation has increased organisational sustainability to implement high quality programs and services.

- 1. "We are addressing the recommendations of the Family Health and Safety Study conducted by UNDP and in 2012-13. Bougainville became one of sites of this regional study. Without the GHJ, no one would have looked at the recommendations in Bougainville."
- 2. "All NCfR staff know the six Washington Set questions on disability. Women and children who come with disabilities to NCfR and safe houses are given special care and consideration even though disability is not a core business of NCfR but whenever confronted with the issue, NCfR pays special attention and consideration."
- 3. "NCfR has advanced in the development of policies for Prevention of Sexual Exploitation and Harassment (PSEAH), Child Protection, Code of Conduct, and Fraud. The fraud policy needs finalizing. Organisations such as Femili PNG are learning from NCfR about the development of this set of key policies."
- 4. "The clients at safe houses present with different issues. This has also helped NCfR staff to differentiate between different types of violence. Clients provide realistic examples through their behavior. This gives us ideas on how to organize modules, learning pathways in villages and communities."
- 5. "The NTC Kitchen was built using funds from Law and Justice and JSS4D who in 2018-2019 pre booked and pre-paid for trainings and we used the kitchen to further fundraise to provide for clients' needs, food, clothes and exit tickets for the repatriation of some mothers and children. Everyday clients eat locally grown food--kaukau and vegetables. Using funds earned through catering for workshops, the Nazareth Training Centre has expanded its activities to provide catering for more workshops and trainings held at NCfR."
- 6. "We've influenced a wide range of legislation and policies:
  - PNG Family Protection Act passed in 2013
  - GoPNG Lukautim Pikinini Act passed in 2011
  - GoPNG GBV Strategy passed in 2016
  - ABG BWF Act, passed in 2020
  - ABG Safehouse Act, drafted in 2017"

7. How Advocacy<sup>18</sup> Has Increased NCfR Visibility: Feedback from Agnes Titus, NCfR Advocacy Coordinator

My role as the Advocacy Coordinator requires that I fully understand the project goal, outcomes, outputs and how activities are connected to the overarching goal because I advocate for the project at all levels.

Having worked for the Bougainville Copper mine as a Welfare Officer, I continue to use that experience. I used to do referrals to government welfare officers who were well skilled and resourced prior to the crisis. That gives me insight into the work of the Safe Houses and Male Advocates.

I advocate for extra funding for NCfR to continue programs. I also advocate for resources to repatriate mothers and children who come from other provinces in PNG. I do this by talking to leaders and bureaucrats from the Government of PNG. Whilst in a meeting in the East New Britain Province, August 2021 I met the Secretary of the GoPNG Department of Community Development and told him about issues in Bougainville as part of the post conflict situation such as the difficulties of mothers and children to exit to PNG from abused relationships in Bougainville. They have connected with NCfR and the GoPNG will consider funding support.

I use every opportunity to advocate. I can talk when confronted with something, and talk about it well. Advocacy has brought about visibility of NCfR throughout Bougainville. There is also visibility of all our good work at the regional, national and an international level. Some of those we have reached provide funding support, others provide technical support, networking, economic opportunities such as consultancies.

Stakeholders now include many international partners such as IWDA, DFAT, NZAID, EU, UN, the British and Swedish Governments, Queensland and Macquarie Universities in Australia, UN Women, IFES, UNDP, DFAT and its programs the Pacific Women Program, JSS4D, International Women's Development Agency, Plan Australia, The Global Partnership Prevention of Armed Conflict, IFES and Conciliation Resources. As of 2020 we have Plan International as a new networking partner on SARV.

Our in-country partners include the Government of PNG, the University of Goroka, the PNG National Research Institute, CIMC, the Family and Sexual Violence Action Committee, Jiwaka Women for Change, the Catholic Church, the ABG Departments of Education, Law and Justice, Community Development, Police, Courts and of course the Congregation of Sisters of Nazareth.

Through advocacy, NCfR is part of the Meri Gat Power Project that disseminates information in PNG. The project is under Shifting the Power, Coalition, which comes under Australian Humanitarian Action AID. Action AID Australia is one consortium that puts NCfR on the radar of the Australian Government. The inception workshop for Meri Gat made clear the relationship between Action AID Australia and DFAT. PNG responded to people not receiving information on COVID-19 so did an information blast reaching 6.3m people in PNG and

<sup>&</sup>lt;sup>18</sup> The Advocacy officer was appointed in 2015 and built on the work carried out by the Director since the 1990s during the peace process. By 2015, the Director had already established relationships with the CIMC, FSVAC, PNG Council of Churches and internationally with partners such as the governments of Australia, New Zealand, UK, and US, UN Agencies, and IWDA.

Bougainville. Plan International asked the Meri Gat Information project to provide more leaflets on COVID-19 in Tok pisin and English.

The Advocacy officer is the focal point for any advocacy on gender-based violence and also about COVID-19 and the vaccine. Information is being amplified by connecting to shifting the Power. Our information gets magnified by our partners. There is passion and commitment for advocacy.

8. "Strong leadership has contributed to the success of the NCfR – some ideas came from Bernard Narakobi's book "Life and Leadership in Melanesia."

*9. "The project depends on staff contributions and commitment. Understanding project management has given staff ownership."* 

#### **Unintended Outcomes**

The review identified two unintended outcomes during phase two, both related to the COVID-19 pandemic. The first is related to Outcome Area 1, the second to Outcome area 5.

- 1. "Due to the COVID-19 pandemic, NCfR secured funding from the GHJ project for a new safe house for women with children located near the Chabai Safe House."
- 2. "Due to the COVID-19 pandemic NCfR has been learning virtual technology approaches and staff are being invited to Zoom meetings."

Box 1 summarises the most significant positive impacts, despite COVID limitations, according to NCfR senior staff

#### Box 1. GJH's Most Significant Positive Impacts

- Empowerment of rural women to become leaders in families, communities and in the region. Staff noted that women have grown as strong leaders in their communities, supported by the trainings received by NCfR on topics such as leadership, the 12 Critical Areas of Concern of the Beijing Platform for Action, the Sustainable Development Goals and the 16 Days of Activism. Staff noted that this information had strengthened and empowered women to stand up and compete in the Community Government elections to become Ward Members, and shared an example where women leaders of Selau and Suir Constituencies decided to regroup and rebuild the Selau/Suir District Women's Federation. Through the WHRD program, women from the executive approach Sister Lorraine from NCfR who arranged a tailor-made training for them. During the training, a call for reconciliation between the women of both constituencies was made, and Sister Lorraine supported them to come together to learn and regroup themselves. As a result, they arranged for a reconciliation ceremony between the two constituencies which coincided with International Rural Women's Day and World Food Day.<sup>19</sup>
- Positive changes in men following the awareness work we have been doing, men are now bringing clients to the Safe House with clients and also changing their attitudes. Staff shared the observation that men seem to be supporting their wives more, especially to attend trainings as these are believed to have helped the women advance their knowledge and assisted them through women's economic empowerment.
- Establishment of networking with ABG constituency members and referral partners
- Increased in clients coming to all the safe houses for safety
- Increased demand for NCfR trainings. Community intervention has expanded more trainings to Haku, Marai, Bana, Vito, and Soatakap. People are hearing about the trainings and coming to attend.
- Expansion to new locations mainly in Lato and Lule in Bana where SARV is high. This was made possible due to the peace building program and strong networking in communities. People involved in SARV cases are protected by accommodating them at safe houses while peace builders work with community chiefs to intervene in the community.
- Young women are starting Young Women's Association groups in their communities, which NCfR staff believe will assist them in setting up a program to cater for both theory and practical skills for young women.

#### 2.5 Ideas to inform 'The Way Forward'

In this section the review summarises stakeholder feedback to NCfR on the GJH project followed by NCfR views on the way forward. Seven key interviews were undertaken with stakeholders from both government (Law and Justice Department, Department of Community Development, Education Department and the Bougainville Police Service, Family Sexual Violence Unit, the Buka Court House, the Buka Hospital Family Support Centre); private sector; development partners and civil society organisation using the following questions:

a) Are there any significant context changes since 2018 affecting FSV and the services responding to it in ARoB?

<sup>&</sup>lt;sup>19</sup> For full details of this event, see the narrative report for Year Four, quarter one.

- b) Are there any challenges in your partnership with Nazareth Centre for Rehabilitation (NCfR) in FSV work?
- c) Are there any opportunities for strengthening/improving your partnership with NCfR in FSV work?
- d) What have you and NCfR achieved together since 2018

#### 2.5.1 Stakeholder Feedback

A summary of key aspects of the relationship with NCfR during the project to date is presented below.

#### Law and Justice Department

The review team was informed that NCfR and the Department of Law and Justice have a positive working relationship.

"Through the JSS4D, we support NCfR through funding for infrastructure (Hahela and Buin Safe houses and supplies some items and food needed by clients at safe house. We also provide support to all safe houses and Hako Women's Collective intervention Centre. Juvenile Justice another area under FSVC that the Law and Justice Department provides support with to NCfR. We provide support to the Mabiri Juvenile Justice Centre through NCfR. This has enhanced access to services. On all awareness programs, NCfR are part of the program. NCfR provide information on the 'SMS blast' to disseminate information on the Referral Pathways and where to get assistance for FSV and on the COVID-19 pandemic. They contribute to the context of the awareness. We also provide capacity building and awareness on the Family Protection Act." The Perpetrator program is a pilot program by the Department with NCfR as a key partner. If the ABG agrees to continue the program, NCfR will be a key stakeholder to provide counselling and training.<sup>20</sup>

#### **Department of Community Development (DCD)**

#### The Review team was informed that:

"DCD is the key Department connecting NGOs and CSOs to the ABG and is already working closely with NCfR whereby we do referrals of clients to NCfR. "NCfR supports us with awareness on the Family Protection and the Lukautim Pikinini Acts"

"Both organisations can build on this and progress policies that are not yet approved such as the Safe House Policy". "NCfR has a lot of data and experience that can be used to influence and fast track decisions". "Given all the work that NCfR does, we would like to see NCfR contribute more to the strategic discussion as they have the information and can influence polices like the Safe House policy. They must contribute strongly to strategic discussions and tell us the support needed".<sup>21</sup>

#### Family Support Centre (FSC)

The Family Support Centre in Buka is co-located within the Buka General Hospital as they provide medical and psychological support to the survivors of violence. "As a key partner in the Referral pathway and a member of the Bougainville FSVAC, NCfR already works closely and complements our work"<sup>22</sup>." We require a lot of support from NCfR following the loss of the Manager in April 2021, taking away a lot of knowledge, contacts and relationships with referral pathway stakeholders". "NCfR has started engaging with us through Male Advocates who make referrals." "We continue to see clients' experiencing intimate partner violence, sexual and physical assaults. Based on clients' requests, we make referrals either to the Police or safe houses. We see an average of five clients a day. Between September and November 2021, the number of clients we saw rose to ten per day. One of the reasons for this increase in clients is the fixed internal pathways with the Hospital: the

<sup>&</sup>lt;sup>20</sup> KII with Law and Justice Department: December, 2021

<sup>&</sup>lt;sup>21</sup> KII with DCD: December, 2021

<sup>&</sup>lt;sup>22</sup> KII with FSC: December, 2021

Outpatient Department now sends those presenting with FSV related injuries to us. Previously, they would just be treated for injuries and sent home. We provide counselling, does medical examinations and gives treatment. NCfR provides safe houses to our clients and together with NCfR we provide counselling<sup>23</sup>.

#### Bougainville Police Service – Family Sexual Violence Unit-Buka

Family Sexual Units implement the Family Protection Act and Lukautim Pikinini (Child Protection Act) in Police Stations. "We would like counselling training for our new staff from NCfR so they can identify issues when called to assist clients".<sup>24</sup>

#### **Court Houses**

"There is partnership between NCfR and us as we issue Protection/Interim Protection Orders."<sup>25</sup> There are opportunities for strengthening/improving the partnership of the Senior Provincial Magistrates with NCfR in FSV work. When Magistrates make referrals to NCfR safe houses, victims' needs are prioritized. Magistrates also send perpetrators for counselling. Courts would like to work more closely with NCfR and receive feedback/reports on perpetrators who are referred for counselling. The review was informed by the Magistrates that both NCfR and Courts need to work closely on the format for Interim Protection Orders and Protection Orders as the Court requires a standard format for preparing them that is in line with the District Court format. This is slightly different from the format that the NCfR uses. However, Magistrates are lenient and allow applications from NCfR not using template used by the Courts.

#### **Education Department**

NCfR has restarted engaging with the Education Department. "A Memorandum of Understanding on support to the SBP was signed in 2017 under a Secretary who has passed on. NCfR needs our support with the School-Based Program and the we need the services of the NCfR to counsel students who have disciplinary issues and trauma.<sup>26</sup>

#### **Private Sector**

"Partnerships with private sector are crucial to NCfR's operations, in particular transport and accommodation providers (including hire of conference areas). For example, I have negotiated for reasonable rates with transport companies and advocated for the safety of passengers who are mainly women. These safety considerations influence the transport companies NCfR hires from, and the negotiation of services has allowed NCfR to reduce project costs in addition to reducing risks for clients and staff"<sup>27</sup> "I see the positive impact that the programs run by NCfR has had in bringing normalcy to my area and have decided to support NCfR with my resources such as a hire car, conference centre and accommodation".<sup>28</sup>

#### **Development Partners**

Development Partners provide crucial funding to NCfR. The partnership with IWDA provides a source of funding via DFAT through the Pacific Women Program (since 2015), in addition to technical support for the GHJ project. "Through our Program, the Australian Government provided funding for safe houses as well as support for clients and trainings and awareness for Women Human Rights Defenders, Male Advocates and Community Counsellors on leadership and gender trainings."<sup>29</sup>

<sup>&</sup>lt;sup>23</sup> KII with FSC: December, 2021

<sup>&</sup>lt;sup>24</sup> KII with FSVU Staff: December, 2021

<sup>&</sup>lt;sup>25</sup> KII with the Buka Court House: December, 2021

<sup>&</sup>lt;sup>26</sup> KII with the Education Department: December, 2021

<sup>&</sup>lt;sup>27</sup> KII with NCfR Director: December, 2021

<sup>&</sup>lt;sup>28</sup> KII with Private Sector rep" December, 2021

<sup>&</sup>lt;sup>29</sup> KII with NCfR Director: December, 2021

"The relationship between NCfR and us is growing. While NCfR practices a good level of recording and data collection, there remains a significant amount of materials that could be recorded and archived. This information holds the institutional memory of the work by NCfR since its inception and lessons that can be learnt from Chabai. Much information remains in the head of the Director and other senior staff; documentation of this information would be valuable for stakeholders and for the future of Bougainville. NCfR's Director is the CSO representative in the Law and Justice Coordination Mechanism, the decision making body, and has a positive reputation with key stakeholders who would welcome strategic prioritizing from the Director on where to focus attention amongst competing priorities so some of their work is pushed through to a policy level. "Sustainability of programs in society sit with NCfR programs."<sup>30</sup>

#### **Conciliation Resources**

NCfR partners with Conciliation Resources to deliver a Peace Building Program. "The Peace Building Program complements the GJH as FSV and gender equality are difficult subjects to discuss in communities where cultural practices and taboos are still entrenched" NCfR has been able to reach out to new areas in Bana District of South Bougainville with gender human rights and family and sexual violence training has been delivered in upper Lato, where there was a brutal sorcery accusation killing in 2013<sup>31</sup>. The Peace Building trainings and program played as important entry points to getting into these communities and have a dialogue on human rights, gender based violence and family and sexual violence. Following a Peace training run by NCfR at Sovele Mission Station, members of the community at Lopale who participated requested a human rights training to be run in their community<sup>32</sup>. In Central Bougainville, in the Kieta District again NCfR peace building program was the entry point for a Gender Human Rights training hosted at Tubiana Mission Station. The target population was people who have never been exposed to any of this training participated".<sup>33</sup>

#### **Civil Society Organisations**

"We, the Hako Women's Collective (HWC) are already a key strategic partner of NCfR as we run a safe house and trauma counselling in the Haku Constituency on the northernmost tip of Buka Island. NCfR provides ongoing training support to our staff to provide counselling and the running of a Safe House. In December 2021, we partnered with both NCfR to deliver an awareness and advocacy program in Haku during the 16 days of activism".<sup>34</sup>

#### 2.5.2 NCfR Staff Perspectives on the Way Forward

NCfR staff were asked their perspectives on the way forward, and their responses are summarised below:

#### How can we build on our successes and what can we do differently?

This review presents the information combined into one question because of significant overlap in the responses. Seven main groups of ideas emerged, ranging from "big picture" ideas to very detailed ones (Table 6). Three of these ideas were proposed in more than one FGD:

<sup>&</sup>lt;sup>30</sup> KII with JSS4D, December, 2021

<sup>&</sup>lt;sup>31</sup> FDG with Bana Safehouse staff, November, 2021.

<sup>&</sup>lt;sup>32</sup> FDG with WHRDs, November, 2021.

<sup>&</sup>lt;sup>33</sup> FDG with WHRDs, November, 2021.

<sup>&</sup>lt;sup>34</sup> KII with HWC, December, 2021

- 1. The WEE pilot program was the main focus of ideas for things to do differently, particularly in terms of working more effectively with young women, and also a key focus of big picture ideas.
- 2. Staff proposed ideas for strengthening each of the other NCfR programs (Male Advocates, Safe House, School-Based Program), and
- 3. For growing and strengthening the NCfR's GBV-related network.

Table 3. How can we build on our successes and what can we do differently?

#### **Big picture ideas\*\***

The NCfR Director shifts to an advisory role – however NCfR noted that there is already an advocacy coordinator who participates in strategic discussions with the Government, and Nazareth Centre for Rehabilitation is first and foremost owned by the Congregation of Sisters of Nazareth, hence only under the discretion of the Congregation can there be change in the shifting roles to enable another Nun to take the Directors place.

Design a specific program for youth leaders in each area

Create a stand-alone program on addiction/drugs/alcohol

Women's Economic Empowerment Pilot Project

**\*\***Make WEE a stand-alone program

\*\*Expand use of the Beijing Platform 12 areas of concern<sup>35</sup> starting with NCfR WEE, which responds to Concern A) Women in Poverty

\*\*Start teaching Beijing Platform 12 areas of concern in schools building on work initiated in Selau

**\*\***Turn the Beijing Platform on 12 areas of concern into a project with pilots in various areas; starting with a planning workshop

\*\*Improve road conditions to open new opportunities: such as a monthly market at Suir and Selau, creating economic opportunities and open windows for women to socialize and network; needs planning and engagement with a transport company.

\*\*Increase the focus on young women by:

- Encourage more young women to attend trainings on WHRD
- Involve more young women in all small organisations
- Recognise young women
- Involve more young women in decision-making

\*\*Create a 3-6 month long young women's program at Chabai for learning how to launch a small business (e.g., cooking, sewing) with financial literacy, business planning, marketing and leadership training) Learn theory at Chabai/go out and practice

Engage WEE group through a learning circle to learn facilitation skills

**Strengthen the Program Internally** 

Fraud training, an important requirement if NCfR is to expand range of possible funders Strengthen teamwork (2)

Better planning for future implementation

Continue to build staff capacity through advanced training, in-service training, supervision Encourage WHRDs to complete learning pathways (2)

<sup>&</sup>lt;sup>35</sup> The 12 key areas of concern flagged by the 1995 Beijing platform for Action are:

<sup>1)</sup> Women and poverty, 2) Education and training of women, 3) Women and health, 4) Violence against women, 5) Women and armed conflict, 6) Women and the economy, 7) Women in power and decision-making, 8) Institutional mechanisms for advancement, 9) Human rights of women, 10) Women and the media,

<sup>11)</sup> Women and environment, 12) The girl child. NCfR noted that the Beijing Platform for Action – Critical Areas of Concern was a resource that it already uses in its trainings.

As well as encourage all NCfR field workers to complete learning pathway training; provide certificates of attainment or completion with the goal of certifying all

Male Advocates and Champions

Develop selection criteria for Male Advocates identified as Male Champions in communities

Find new ways to hold on to existing Male Advocates

Bring Male Advocate/Male Champion training to new locations (e.g. upper Lato)

Strengthen Safe House and Associated Counselling Services

Establish resource centres and safe houses in constituencies

Deploy a children's counsellor in each safe house (2)

Deploy community children's counsellors

Meet national/international standards for reporting

Refine and Strengthen the School-Based Program

Concentrate more on the off-school program in the community and less on SBP in schools

Regular debriefs with peer educators to review implementation

Sustain capacity building for Peer Educators

Network or partnership with Dept of Education

Partnerships with community leaders (related to SBP)

SBP team to attend healing of memory

Growing and Strengthening the Network

Involve educated or former professionals from community government level upwards

Extend networks with other established groups/orgs

Strengthen work with ABG Department of Community Development

Consult ABG/National leaders to help sustain social work at LLG level

Network with young, educated elites to bring in new ideas

#### Which activities can progress in Year 4?

There are seven key activities identified for year four of the GHJ. These include;

- Ongoing capacity building for trauma counsellors (including safe house and community counsellors
- WHRDs strengthening networks with CBOs, other service providers, policy and advocacy around GBV
- WHRDs programs
- Male Advocates Programs
- Tailored in-situ organizational and development for NCfR to manage risks and ensure sustainability
- NCfR support to implement action learning approach to programs
- Increasing Women's Economic Empowerment opportunities for WHRDs in the NCfR Network.

#### Which existing activities can we expand (and redirect funds?)

- Most NCfR staff noted that WHRDs and MAs programs should be expanded and brought to
  districts and the whole region however the considerable expense involved was also noted.
  NCfR noted that while reach is limited to certain areas due to funding constraints, in the
  meantime they work to provide information to a representative from the constituency who
  can then pass that information along.
- Participants also wanted to see more training on programs to address alcohol and drug addiction and primary prevention programs such as positive parenting, and healing of memory.
- They also recommended more supervision and support for Community Counsellors and greater inclusion of local leaders in NCfR trainings.
• They requested increased Supervision of Community Counsellors with the Year 4 workplan, and making Male Advocates and Young Women Human Rights Defenders in the referral pathway was also identified by participants.

# What new activities, if any, do we propose to allow NCfR to better meet the needs of our operating environment for Year 4 and subsequent phases?

The responses to this question represent an overlap with the activities identified to be expanded.

- An example of a new activity within the proposed expansion of **training activities** explored above includes those targeted specifically at NCfR staff, namely compulsory training in leadership, addiction and healing of memory, and training in monitoring and evaluation.
- A new activity aligned with the proposal to expand current activities into additional communities includes, for example, a suggestion to introduce the 16 days of activism in South Bougainville. Similarly, review participants suggested additional networking to give support in other communities and districts on an 'as-needed' basis.
- The expansion of WHRD and MA programs could include, for example, MAs to accompany WHRDs to constituencies with network partners such as police, and do awareness on human rights and GBV.

Additional, stand-alone activities proposed included:

- Identifying **qualified participants to do training in communities** so that they feel independent to source funding and training allowance
- Identify conflict cases and do reconciliation, and
   Create a place of retreat/rest for use during two week breaks to reduce staff burnout.

## What opportunities are there to better support disability inclusion?

NCfR staff felt that the GJH project is responsive and provides a conducive environment for supporting persons with disabilities (PWD), particularly through their engagement of PWD in trainings, awareness, forums and social activities. One of the key informants in the review had a visual impairment

Staff identified a range of opportunities to strengthen disability inclusion:

- Networking with Callan Services and the Bougainville Disable Association.
- Provide accessible facilities for PWD, noting that the class room at NCfR is accessible as it is built on soil, not cement. Most accommodation buildings have steps without ramps however the accommodation where the Executive Director resides has a ramp for wheel chair accessibility.
- Train WHRDs and counsellors in sign language
- Train YWHRDs on how to do counselling to better respond to PWD
- Provide a specialized nurse
- Provide life training to PWD
- Additional consultation with DPOs to design more inclusive programming activities that empower PWD
- Engage PLWDs in NCfR program/network through trainings, awareness, and forums
- Involve PLWDs in social activities (sports, church)
- Approach wards to identify widows and PWD

The review findings indicate that a practical activity for NCfR is networking with the Callan Services which specialize in providing education and services for PWDs and the Bougainville Disabled Persons Organisation Staff suggestions to 'provide charity services' to PWD indicates there would be value in

engaging with specialist organisations to design appropriate project activities which empower PLWDs and further improve outcomes for PLWDs.

## What opportunities are there to better support young WHRDs?

NCfR staff identified a range of opportunities to better support young WHRDs and help them grow and remain in their roles. Suggestions may be categorised into two main opportunities:

- i) general opportunities to help young women understand and know themselves and the project. This would involve defining 'young women', for example those aged 18-35 years, and providing activities to improve their health and education; actively working to give young women ownership of the project goals, outcomes and outputs; providing opportunity and space for young WHRDs to exercise their leadership skills; and work with the Bougainville Women's Federation to engage young women. Possible options suggested by NCfR included training for young WHRDs over three weeks with theory in the morning and practical skills in the afternoon, or potentially NCfR organising training for young women in their own communities rather than travelling to Chabai.
- ii) provide support, mentoring and coaching for young WHRDs to support and build their capacity as agents of change. This could include developing a learning pathway for young WHRDs; more training, such as counselling, and regular supervision; empowerment via partnerships between young WHRDs and other NCfR field workers and participation in WEE activities; and increased engagement with young women, for example via the safe houses, to receive voluntary counselling or participate in SBP off-school activities.

## What options are there to better monitor and evaluate feedback from survivors?

Participants noted that there is no formal process for monitoring and evaluating feedback from survivors to determine the longer-term impact of activities or interventions. NCfR staff noted: *"We can keep a more systematic system but one reason we do not monitor is we respect their private lives, unless they choose to continue to engage"*.<sup>36</sup>

This is an opportunity for NCfR to explore how it can seek voluntary feedback from survivors who chose to engage could be documented, and targeted information could be safely and ethically collected to support specific learning objectives, for example about services to PWD.

# How do we improve our project's reach and help people to feel ownership of their successes and issues?

NCfR staff identified a range of ideas for improving reach and helping people to feel ownership of their successes and issues. The use of advocacy, awareness, dialogue, organised cultural activities, church activities, and life skills training were identified to improve reach. Participants said to continue with Supervision, carry out more outreach in communities so that they understand the program. District meetings, M & E training, forums, commemoration of international days and the 16 days of activism were also identified as mediums to improve reach in communities.

To help people take ownership, three activities were identified. These were counselling interventions through student/parent dialogues, conducting a yearly program and encouraging leaders to reach people at their own level especially in communities. Participants also said Programs should include couple counselling which is counselling sessions offered to married couples.

# What options could we consider in terms of exit strategy, no-cost extension and/or subsequent phases?

<sup>&</sup>lt;sup>36</sup> KII; November, 2021

A strong consensus emerged among NCfR staff of the need for a no-cost extension to allow for completion of GJH activities; particularly the WEE pilot to allow for further documentation of project outcomes and to provide time to measure behavior change.

## Perspectives from stakeholders

Other stakeholders indicated that in addition to strengthening WEE, subsequent phases could consider the development of a permanent safe house building in Bana, and requested support from government for clients. The Bana safe house was established by a WHRD who joined the GJH project in 2015. After receiving trainings, she provided awareness to her whole family who agreed to use one of their homes as a safe house. The Safe house has supported clients from Central Bougainville and those from as far as Torokina on the west coast of Bougainville. As information continues to go out about the services of the Safe house, the demand for services increases, hence the request to construct a proper safe house and provide support for clients. The stakeholders also identified the need for funds for safe houses to support clients and repatriation.

## 3 Recommendations

In this section the review team present recommendations on the way forward drawing on the analysis of contextual changes influencing NCfR's operational environment, and on findings (NCfR perspectives) related to milestone deliverables, barriers and challenges, outcomes and ideas on the way forward.

## 3.1 Recommendations for NCfR

## **Priority recommendations**

## 1. Women's Economic Empowerment:

This program, comprising different economic activities, could be viewed as an entry point for responding to 'women and poverty' and other of the 12 critical areas of concern in the Beijing Platform for Action. It is recommended that:

1.1 For the remainder of phase two, priority focus is required for Nazareth Centre for Rehabilitation to **implement the WEE pilot program** given that funding has been secured and there is short time remaining.

1.2 A review of the preliminary outcomes of the WEE pilot needs to be conducted in the **end line evaluation** (noting the short implementation period) in addition to assessing whether it is relevant or possible to expand the reach of the WEE program in subsequent phases of programming to Central and/or South Bougainville. And, if so, how can the redesign respond to the changed operating context as a result of COVID-19?

- 2. **Organisational Development**: To better support the work of the Executive Director, NCfR and IWDA to review roles and responsibilities of the project staff and identify opportunities for improvements and adjustments to align with strategic priorities.
- 3. **Strategic Partnerships**: Further strengthen relationships with government partners such as the Department of Community Development, the Department of Law and Justice, the Department of Health, and Education Department by increasing engagement and collaboration. The advocacy role could be expanded to include building partnership with government and non-governmental organisations. NCfR has significant experience and information which could be used to influence and advocate to the ABG on strategic prioritization on focus areas
  - providing reports on NCfR successes to enable ABG to be better informed of their work, and to continue to advocate for (and fund) DCD training on the Lukautim Pikinini Act.
  - NCfR could influence the Safe House Policy through the mechanisms that the Director is a member of, such as the Law and Justice Coordination Mechanism and the Bougainville Family and Sexual Violence Action Committee.

## 4. Primary Prevention of Violence and Behaviour Change:

4.1 NCFR could **document** how communities and individuals have changed as a result of behavior change work by NCfR, for example as a deep dive within the end line evaluation.
4.2 Continue to work **with civil society organisations** in AROB that work on behaviour change to prevent violence (including providing training to organisations such as CARE, Plan and World Vision and working with the Hako Women's Collective who piloted the Positive Parenting Program in the Haku Constituency on Buka Island and produced tool kits which

can be shared with Nazareth Centre for Rehabilitation) but consider expanding to specialist GBV/FSV organisations in PNG and beyond.

**5.Repatriation of Survivors**: NCfR and IWDA could consider the feasibility of including allocated funding for repatriation activities in the budgets for the remainder of phase two and for subsequent phases.

### 6.Youth Focus:

6.1 For the remainder of this phase, the work plan of Nazareth Centre for Rehabilitation could include additional 'follow up' training to young women
6.2 For subsequent phases, Nazareth Centre for Rehabilitation could include more practical skills training for young WHRD (to be delivered directly by NCfR or outsourced) and stronger linkages of the young WHRDs to the WEE program. Practical life skills may include cooking and sewing complemented by financial literacy, business planning and marketing and leadership trainings.

#### **Minor recommendations**

#### 7.Documentation

NCfR has long history of successful programs and activities; there is a need to keep sufficient records and documentation of NCfR work to ensure that knowledge sharing and management is in place for current and future work. NCfR will require support with this activity. This recommendation is also in line with one of the recommendations from the MTR in 2018.

#### 8.Filling the gaps

Fill the gaps on questions where not enough information was collected during this review. Consider supporting NCfR to put in place a system to monitor client satisfaction as currently, NCfR has no system in place. Additional information on disability inclusive practices is also an important area to progress.

#### 9. Peace Building as an enabler

The Peace Building Program is a critical enabler as to the GJH as it builds the foundation. Building peace and preventing conflict is strengthened when there is focus in equality, inclusion and human rights. GBF/FSV are hard to talk about so the Peace Building complements the GBV work and helps people to realize GBV/FSV issues. Through Peace building work, they also realize that FSV/GBV are also structural violence.

#### 3.2 Recommendations for IWDA

#### **10.Exit Strategy**

Consider applying for a no-cost extension to ensure the project has sufficient time to meet all of its objectives. Schedule discussions with NCfR to clarify if and how the current partnership will continue in any subsequent phases and the nature of the ongoing partnership.

#### **11.WEE component**

Prioritise the WEE program in year 4

The GHJ was designed to address the Family and Safety Health Survey. NCfR is proposing that the WEE component be funded to address the 12 areas of critical concern where the Beijing Platform for Action provided the framework.

## 12. COVID-19 pandemic unpredictability

Continue the support to NCfR to learn innovative ways to work during the pandemic. Restrictions brought about the pandemic did not deter the project from progressing. IWDA and NCfR continued to be innovative and adjusted to new technology such as video conferencing. This support has made communication easier.

## 4. Annexes

## 4.1 Phase One findings

**Box 2. Summary of Phase 1 Outcomes** – available at https://iwda.org.au/assets/files/IWDA-NCfR\_FromGBV2GJH\_Evaluation\_Report.pdf

## Transformational Change at the Community Level

Through the community-based activities of the WHRDs and male advocates network, the project has served women, men and children in communities in the districts of Bana, Buin, Buka, Haku, Kieta, Siwai, and Selau, achieving change at both community and individual levels, and addressing the needs of diverse women, men, girls and boys across Bougainville, including in very remote communities.

The work of WHRDs and male advocates supported by the NCfR's services and programs led to important changes in several communities in the districts of Bana, Siwai, Buin, Kieta, Selau and Haku and in 11 schools reached by the School-Based Program. Specific changes included:

- Instances of reductions in sorcery accusations related killing and family and sexual violence reducing in communities served by the WHRDs and Male Advocates network
- In Bana, Siwai, Haku and in many other communities across Bougainville, citizen understanding of the seriousness of FSV, the need to stop it and the availability of safe houses, counselling services and referral pathways grew as a result of awareness raising campaigns and community-based education. This is driving an increase in demand for the NCfR safe houses and Men's Hub services.
- Some communities reported reductions in cases of teenage pregnancy and/or early marriage and in drug and alcohol use.
- The coordination and case management approach used by Buin and Siwai district level committees allowed cases to be handled more appropriately and efficiently.
- The emphasis on trauma counselling in Siwai proved to be an effective model.
- Case examples demonstrated the leadership of the WHRDs and male advocates network in leading responses to family and sexual violence.
- Examples emerged of local male leaders who joined WHRDs and male advocates in bringing survivors of violence to the safe houses and sending perpetrators for counselling.
- Case examples demonstrated the emergence of some new income generation opportunities for women and communities.

In 2017, 34 communities in North and South Bougainville elected WHRDs as **community government** ward representatives. This meant that almost three fourths of the 47 community governments in North and South Bougainville included WHRDs. In addition, 16 male advocates became community government ward representatives. Fourteen of these represented wards in South Bougainville and two represented wards in Central Bougainville. This result suggested that training as WHRDs and male advocates helps enable women and men to move into other spaces where they can be proactive leaders, participate in decision making and act as change agents to address FSV and other forms of violence.

As an experiment with a primary prevention approach, the pilot **School Based Program** demonstrated its potential to change student behaviour in favour of non-violent and more respectful attitudes towards others, and greater learning efforts.

**Alliances and networks** were strengthened at the community level, contributing to sustainability. A historical scan and individual interviews with the NCfR staff and other stakeholders highlighted the importance of key strategic alliances that NCfR has formed over the years with organisations in Bougainville and beyond with trust as a critical prerequisite for the development and success of these relationships.

## Transformational Change at the Individual Level

Trained women and men who became WHRDs and male advocates are leading community-based initiatives to promote gender equality, peace building, human rights and zero tolerance to family and sexual violence. Many WHRDs networked with others, some formed groups and committees, which resulted in community-based activism, joint projects, women's economic empowerment initiatives, support to FS survivors and programs for youth and vulnerable community members. There was evidence of collective action, networking and mutual support among WHRDs, as well as collaboration between WHRDs and male advocates.

Examples of transformation in individuals (safe houses and Men's Hub clients, former perpetrators, WHRDs, male advocates) and their collaborative efforts demonstrated that:

- Individual survivors and perpetrators of family and sexual violence whose lives have been transformed by training and counselling often go on to influence many others to make positive changes in their lives.
- Safe house clients may go on to become change agents in their communities.
- Former perpetrators may be transformed to the extent that they take action in their communities to protect and help survivors of family and sexual violence or even become male advocates.
- Assisting safe house clients beyond immediate needs for shelter and protection, by providing life skills training and support, can make a difference to their ability to recover and reestablish their lives after trauma.
- WHRDs training and support from NCfR provide women with the skills and confidence to challenge injustices, demonstrate leadership in a wide variety of community projects, taking on the responsibility of defending other women and keeping other women safe from further violence.
- The sustainability of the WHRDs network in Bougainville is fostered through their involvement in the organisation of and fundraising for the WHRDs forums held in different locations around Bougainville.
- WHRDs demonstrated leadership in community projects and decision making. The inclusion of women's perspectives contributed to ensuring the relevance and responsiveness of projects.
- WHRDs led community projects to build resource centres, to stimulate and support youth employment, foster income generation, and to provide services for disadvantaged groups and survivors of FSV.

In addition to these outcomes at the community and individual levels NCfR has successfully **leveraged resources as a key element of its sustainability strategy**. NCfR has practiced internal leveraging in the form of co-contributions to the project budget, and external leveraging through use of local and international volunteers, and through accessing human and financial resources from government, target communities and development partners. Twenty-two examples of external leveraging were documented.

Source: GJH Phase 1 Evaluation 2018

## Box 3. Major Challenges and Setbacks Experienced During Phase 1

- NCfR volunteer-oriented approach is not designed to offer allowances to community participants; however, some participants in training and community-based initiatives made demands for sitting allowances.
- Alliances with community-based organisations are important enablers for NCfR's approach to change. While NCfR has strong allies in North Bougainville (Hako Women's Collective and Taonita-Teop Women's Peace Circle), the absence of such organisations in Central and South Bougainville presented an ongoing challenge.
- Bougainville is a post-conflict region with limited infrastructure, and services. The limited availability of electricity, mobile phone and internet connection, and the poor road network strongly affected project implementation.
- The design for the School-Based Program (SBP) pilot involved plans for the Men's Hub to train 300 male advocates over three years with the skills and knowledge to undertake school-based education and initiatives to advocate against family and sexual violence. NCfR expected at least 60 trainees would become peer educators delivering the SBP pilot in North and Central Bougainville. However, the majority of the trainees left the program, identifying the difficulty of balancing the voluntary peer educator role with employment responsibilities. A stipend was introduced in response but the phase 1 project budget was not sufficient to support this, leaving challenges to be faced during Phase 2.
- The safe houses and Men's Hub faced setbacks including issues associated with rental buildings and jealous community members. The temporary closure of the Buka Safe House due to building safety caused difficulties for Buka-area clients who had travel to Chabai to access services.
- The NCfR safe houses and the Men's Hub faced higher demand for services than could be supported by available project resources. The NCfR team and the Congregation of Sisters of Nazareth undertook significant fundraising to bridge the gap.
- Since 2014, NCfR has been advocating for a Bougainville Safe House Policy to ensure ABG support and resources for safe house service provision for survivors of family and sexual violence. Over the course of Phase 2, despite some positive responses to the proposal, there was limited progress.

Source: GJH Phase 1 Evaluation 2018

Day	Date	Activity/Meeting (KII or FGD)
Mon	15/11	Session with NCfR Steering Committee to prioritise and plan interview schedule
Tue	16/11	1. Women Human Rights Defenders (North)
		2. Community Male Advocates
		3. Service provider
Wed	17/11	4. Young Women Human Rights Defenders (North)
		5. Community Counsellors
		6. Male Advocates
		7. WEE Participants
		8. BANA Safe House (Toberaki Ward 2, Lato District)
Thu	18/11	9. Male Advocates staff
		10. School Based Program
		11. NTC Service Providers
		12. WHRDs Program Staff
		13. Safe House Staff
Fri	19/11	14. NCfR Executive Director
		15. NCfR-Advocacy Officer
Fri	26/11	16. Manager, Buin Safe House (phone interview)
Mon	29/11	17. Family Support Centre, Buka General Hospital
Tue	30/11	18. Family and Sexual Violence Unit, Buka Police Station
		19. Buka Court House
Thur/Fri	2-3/12	Sense Making Workshop: NCfR Steering Committee, SBP Coordinator SBP,
		GJH Project Coordinator, SBP Project Officer and Male Advocate
Monday	6/12	20. Education Department
		21. AROB Law and Justice Department
		22. JSS4D, Bougainville
Tuesday	7/12	23. Department of Community Development
Friday	10/12	24. Hako Women's Collective

## 4.2 Timetable of data collection from review participants

## 4.3 Milestone Deliverables

Rating (R): | Exceeded  $\sqrt{\sqrt{}}$  | Achieved  $\sqrt{}$  | Partially Achieved  $\sim$  | Not Achieved x | Data Not Available \ |

	Annual Target	Year 1 2018/19	R	Year 2 2019/20	R	Year 3 Oct 2020 – Mar 2021	R
1.	<b>400</b> women and children who have experienced family and sexual violence have been provided with crisis services by NCfR and WHRDs.	627 women and children received counselling and support from all NCfR response teams: 1) safe houses, 2) Men's Hub and 3) community counsellors.	$\sqrt{}$	<b>487 women and children</b> (254 women including 3 women with a disability, 108 girls including 2 girls with a disability, 123 boys including 1 boy with a disability) received 1,919 services of counselling and support from all NCfR response teams: 1) safe houses, 2) Men's Hub and 3) community counsellors.	✓	229 women and children (134 women, 66 girls, 29 boys) received 867 services of counselling and support from all NCfR response teams: 1) safe houses, 2) Men's Hub and 3) community counsellors.	On track (57%)
2.	200 new WHRDs will have increased skills and knowledge to undertake community based education and advocacy. 200 existing WHRDs will continue training and skills development.	534 WHRDs were trained/ received capacity building and support (out of which 335 existing WHRDs and 199 new WHRDs).	<b>√</b> √	<ul> <li>246 WHRDs were trained/ received capacity building and support (out of which an estimated 79 were new and 167 were existing WHRDs).</li> <li>40% of the total annual target for new WHRDs and 84% for existing WHRDs was reached.</li> <li>Target not reached (61.5%)</li> </ul>	λ	271 WHRDs were trained/ received capacity building and support (out of which an approximately 115 were young WHRDs and 156 were existing WHRDs). 42% were young WHRDs 58% were mature WHRDs. Target (bi-annual) exceeded (136%)	~~

3.	NCfR, Bougainville WHRDs and male advocates have contributed to/ influenced the development of at least <u>5</u> advocacy instances: a) legislative changes, b) policies, c) programs, d) actions, and/or e) budget allocations) to address family and sexual violence.	Advocacy and influencing activities require time to realise outcomes. NCfR awareness raising and advocacy activities included: • Women's March and delivery of Petition to ABG (Mar 2019) • Advocating for the Bougainville Safe House Policy (during awareness events, Bougainville WHRDs Forum, Bougainville Male Advocates Forum, meetings with referral partners on FSV) • In October 2018, with IWDA support, NCfR participated in joint submission to PNG Constitutional and Law Reform Commission		<ul> <li>NCfR awareness-raising and advocacy activities included:</li> <li>NCfR advocacy for inclusion of women's voices in the ABG SOE response, resulting in establishment of <i>Team 11</i> (women's team).</li> <li>NCfR contributed to design and recording of NBC Bougainville radio-based voter education series to inform and influence public discussion and decision making on women's leadership and voting for women in the lead up to Bougainville elections.</li> <li>NCfR, with IWDA support, contributed into national response mechanisms e.g. Protection cluster meetings to bring forward experiences of women and girls under the</li> </ul>	√√ <sup>37</sup>	NCfR conducted approx <u>39</u> training and advocacy awareness raising events aimed at addressing FSV and ending violence against women and children.	On track
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<sup>&</sup>lt;sup>37</sup> See page 5 of the Oct19-Mar20 narrative report for an example supporting rating for this milestone

		<ul> <li>advocating for the introduction of Temporary Special Measures to increase women's political representation at local and national levels.</li> <li>Participation in Court Users Forums and advocating for FSV services availability and adequate response.</li> <li>Strong collaboration with police and Law and Justice Program to ensure FSV is addressed as a priority focus.</li> </ul>		<ul> <li>GoPNG/ABG SOE during the Coronavirus pandemic</li> <li>NCfR contributed to the United Nations Special Rapporteur on violence against women: COVID-19 and domestic violence against women in Papua New Guinea report, with support from IWDA.</li> <li>NCfR utilised national and local media outlets to promote gender equality, women's leadership and participation ABG elections.</li> </ul>			
4.	NCfRs financial management and human resources systems reviewed, updated and strengthened. Review of counselling services against national and	An on-going reflective process, see report sections #6-7 for more details (pgs 26-29).	~	An on-going reflective process, see report sections #6-7 for more details.	~	An on-going reflective process, see section 2.0, Milestone 4 for progress report.	On track

	international standards.						
5.	WEE pilot design completed.	The WEE pilot scoping study was completed during November – December 2019 (Yr 2)	١	Pilot project implementation impeded due to Coronavirus pandemic and GoPNG/ABG SOE and deferred to Yr 3.	١	WEE Program Coordinator and project planning phase commenced in quarter 2 of this reporting period.	~
6.	<b>100</b> male advocates will have the skills and knowledge to lead initiatives focused on ending family and sexual violence; and advocating against family and sexual violence.	366 male advocates had their capacity built during the reporting period (out of which 244 were existing male advocates and 122 new male advocates).	$\sqrt{}$	<b><u>264 male advocates</u></b> gained skills and knowledge during the reporting period.	~~	<b><u>118 male advocates</u></b> gained skills and knowledge during the reporting period.	~~
7.	<b><u>1,000</u></b> boys, girls, young men and young women will be supported to develop non-violence attitudes and behaviours.	3,574 young people and children reached through awareness raising (School Based Program, workshops, presentations, awareness events, community engagement activities, etc.). Total includes reach by SBP: 478 students (13 young women, 9 young men, 209 girls, 247	$\sqrt{}$	2,878 young people and children reached through awareness raising (School Based Program, workshops, presentations, awareness events, community engagement activities, etc.). Ttotal includes reach by SBP: 743 students (393 girls, 348 boys) from 7 schools participated		<ul> <li>1,656 young people and children reached through awareness raising (School Based Program, workshops, presentations, awareness events, community engagement activities, etc.).</li> <li>Total includes reach by SBP: 236 students (151 girls, 85 boys) from 6 schools participated</li> </ul>	On track

		boys) from 12 schools participated				
8.	<u><b>100</b></u> men, including those who have perpetrated family and sexual violence and children have received counselling services to change their behaviour.	272 men and boys received services and support from all NCfR response teams: 1) Men's Hub, 2) safe houses and 3) community counsellors.	~~	<b>205 men and boys</b> received services and support from all NCfR response teams: 1) Men's Hub, 2) safe houses and 3) community counsellors	52 men and boys received services and support from all NCfR response teams: 1) Men's Hub, 2) safe houses and 3) community counsellors.	On track

### 4.4 Barrier/Challenges & Enabling/Success Factors Identified by NCfR Staff

### Barriers/ challenges identified by NCfR staff

## **ROAD CONTEXT**

The barriers in bold text were also discussed and/or identified at the sense-making workshop. The purple shading indicates how frequently each was mentioned.

One purple shading square represents one group who mentioned the barriers unless KIIs were held with one person. For instance, Family Support Centre at Buka Hospital being co-opted to accommodate the COVID-19 response team was mentioned by the NCfR Director.

Only 7 of 12 months			
available for GJH			
implementation in			
AROB			
Access to funding is			
tied to concrete			
activities			
Incorrect			
understandings &			
expectations around			
Aid			
Support from ABG is			
difficult to access			
Lack of formal			
recognition from ABG			
The struggle for			
survival is paramount			
for most people			
Lack of understanding			
of impacts of gendering			
process			
NCfR is the only AROB			
organisation working			
on GBV			
GBV/FSV are hard			
topics to discuss			
GBV FSV SARV)			
unpredictable; can't			
plan for it			
COVID-19 COVID-19 difficulties			
(unpredictability,			
delays)			
Vaccine hesitancy by clients who are to be			
repatriated			
Family Support Centre			
at Buka Hospital co-			
opted to			
accommodate the			

COVID-19 response		
team		
FINANCIAL		
Funding   Financial		
constraints		
Repatriation puts		
pressure on budget		
and staff		
Transport allowances		
(for clients,		
counsellors)		
Payment delays		
Insufficient funds for		
quarterly allocation to		
safe houses		
Insufficient funds for		
repatriating clients		
LOGISTICS		
Logistics challenges		
associated with rural		
focus of NCfR		
Communications and		
Networking		
Roads and transport		
Weather		
Arawa has no		
courthouse		
Services located too		
far for clients to access		
PERSONAL CHALLENGES	AFFECTING STAFE on	hd
YWHRDs	ATTECHNO STAFF di	
Deaths of family		
members		
Family obligations		
Community criticism		
Difficult husbands		
INTERNAL GJH/NCFR CH		
	ALLEINGES	
Supervision		
Inadequate Counselling		
rooms at safe houses		
Lack of formal		
recognition from NCfR		
authorities		
Lack of proper tools		
Irregular MA team		
meetings		
Delayed delivery of		
trainings (variations		
from the workplan)		

Insufficient capacity to	
meet demand for	
services	
No regular breaks	
long hours   <b>burnout</b>	
Lack of commitment	
from staff	
Lack of reports from	
WHRDs to help	
demonstrate impact	
Others	
Attacks on staff by	
perpetrators	
Theft of NCfR property	
Lack of respect shown	
for NCfR staff by clients	

### Success factors identified by NCfR Staff

The enablers/success factors in bold text were also discussed and/or identified at the sense-making workshop. The purple shading indicates how frequently each was mentioned mainly by groups.

Fundraising	
Safe houses	
Disability inclusion	
Strong, sound leadership	
Growth in NCfR staff & partner capacities	
Establishment of strong referral pathways	
Establishment of NCfR learning pathways	
Strong teamwork	
Donor partnerships	
Strong networks with communities	
Strong networks with local partner organisations	
Regular trainings/awareness raising	
Strong support from NCfR	
Commitment	
In-service training	
Support and supervision from schools	
Application of COVID-19 protocols at NCfR events	
Strong support from NTC	
Effective monitoring	
Staff annual reflection	
Sharing and learning success stories	
Support from local donors and service providers	
Role modelling	

## 4.5 Stakeholder Feedback Summary

Are there any significant context changes since 2018 affecting FSV and the services responding to it in ARoB?

There is existing strong engagement with the Departments of Law and Justice, Community Development, Bougainville Police Service, Hospitals through the Family Support Centres, Courts. The relationship with the Department of Education important to the SBP and must be strengthened. Government regulates and makes policies so must be made accountable to provide support through policies and programs.

b) Are there any challenges in your partnership with the Nazareth Centre for Rehabilitation (NCfR) in FSV work?

There are strong partnerships with NCfR on FSV work. Each of the partners complement each other's work.

c) Are there any opportunities for strengthening/improving your partnership with NCfR in FSV work? Yes by NCfR providing counselling training required by partners to recognise and respond to issues faced by survivors. Drafting and issuing of IPOs and POs when required by survivors.

d) What have you and NCfR achieved together since 2018?

NCfR and its partners have jointly continued to provide crisis support. The FSVU has continued to provide support by extracting clients from risky areas. The FSC provides medical treatment, reports, psychosocial support to survivors. Trainings on gender based violence, human rights, gender. 18 IPOs and POs were issued by the Courts and only one was breached. Training on the FPA, new safe house, leadership training. During COVID-19, one partner provided medical supplies and store goods to NCfR. Working on the safe house policy, funding support for the 16 days of activisim. In communities, WHRDs and Male advocates are applying the trainings they have received and responding adequately to survivors needs regarding counselling.

e) Do you have any other feedback for NCFR? The partners find NCfR a very good organisation to work with. It has strong leadership and focussed and leads on the program. There is a lot of good work that NCfR are doing through the Director's strong leadership. Clients are able to heal and offered opportunities to reintegrate in communities. NCfR has trained its staff to do the case management so that surviviors do not have to go to courts. There is good partnership with NCfR, more support will be provided for SARV work. NCfR Staff need to participate more in strategic discussions so that government knows what is required.

## 4.6 Evaluation Tools

Key Informant Interviews and Focus Group Discussions with the NCfR staff and field team were structured around the following questions from the Terms of Reference:

1/What progress has been achieved against the project milestone deliverables?

2/What were the key barriers and challenges that affected the progress of the project

- To what extent do these challenges represent a fundamental shift in Nazareth's operating environment?
- What factors enabled our successes?

3/What were the key intended and unintended outcomes and how were they achieved?

- In which outcome area did we see the most significant positive impacts despite COVID-19 limitations?
- What unintended negative outcomes occurred?
- 4/ What is the way forward? What can we do differently?
  - How can we further build on our successes?
  - Which delayed activities can progress in Year 4 (see draft Year 4 work plan completed Oct 2021)?

- Which activities have been cancelled and the funds need to be re-programmed?
- Which existing activities can we expand (and redirect funds?)
- What new activities if any, do we propose to allow NCfR to better meet the needs of the operating environment for year four and subsequent phases?
- What opportunities are there to better support disability inclusion?
- What options are there to better monitor or evaluate feedback from survivors?
- How do we improve our project's reach and help people to feel ownership of their successes and issues?
- What options could we consider in terms of exit strategy, no cost extension and/or subsequent phases?

Key informant Interviews with other stakeholders (government departments and other civil society organisations working closely with NCfR) were structured around the following questions:

- 1. Are there any significant context changes since 2018 affecting FSV and the services responding to it in ARoB?
- 2. Are there any challenges in your partnership with NCfR in FSV work?
- 3. Are there any opportunities for strengthening/improving your partnership with NCfR in FSV work?
- 4. What have you and NCfR achieved together since 2018?

## 4.7 Bibliography

Betteridge, A and K Lokuge. 2014. Combatting the family and sexual violence epidemic in Papua New Guinea. A submission to the inquiry of the Human Rights Subcommittee of the Foreign Affairs, Defence and Trade Joint Standing Committee into the human rights issues confronting women and girls in the Indian Ocean-Asia Pacific region. Development Policy Centre, ANU National Centre for Epidemiology and Population Health, ANU.

https://devpolicy.org/publications/submissions/Submission%20to%20Women%20and%20Girls%20Inquiry%20FINAL.pdf

Braun A. 2018. Evaluation Report. From Gender-Based Violence to Gender Justice and Healing Phase I (April 2015 – March 2018).

https://www.iwda.org.au/assets/files/IWDA-NCfR\_FromGBV2GJH\_Evaluation\_Report.pdf

GHJ. 2021 Reflection Workshop. Sep 2021

GJH. Six-monthly Progress reports to IWDA for 2018-19; 2019-20 and 2020-21.

UN Women. 1995. Beijing Platform for Action 12 critical areas of concern. https://www2.unwomen.org/-

/media/headquarters/attachments/sections/csw/pfa\_e\_final\_web.pdf?la=en&vs=1203

Human Rights Watch. 2021. <u>https://www.hrw.org/world-report/2021/country-chapters/papua-new-guinea</u>

IWDA. 2018 GJH Project Proposal (revised version)

Law Reform Commission. 1992. Final Report on Domestic Violence (Report No. 14). Boroko,

PNG. (cited in Betteridge and Lokuge 2014)

The British Academy. 2021. <u>https://www.thebritishacademy.ac.uk/publications/covid-decade-understanding-the-long-term-societal-impacts-of-covid-19/</u>

The Guardian. 2021. <u>https://www.theguardian.com/world/2021/dec/13/experts-warn-papua-new-guinea-is-potential-breeding-ground-for-new-covid-variants</u>

