



Project Zero

Response to Equity Economics' Project Evaluation: April 2023

24 April 2023

Introduction

KTF commissioned an external evaluation to examine the impact and effectiveness of the Project Zero project in improving knowledge of referral services and institutions, understanding of Gender-based Violence (GBV), Family and Sexual Violence (FSV) and Child Protection (CP), and changes in attitudes towards these issues. The evaluation also sought to determine the effectiveness of the Safe House in providing access to services and safety for survivors of violence, as well as outline key recommendations for the project's continuity.

The evaluation was conducted from January to March. Interviews took place in March via phone calls, video chat, and face-to-face in field consultations, and the report was finalised in April. Additional analysis was conducted on a range of data provided by KTF outlining the project operations, including data on the survivors and attendees at awareness-raising campaigns, workshops and training. This response outlines KTF's planned strategies to address recommendations made in the evaluation to improve upon important aspects of the project including a re-design and implementation, long-term sustainability and future project activities.

Recommendations and KTF actions

High Priority Recommendations

EE: This evaluation strongly recommends KTF continue to implement Project Zero in Oro. The successes evident so far provide a strong rationale to continue delivery of the program.

KTF appreciates the recommendation to continue the implementation of the project, and we agree that it is critical to continue addressing GBV, FSV and CP in the community. KTF is pleased that the evaluation demonstrated the successes of Project Zero so far, and provided a strong rationale for the continuation of the project.

There are many factors that contribute to GBV and FSV in PNG, including social norms that condone violence against women, limited access to education and economic opportunities for women, and a lack of effective response and support services for survivors. Additionally, the COVID-19 pandemic has exacerbated the problem, with reports of increased violence against women during lockdowns and restrictions.

While there have been efforts to address GBV and FSV in PNG, including the implementation of laws and policies, there is still much work to be done to prevent violence, support survivors, and change

social norms and attitudes. Therefore, it is critical to continue investing in programs like Project Zero in Oro Province to address this pervasive problem and create safer communities for all.

KTF is committed to building on the initial successes of the project and ensuring that survivors of GBV and FSV in Oro Province continue to have access to the support and resources they need. We are also committed to working with our partners and stakeholders to ensure that the project is responsive to the needs of the community, and that it continues to have a positive impact.

EE: KTF should continue providing support and capacity-building to the FSVU and Sohe Safe House, to improve the support provided to survivors. Examples from other FSV programs in the Pacific which may benefit Project Zero include:

- 1) Create a decision-tree or visual representation of referral pathways and services under the FPA (2013) with branches presenting the options which service providers can take for GBV and FSV survivors. This decision-tree should be provided to all survivors presenting with GBV and FSV at police stations, health facilities or the Sohe Safe House.**
- 2) Develop and distribute a one-page follow-up sheet to record outcomes of service provision and monitor service satisfaction (for instance, upon departure from the Sohe Safe House or upon meeting with the FSVU). This follow-up sheet should be tailored to both adults and older children.**
- 3) Given the proportionately high number of children accessing the Sohe Safe House, as well as the high rates of GBV and FSV crimes against children, KTF should develop and distribute a cross-sectoral guide to educate service providers on the needs and rights of children. The tool should describe safe and unsafe ways for service providers to work with children.**

We fully agree with the second recommendation of continuing support and capacity-building for the FSVU and Sohe Safe House to enhance support for survivors. We recognise the importance of having a coordinated response to gender and family sexual violence in Oro Province, and we are committed to working with our partners to improve the referral pathways and services available for survivors.

We appreciate the specific examples provided by the evaluation report, and we will take them into consideration as we develop our plans for capacity-building and support. We plan to work closely with key service providers and implementing partners of Project Zero, including the FSVU, Sohe Safe House and the Oro Provincial Department of Community Development to create a decision-tree or visual representation of referral pathways and services under the FPA (2013), which will be provided to service providers who will support the community, particularly survivors of violence, with awareness-raising of the referral pathways. This will improve survivor access to appropriate services and streamline the referral process.

Additionally, KTF has recently implemented a follow-up form to record outcomes of service provisions and monitor survivors' experience at the safe house and their access and utilisation of services. It is kept simplified and can be utilised by both adults and older children and will help us

monitor strengths and weaknesses of the services provided in order to inform project implementation.

Given the high number of children accessing the Safe House, as well as the high rates of harm towards children particularly from GBV and FSV, we also agree that it is critical to develop and distribute a cross-sectoral guide to educate service providers on the needs and rights of children that is contextually appropriate to Oro Province. This tool will describe safe and ethical approaches for service providers to work with children, and ensure that all children receive appropriate care and support. We will work with our partners and stakeholders to develop this guide and ensure that it is responsive to the needs of the community.

In summary, we fully support the second recommendation and will take the necessary steps to continue providing support and capacity-building to the FSVU and Sohe Safe House, with a focus on improving referral pathways and services for survivors, and developing tools and resources to better serve the needs of the community.

EE: Continue learning from the precedent set by Femili PNG with their Lae Safe House, as the Sohe Safe House enters a new phase with the construction of the new facility. This is an opportunity to consider how the Safe House can improve its service delivery. Options based on the Lae experience include:

- 1) Recruit skilled case-workers, or upskill current personnel in case work. As of 2020, case workers in the Lae Safe House were typically managing up to 150 cases per year. Since 2014, the Lae Safe House has observed an increase in client follow-ups and an increase in the average length of closed-cases, suggesting more intensive and longer case work and demonstrating the importance of case work to supporting survivors.**
- 2) Provide greater legal assistance, in particular to obtain IPO's and PO's. In the Lae Safe House, between 2019 and 2020 just 2.6% of clients were assisted with repatriation whereas 80% sought legal assistance to obtain an IPO. Femili PNG also observed that having a case worker and a court advocate working with a survivor significantly increased the likelihood of a PO being issued. It is likely the FSVU and wider justice system in Oro would struggle with a significant increase in demand for IPOs, so if Project Zero is to provide more legal-aid it should also consider means of further increasing the capacity of the FSVU and where possible, the wider justice system. KTF should consider placing a permanent advisor within the FSVU.**

KTF agrees with the recommendation to learn from the precedent set by Femili PNG with their Lae Safe House as we enter a new phase with the construction of the new Sohe Safe House. We acknowledge the importance of improving service delivery to better support survivors of GBV and GBV and FSV in Oro Province.

KTF has already started to explore options for upskilling current personnel and seeking qualified counsellors, similar to what has been demonstrated by the Lae safe house and case management centre. We recognise the importance of case work in providing a targeted and more holistic

approach to working with survivors, and we are committed to ensuring that survivors in the Sohe Safe House have access to skilled and dedicated case workers.

KTF also acknowledges the need for greater legal assistance, particularly in obtaining IPOs and POs. The Lae Safe House experience demonstrates the importance of having a case worker and a court advocate working with a survivor to increase the likelihood of a PO being issued. We will therefore explore ways to increase legal aid and support for survivors in the Sohe Safe House, including the possibility of placing a permanent advisor within the FSVU to further increase their capacity and possibly providing legal support from the case management facility at the new safe transit house..

Medium Priority Recommendations

EE: Improve the use of information management systems to collect data on survivor age, disability, employment status and nature of abuse. KTF should formalise agreement with FSVU for data-sharing, to improve monitoring and evaluation.

KTF agrees that improving our information management systems is crucial for better data collection on survivors of GBV and FSV. The implementation of a more structured approach will enable us to track important data such as age, disability, employment status, and the nature of abuse, among other key indicators. This information will help us better understand the needs of survivors, improve service delivery, share learning with stakeholders, monitor progress over time, and apply for further grants.

Additionally, although we regularly share data on survivors for the purpose of repatriation, this process has not been formalised. However, through continued collaboration, we can ensure that the information we collect is aligned with the needs and priorities of the FSVU, and that we are using consistent and accurate data to inform our decision-making processes. This will enable us to monitor the effectiveness of our programs and to identify areas for improvement.

We are committed to working with the FSVU and our other partners to improve our information management systems and to establish a robust data-sharing agreement. We will ensure that all necessary safeguards are in place to protect the privacy and confidentiality of survivors, and that any data collected is used in accordance with ethical principles and best practices.

EE: Explore opportunities to work with the Northern Provincial Health Authority (PHA). The National Department of Health is considering how PHAs can provide more integrated health care, including responding to GBV and FSV. KTF should consider whether the Northern PHA could be brought into partner meetings if relevant.

KTF welcomes the recommendation to explore opportunities to work with the Northern Provincial Health Authority (PHA) to improve the provision of integrated healthcare for survivors of GBV and

FSV. As noted in the evaluation report, PHAs are a potential partner in addressing GBV and FSV, and there may be opportunities for collaboration and information-sharing that could benefit Project Zero.

KTF will explore the possibility of engaging with the Northern PHA to discuss how we can work together to improve healthcare services for survivors of GBV and FSV in Oro Province. This could include opportunities to share information and resources, and to collaborate on training and capacity-building initiatives, for example, Project Zero, in partnership with Femili PNG has negotiated with Popondetta General Hospital to host a 2-week professional development placement at Lae's Family Support Centre to share the learnings and best practices to initiate an FSC in Oro Province.

It is worth noting that the NPHA has attended other service provider meetings and has been engaged with the project, however, KTF has found that like most government departments, the NPHA can be less responsive at times to communicate and partner with. KTF will continue to endeavour to work closely with the NPHA.

KTF acknowledges the importance of integrated healthcare in responding to GBV and FSV, and we are committed to exploring partnerships with other agencies and service providers to improve the support available to survivors in Oro Province. We will keep the Northern PHA in mind as a potential partner and will consider whether it is appropriate to invite them to partner meetings as relevant.

EE: Increase the geographical reach of Project Zero within Oro, in particular providing outreach in more remote and rural areas, where awareness of the and associated laws and services is much lower. KTF may also consider providing training to remote health clinics on how to properly document FSV, and refer survivors to police, hospitals or other services.

- **Ensure that training is reaching diverse groups of people. Other FSV programs have observed that training can risk 'preaching to the converted' and the people who really need to attend, do not.**

Increasing the geographical reach of Project Zero is crucial to ensuring that survivors of GBV and FSV in remote and rural areas have access to the necessary support and services. KTF will consider providing training to remote health clinics on how to identify and support survivors of GBV and FSV and refer survivors to relevant services. This will help to improve the quality of care provided to survivors in these areas and ensure that they are able to access the support they need.

It is also important to ensure that training is reaching diverse groups of people. KTF will explore the option of tailoring our training approach to ensure that it is accessible and relevant to those who may not be familiar with the and associated laws and services. This may include working with community leaders and local organisations to identify communities who may be in need of awareness of GBV and FSV and the available support services. This could be done via KTF's implementation of other projects such as Light for Learning or FODE centres.

Furthermore, KTF will investigate opportunities to increase engagement with the Northern Provincial Health Authority (PHA) to expand their reach and provide more integrated health care training which includes responding to GBV and FSV. Bringing the Northern PHA into partner meetings may also be beneficial in identifying areas where Project Zero can provide support and collaborate with the PHA to improve the delivery of services in remote and rural areas.

EE: Connect Project Zero with other programs operated by KTF in Oro, particularly programs which increase education, training and livelihood opportunities for women. As evidenced in this evaluation, financial dependency on a spouse is often a risk factor for FSV, whereas financial independence can give survivors the confidence and means to leave a violent partner.

Connecting Project Zero with other programs operated by KTF in Oro that focus on education, training and livelihood opportunities for women is an excellent suggestion. By working together, these programs could provide a more holistic approach to addressing the issue of GBV and FSV in the region. The evaluation recognises that financial dependency on a spouse is a risk factor for GBV and FSV, while financial independence can empower survivors to leave violent partners. Therefore, integrating economic empowerment strategies into Project Zero's approach will help to increase the effectiveness of the program in preventing GBV and FSV.

KTF has recently implemented a new livelihoods project at the Safe House which focuses on practical business skills training and the empowerment of survivors. Additionally, we could explore opportunities to collaborate with programs that already exist in the region, such as those that offer vocational training or microfinance opportunities to women. "By connecting Project Zero with key service providers and other like-minded organisation, we can work collectively to prevent and respond to GBV and FSV, ultimately working to address the issue, shift community perception and creating sustainable lasting impact.

EE: Provide more outreach and training to frontline police officers throughout Oro, to increase awareness of FSV, FPA (2013) and available services. Once established, KTF could work with the FSVU to establish a formal assessment to assess police officer knowledge of correct procedures and ensure they are meeting obligations under the FPA (2013).

It is important to acknowledge that providing outreach and training to police officers can be a challenging undertaking. However, given the crucial role that police play in responding to and preventing GBV and FSV, it is important to explore ways to increase their knowledge and understanding of GBV and FSV, the FPA (2013) and available services. Whilst training of police is primarily the responsibility of the provincial government and takes place in Bomana in Port Moresby, KTF will seek ways to support the Oro Provincial government in upskilling police officers via KTF's parallel projects, for example through KTF's FODE centres. It may also be helpful to work with respected community members and leaders to facilitate the training and build trust between police and the community. Additionally, KTF could consider exploring avenues for formal assessments to ensure that police officers are meeting their obligations outlined under the FPA (2013), which includes responding promptly to reports of GBV and FSV and ensuring the safety of the survivor and providing them with information about their rights and the services available to them, assisting survivors in obtaining medical treatment and forensic examinations, investigating and gathering evidence of GBV and FSV offences, arresting perpetrators, applying for protection orders on behalf of survivors, ensuring compliance of the orders, and reporting cases of FSV and GBV.

EE: Increase public awareness of options to report dissatisfaction with police responses to FSV.

Increasing public awareness of options to report dissatisfaction with police responses to GBV and FSV is an important step in ensuring accountability and promoting better responses. In Oro Province, survivors of GBV and FSV can report dissatisfaction with police responses to the Police Internal Investigation Unit, the Police Professional Standards Division, or the Independent Commission Against Corruption. It is important that survivors know their options for reporting and are empowered to use them. KTF can work to increase public awareness of these options through targeted outreach and awareness-raising campaigns. Additionally, KTF can work with the police to ensure that survivors' complaints are taken seriously and addressed appropriately. This could include providing training to police officers on the importance of responding effectively to survivors and taking complaints seriously. Ultimately, improving police responses to GBV and FSV requires a collaborative effort between police, service providers, and the community as a whole.

EE: Lobby for a FSC to be established in Oro, noting this was a critical source of referrals for the Lae Safe House.

Establishing a Family and Sexual Violence Case Management Centre (FSC) in Oro would be a significant step towards improving support for survivors of GBV and FSV. The Lae Safe House has found the FSC to be a critical source of referrals, and we believe that a similar centre could have a similar impact in Oro. KTF is aware that Popondetta General Hospital collectively shares a responsibility for survivors of FSV and GBV and access referral pathways. KTF will consider lobbying for the establishment of such a centre and working with relevant stakeholders to explore funding and implementation options. A FSC could provide a centralised location for reporting and managing cases of GBV and FSV and serve as a hub for referrals to other support services. This would be particularly important in a province like Oro where the geography can make it challenging for survivors to access support services.

EE: Prioritise disability inclusion, including co-delivering outreach with a DPO where possible. This activity should be guided by DPOs but may include co-designing and delivering outreach training, working together to strengthen referral pathways for people with disabilities, or providing guidance to police and justice services on FSV awareness specifically for people with disabilities.

Regarding the recommendation to prioritise disability inclusion, it's important to acknowledge that people with disabilities are at an increased risk of experiencing GBV and FSV and may face additional barriers when seeking support. Therefore, it's essential to prioritise disability inclusion and work with DPOs to ensure that outreach and services are accessible to all survivors.

As KTF already works with Oro Disable Foundation, it can continue to collaborate with them to co-deliver outreach and training that is inclusive of people with disabilities. KTF will engage with ODF and Northern Coalition for Disability Rights to ensure PWD voices are heard and incorporated into the next Project Zero re-design. Additionally, KTF will work with DPOs to identify ways to strengthen referral pathways for people with disabilities and provide guidance to police and justice services on GBV and FSV awareness specifically for people with disabilities. Co-designing and delivering outreach

training can also be a valuable way to ensure that outreach activities are accessible and inclusive for all community members.

EE: Work with Oro Provincial Government to explore feasibility of contributing core-funding in future, such as 5% of total cost of Project Zero in 2024-25 FY. This may contribute to project sustainability and local ownership.

KTF will explore ways to work with the Oro Provincial Government to explore the feasibility of core funding for Project Zero in the future, potentially through a contribution of 5% of the total cost of the project in the 2024-25 FY. KTF is aware that the national GBV Secretariat is working with the majority of the Provinces throughout PNG to support a GBV focal point. We are currently waiting for the appointment of Oro Province's focal point and KTF will advocate for further funding or contributions from the Oro Provincial government.

Some potential strategies for implementing this recommendation will include engaging in discussions with Oro Provincial Government officials to identify areas where the project aligns with their priorities and exploring opportunities for joint funding applications. KTF may also discuss the potential for other donors to match the provincial government's contribution, thereby increasing the impact of the program. Another option could be to seek support from national-level government officials or agencies, who may be able to advocate on behalf of KTF with the Oro Provincial Government. KTF could also explore the possibility of submitting a formal funding proposal to the Oro Provincial Government, outlining the program's successes and future plans, and requesting core funding in the amount of 5% of the total cost of Project Zero in the 2024-25 fiscal year. KTF may also consider involving the project's beneficiaries in advocacy efforts to demonstrate the impact of the project and encourage government support. We recognise the importance of ongoing engagement with the Oro Provincial Government in order to build and maintain strong relationships and ensure the sustainability of our work, as well as the importance of local ownership of the project.