Resettlement funds to support victims of sexual and gender-based violence in Papua New Guinea

A review of indicative lessons and relevance to business

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The prevalence, severity and protracted nature of SGBV violations in Papua New Guinea provides a strong imperative for relevant stakeholders to seriously consider supporting and expanding resettlement and repatriation schemes for SGBV survivors.

The recent recognition by ECHO of the SGBV situation as a humanitarian crisis provides an opportunity to scale-up discussions at global and national levels on the resourcing and best practice of resettlement funds.

An indicative review of the literature shows that guidelines and best practices are largely to be found and extracted from the humanitarian sector.

Further recognition should be afforded to the fact that there are informal networks of support for SGBV survivors, as well as formal mechanisms.

The role of business in resourcing and supporting resettlement schemes for SGBV survivors is currently undefined, but there remains several opportunities to investigate comparative advantages of private sector engagement.
# Table of Contents

1 Overview 1

2 Why invest in resettlement funds in PNG 2
   2.1 Impacts and costs 2

3 Documentation on resettlement funds globally 4
   3.1 The scope, type and guidelines of resettlement mechanisms 4
      3.1.1 Humanitarian: gender-neutral/aware 4
      3.1.2 Humanitarian: gender-specific 5
      3.1.3 Developmental: gender-specific 6
   3.2 Linkages between formal and informal resettlement initiatives 6
   3.3 Lessons and options are available to inform initiatives 7
   3.4 Role of business 8

4 Resettlement funds in PNG 8
   4.1 The scope, type and guidelines of resettlement mechanisms 8
   4.2 Linkages between formal and informal resettlement initiatives 9
   4.3 Lessons and options are available to inform initiatives 10
   4.4 Role of business 10

5 Conclusions and recommendations 11

References 13
1 Overview

This paper has been commissioned by AusAid-DFAT in order to frame strategic thinking, programming and practices on the development of resettlement schemes and funds for survivors of sexual and gender-based violence (SGBV) in Papua New Guinea, with a particular interest in seeking options for engaging companies and business associations in the resourcing or managerial support of such funds. The review therefore aims to undertake a broad and indicative outline of the available literature and interventions on the subject of resettling violence victims in a number of national contexts, as well as with respect to experiences in Papua New Guinea (PNG). The ultimate aim of this research to provide an introductory evidence-base to policymakers and practitioners in order that informed decisions can be made on best or ‘promising practices’ from global and PNG-specific experiences with respect to the resettlement of survivors of violence – for the most part in PNG itself, but with relevance to similarly practices taking place throughout AusAid’s portfolio of work. A key audience will also be business actors, who also bear associated costs of GBV in PNG, and who may have several roles to play in recouping those costs. For these purposes, this paper accompanies a parallel piece of research examining methods to assess the costs to business of GBV in PNG (see Williams 2014).

In order to maximise the usefulness and potential uptake of this research, five overarching questions have been developed that are informed by priorities developed by Oxfam Australia in an ongoing research initiative funded by AusAid-DFAT, namely, ‘the preparation of a research report on services for the survivors of violence’. The four key questions are:

1. What is the scope and type of resettlement mechanisms that have been undertaken globally and in PNG with respect to survivors of sexual and gender-based violence? What resources, funding modalities, guidelines and criteria are attached to these that assist future policy and programming?

2. What are the linkages between formal and informal resettlement initiatives and how do they operate in practice?

3. What lessons and options are available that can inform initiatives to improve the quality and quantity of resettlement/repatriation services for survivors of violence at the national and sub-national levels?

4. What are the implications for business? Why and how should the private sector intervene?

Box 1: What is GBV?

The term gender-based violence is commonly used to mean violence against women, as defined in the 1993 United Nations Declaration on the Elimination of Violence against Women (VAW):

“any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

In an unprecedented resolution in 2000, the United Nations Security Council called for a gender perspective in peacekeeping operations – resolution 1325 - calling for special measures to protect women and girls from targeted violence. The UN defines violence against women as gender-based to acknowledge that such violence is rooted in gender inequality and is often tolerated and condoned by laws, institutions and community norms (Bott et al., 2005). SGBV includes intimate partner violence, domestic violence and violence by strangers –including sexual abuse and rape. However, there is increasingly a body of work contesting the term given that SGBV could include violence against men, transgender or ambiguous gender, and individuals exhibiting homosexual behaviours (Read-Hamilton 2014).

In addition, the body of programmes and practices addressing SGBV in PNG have largely focused on the term ‘Family and Sexual Violence’ (FSV) – which caters for potential impacts on children and adolescents – either directly or indirectly. For the purposes of this paper, the term SGBV is therefore used interchangeably with FSV, and as a broader term than VAW.
2 Why invest in resettlement funds in PNG

2.1 Impacts and costs

The data on the prevalence of gender-based violence in PNG is variable. A recent World Bank study has shown that 9% of women report being beaten by someone in their household within the last 30 days – most often taking the form of intimate partner violence (67%) (World Bank 2014). A forthcoming study shows that 22% of women had experienced physical violence in the previous year, and 19% of men had perpetrated it, while 24% of women had experienced sexual violence from their partner in the previous year and 22% of men disclosed having perpetrated it (Jewkes et. al. forthcoming, Fulu et. al. 2013). Moreover, one in five women were raped in their first experience of sex, and this proportion was one in three among those engaging in their first sexual activity before the of age 16 (ibid.).

However, of the survivors of violent incidents, only 73% seek assistance. Higher-income individuals with higher levels of educational attainment are even less likely to report the event (World Bank 2014). In addition, of those who seek support, 88% seek it informally through familial and social networks or other non-official channels rather than through police or other justice systems (ibid.). Consequently, the true proportions of the scale of violence in Papua New Guinea can be considered to be highly understated. An indicative study by ChildFund suggests that women’s experience of a form of GBV in her lifetime is as high as 100% in some districts (ChildFund 2013). This has led some commentators to consider this an issue of epidemic proportions (Eves 2010). A key shift in the discourse around SGBV issues in PNG has been the recognition by the EU in 2013, that the situation in PNG is equivalent to SGBV prevalence in some conflict affected countries. This has led the EU to characterise the situation as a humanitarian crisis (see Humanitarian implementation plan ECHO/WWD/BUD/2014/01000) and provide €1.5 million in funding. This is a significant shift in terms of the global recognition of the scale of the situation and will have potentially far-reaching implications for ongoing technical support and resourcing from other actors.

Box 2: The 2013 World Bank Country Gender Assessment for PNG identifies seven main types of FSV:

- **Intimate partner violence**: This is the most common form of FSV with victims presenting at hospitals reporting domestic abuse as the most common cause.
- **Forced marriage**: This customary practice encourages ‘sister exchanges’ where two men give one another their sisters in marriage, thus avoiding the need for a bride price.
- **Polygamy**: This is a complex cause of GBV and often involves violence between co-wives. An Amnesty International survey from 2006 found many women attending health facilities had sustained injuries from the women with whom they shared a partner.
- **Honour violence**: Young women are often subject to violence by the relatives of the male who do not support the relationship she has with her husband.
- **Violence and the child**: Violence against girl children is widespread. Multiple reports have confirmed that they are at particular risk of commercial sexual exploitation, and indirect exposure to violence.
- **Community violence**: This is violence that is specific to community spaces and/or belief systems. Acts of violence may be perpetrated in public markets and areas where the community congregate, as well as through tribal conflicts. An additional significant issue in this category is violence related to sorcery and other spiritual belief systems.
- **Violence by state agents**: Police discipline has collapsed and there are regular reports of attacks against women, men, boys and girls.

World Bank (2013)

The short and long-term consequences of this violence on the well-being and capabilities of the PNG population are consequently far-reaching. The prevalence of the violence normalises these experiences and reinforces gender inequitable attitudes that have multiplier effects in other economic and social dimensions.
impacts include severe trauma – including Post-traumatic Stress Disorder (PTSD), absenteeism from work and lower economic productivity, exposure to HIV and other STD infections, and reduced capacity to negotiate safe sex (UNDP 2013). In the medium term, women who are tested positive for HIV and disclose their test results are exposed to increased risk of violence from partners and other family members (WHO 2004); while men who have sex with men; transgender people; and male, female, and transgender sex workers are at greater risk of gender-based violence due to the high levels of stigma and discrimination (UNDP 2013).

In the longer-term, physical and mental health issues, including disability and HIV+ status and unwanted pregnancies, can have significant multiplier effects on personal and household income, social multiplier effects in terms of inability to undertake an adequate duty of care to children, and the capacity to take advantage of life opportunities. For business, the associated direct costs across the short and long-term can include the absenteeism of the survivor, overtime paid to co-workers or opportunity costs, administrative time and costs of managing victims and/or cost of searching, hiring and training replacement, programmes for preventing and managing SGBV (such as creating safe workplaces, training staff, on-site medical services, and employee assistance programmes such as relocation or separation pay benefits), litigation and court time, compensation payments and reputational costs (Access Economics 2004, Duvvury et al., 2004, Vara 2012).

This paper will review several response mechanisms to these drivers and impacts of SGBV, but in summary, responses in PNG have tended to focus on the immediate term, such as health and short-term security arrangements. Where undertaken, resettlement processes have largely been under-resourced, un-coordinated, challenged by physical access issues, and in some cases, against the interests of survivors of GBV (Amnesty International 2006, Lokuge 2013, Rimbao 2013, Wainetti 2013). Overall, whether resettlement processes are temporary or permanent, increased emphasis on the roles, functions and resourcing available to stakeholders for addressing long-term responses to severe cases of GBV in PNG is vitally necessary.

Overall, the available literature looking at the scope and types of resettlement and repatriation systems, required resources, guidelines, linkages between formal and informal approaches, and lessons for best practices, are largely limited to academic and practitioner outputs in the humanitarian sector – either in conflict, post-conflict or post-disaster situations. This literature has therefore tended to focus on specific global regions and has tended to overlook small island developing states (SIDS), including Papua New Guinea. Furthermore, this literature can be divided into gender-neutral/aware and gender-specific outputs. The indications in table 1, below, provide an overview of this balance.

### Table 1: Indicative magnitude of available literature relevant to resettlement and repatriation policy and practice:

<table>
<thead>
<tr>
<th>Sector and focus/Level and output</th>
<th>Humanitarian: gender-neutral/aware</th>
<th>Humanitarian: gender-specific</th>
<th>Developmental: gender-specific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global guidance</td>
<td>OOOOO</td>
<td>OOOO</td>
<td>OO</td>
</tr>
<tr>
<td>National contexts – contextualised guides</td>
<td>OO</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>National – PNG</td>
<td>(marginal)</td>
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Consequently, this paper begins by providing some responses to the five research topics by examining global and national literature and guidelines separate to the PNG context.

3 Documentation on resettlement funds globally

The majority of available literature and documentation that address the processes concerning resettlement and repatriation are largely focused on global-level guidance documents and toolkits from humanitarian response settings that are either gender-neutral or gender-aware (i.e. they are focused on the concerns of internally and externally displaced populations and acknowledge that women and girls are a key vulnerable demographic in such situations), or gender-specific (i.e. focused guidelines or assessments relevant to the immediate needs and strategic interests of girls of women in these settings). Nevertheless, there remain a variety of guidelines and lessons that may be transferable for actors working in Papua New Guinea where long-term developmental concerns for survivors are more critical.

3.1 The scope, type and guidelines of resettlement mechanisms

3.1.1 Humanitarian: gender-neutral/aware

A core document that outlines broad approaches relating to resettlement and repatriation at the global level is the UNHCR Handbook for Repatriation and Reintegration. This document is a guide for UNHCR staff and partners to plan, implement, monitor and evaluate its activities, and is oriented around mechanisms concerning repatriation, reintegration, rehabilitation and reconstruction – ‘the four Rs’.

<table>
<thead>
<tr>
<th>Box 3: Scope and type of resettlement in the humanitarian sector – ‘the four Rs’:</th>
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<tbody>
<tr>
<td><strong>Voluntary repatriation</strong>: the free and voluntary return of refugees to their country of origin in safety and dignity.</td>
</tr>
<tr>
<td><strong>Reintegration</strong>: the ability of returning refugees (as well as IDPs and others) to secure the necessary political, economic, legal and social conditions to maintain their life, livelihood and dignity.</td>
</tr>
<tr>
<td><strong>Rehabilitation</strong>: the restoration of social and economic infrastructure (e.g. schools, clinics, water points, public facilities and houses) destroyed during conflict in areas of return to enable communities to pursue sustainable livelihoods; or “Actions that enable the affected population to resume more or less ‘normal’ patterns of life. These actions constitute a transitional phase and can [occur] simultaneously with relief activities, as well as further recovery and reconstruction activities”.</td>
</tr>
<tr>
<td><strong>Reconstruction</strong>: the (re)establishment of political order, institutions and productive capacity to create a base for sustainable development.</td>
</tr>
</tbody>
</table>

UNHCR 2004

The UNHCR handbook also provides guidance on Disarmament, Demobilisation, and Reintegration – particularly with respect to drawing linkages with the 4R approach to ensure that response programming is coherent and maintains a continuum of care. Crucial accompanying documents to the Handbook are the Framework for Durable Solution for Refugees and Persons of Concern (UNHCR 2003), and the Handbook of Voluntary Repatriation: International Protection (UNHCR 1996), both of which provide introductions to types mechanisms and approaches that can be used to address the rights and wellbeing of persons in before, during and after transit stages to destinations. These include considerations for rights awareness raising, counselling, registration, monitoring, health, education, and ‘burden sharing’ during the process. In terms of more detailed guidance, the ‘Durable
Solutions’ document provides more (albeit top-level) detail on developing joint implementation and mobilisation strategies for stakeholders addressing SGBV and the roles and official mandates of UNHCR, donors and host governments within existing rights frameworks. However, in terms of detailed guidelines, the Handbook for Repatriation and Reintegration provides the most in-depth detail on general monitoring and evaluation issues – including benchmarks and indicators – some of which may be adaptable for longer-term resettlement concerns. Of particular use is the various components outlining relevant funding mechanisms and modules (Learning module 2) which includes summaries of special appeal processes, trust fund arrangements, cost-sharing, parallel-financing, pooled-funding, pass-through funding and other technical approaches relating to resourcing.

Outside of the UN official body of literature are a range of assessment and evaluations that can also be drawn upon to guide future policies and practices. These include a host of national-context specific experiences, such as the Evaluation of UNHCR’s Repatriation and Reintegration programme in East Timor, 1999-2003 (Dolan and Large 2004). Perhaps the most useful entry points is the Evaluation of UNDP Reintegration Programs (Bonard and Conoir 2013) which summarises experiences of the DRC, Haiti, Cote d’Ivoire, Kosovo, Nepal, Somalia and Sudan. The Internal Federation of Red Cross and Red Crescent Societies also provides a series of relevant discussions on repatriation, including types, practical steps and further reference materials in its Repatriation Guidelines for National RC Societies (1999).

3.1.2 Humanitarian: gender-specific

A slightly more marginal body of literature focuses directly on the vulnerabilities and dimensions that are specific to women and girls in humanitarian settings. Arguably chief among these documents is the UNHR Handbook on the Protection of Women and Girls (2008). The handbook outlines various strategies used by the UNHCR and partners to tackle gender-specific displacement challenges, including how to combine rights and community-based approaches, mainstreaming age, gender and diversity (AGDM), the development of individual case management systems and key approaches within partnerships to ensure the protection of women and girls in resettlement processes. It also provides a comprehensive list of 40-50 field practice examples for a range of national contexts – including case studies on lessons for short, medium and long-term reintegration programming activities. It also provides a summary of ‘how to respond’ guidelines divided by a number of approaches to address SGBV, including voluntary return, resettlement and local reintegration.

The UNHCR has also published an Action against Sexual and Gender-based Violence strategy (2011) which despite not referring to resettlement or repatriation in detail, nonetheless provides an overview of methods and mechanisms to build on existing SGBV strategies at national levels, data collection, M&E and protecting LGBT persons, including a strategy matrix template (Annex IV), a UNHCR ‘Managers Quick Guide – 10 minimum steps to prevent and respond to SGBV’ (Annex V), and a further ‘SGBV Intervention Toolbox, (Annex VI).

A very useful body of work is available through the Berkeley University Sexual Violence Programme in the form of the Safe Havens qualitative and comparative series (2012). The Sexual Violence Programme undertook a four-country qualitative study of shelter options for refugees and internally displaced persons fleeing sexual and gender-based violence, with detailed standalone country studies on Colombia, Haiti, Kenya, and Thailand. The studies seek to identify and describe shelter models available to refugees, the internally displaced, and other migrants fleeing sexual and gender-based violence, as well as the unique challenges experienced by staff and residents in these settings and explore strategies to respond to these challenges. The papers also examine protection needs and options for particularly marginalized victim groups, such as male survivors, sexual minorities, and people with disabilities. Of particular interest, is the discussion around shelter options, access, protection gaps, coordination and exchange of information in case management, types of exit strategies and methods for follow-up and evaluation.

Other useful documents include the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings (2005) which includes a checklist relevant for shelter occupants, sample monitoring forms, minimum standards, and a sample incident report form. A UN Women resource on providing emergency safe shelter provides several protocols for example emergencies with associated contingencies, detailed procedures and suggested timelines. While this resource focuses on temporary shelter, it nevertheless has several avenues for exploration and adoption for longer-term responses.

The Reproductive Health Response in Crisis Consortium (RHRCC) also provides a resource on programme design tools which includes: a causal pathway framework, staff recruitment framework, sample job descriptions,
a staff screening tool, a pre-hiring interview guide, the rights and responsibilities of GBV programme beneficiaries and employees and a code of conduct.

3.1.3 Developmental: gender-specific

As indicated in Table 1, this is a relatively limited body of literature at the global level that specifically addresses longer-term shelter, resettlement and repatriation arrangements and approaches. One potential avenue for further exploration is the mapping of SGBV work done by Saathi in Nepal (Asia Foundation 2010) which provides shelters, short term transit homes, psychosocial counselling, legal counselling, drop-in services, medical support, education, skill training and seed money for economic empowerment. Saathi also runs longer-term residential shelters which support training initiatives, non-formal education, seed money, connections with survivor support groups and other reintegration support to its clients. The only other realistic current alternative for obtaining any detail on resettlement approaches with respect to non-humanitarian settings is through the health sector, for example through the review of Health-sector responses to intimate partner violence in low- and middle-income settings: a review of current models, challenges and opportunities (Colombin, et. al. 2008). This review briefly examines and refers to examples from Latin America, Kenya, Malaysia and the Dominican Republic where short-term shelter issues are addressed in relation to primary care services. The paper also provides a useful model of the potential entry points for delivery of health care to abused women and systems of referral for effective integration (see also Addressing gender-based violence through USAID’s health programs a guide for health sector program officers (2008) which discusses low-cost alternatives to shelters, such as support groups and other informal systems, in resource poor settings).

A more general introduction to GBV responses is provided in Preventing and Responding to Gender-based Violence in Middle and Low-income Countries: A Global Review and Analysis (Bott et. al. 2005), with an outline of several multi-sectoral objectives and strategies to address SGBV, including laws and policy areas on legal aid, institutional reform and training of judiciary and response services, and community mobilisation and engagement. Similarly, the World Bank provides several documents on Sectoral Operational Guidelines, in the areas of health, education, justice and multi-sector responses, but these provide limited detailed focus on the longer-term issues concerning case management. The World Bank guidelines (2006) for impact or outcome evaluations also provide more concrete examples for expanding existing M&E systems on resettlement programmes.

3.2 Linkages between formal and informal resettlement initiatives

In protection intervention situations, the connections between formally mandated actors and informal actors through kinship and other social support networks are rarely clearly articulated given the complexity of this interface, the uncertainty over professional roles, and constrained resources. This is an issue that is equally common in the child protection literature (Myers and Bourdillon 2012). The literature on SGBV at global and national levels is no different, although some indicative references to potential operations can be found in the humanitarian response literature.

The UNHR Handbook on the Protection of Women and Girls (2008) provides a detailed section on a rights- and community-based approach to addressing SGBV which emphasises the importance of recognising the existing resilience, capacities and resources of informal community networks, and suggests that while it is challenging to map, monitor and evaluate relationships, an internal strategy and guidelines are required to engage with these stakeholders appropriately. This may include ensuring commitments are due diligence are maintained, and the minimum ‘do no harm’ standards are addressed when community members temporarily house survivors of SGBV during crisis response, transit or at destination. Such guidelines should recognise the ‘normalisation’ of violence, and that community referral networks and associated guardians may not always necessarily act in the best interests of the SGBV survivor. At this level, it should also be recognised that practitioners may be tempted to exhibit ‘cultural relativism’ and be challenged by their own social norms in fulfilling the responsibilities of the rights-holder. Consequently, the handbook emphasis that practitioners must be intimately aware of social norms context in which they operate in order that they are prepared for some of the practical challenges that they may have to face at grassroots level.

The ‘Safe Havens’ qualitative and comparative series (2012) provides similar guidance on community buy-in, including: seeking support from community leaders and establishing long-term linkages with relevant religious and cultural leaders at national and local levels, being aware of the level of continued risk involved for the SGBV
survivor (low, medium, high) and responding appropriately (e.g. low-risk situations having a greater likelihood of short and long-term benefit to all parties if they are dealt with in situ). In medium-risk situations, intervening parties have a stronger role to play in gauging the continued risk to the SGBV survivor and conducting an assessment of the informal structure(s) capacity to support the survivor. The USAID document *Addressing gender-based violence through USAID’s, health programs a guide for health sector program officers* (2008) also provides some limited overview of the role of health actors in developing informal support networks that can provide psycho-social and other recovery and rehabilitation roles for survivors of violence.

### 3.3 Lessons and options are available to inform initiatives

As has been shown, the majority of lessons relevant to resettlement schemes are limited to the humanitarian sector. The *Evaluation of UNDP Reintegration Programs* (Bonard and Conoir 2013) provides a summary of best practices and lessons from a multi-country study. A key learning points from this study are that certain inter-agency coordination efforts do not necessarily optimise SGBV responses. Structurally integrated units that work across immediate response to long-term settlement under a single managerial structure can contribute to delays in implementation of response mechanisms, a clash of organisational cultures and management inertia that undercut adequate reform. Instead, where interagency coordination managed to capture comparative advantages of organisations through lighter and less demanding mechanisms, responses to SGBV incidents were more immediate and effective. Consequently, evidence from the study suggests that ‘non-structural integration with clear lines of “control and command,” shared and jointly planned expertise and resources’ lead to best results.

The authors also emphasise the critical lack of support for sound and reliable M&E tools and basic case management systems, including the technical capacity and resources to maintain them. More specifically, without opportunity mapping and assessment of SGBV survivors, training programme relevance is limited, as it is not linked to the individuals’ needs nor market demands. Thorough employment opportunity, market, and economic recovery assessments at the local level significantly increases the chances of the socio-economic reintegration and rehabilitation of survivors.

The *‘Safe Havens’ qualitative and comparative series* (2012) provides more detail on shelters specifically, including dealing with the ‘then what?’ concerns. The papers therefore have a relatively significant focus on exit strategies, including the issue of continuous relocation in temporary shelters while awaiting permanent resettlement, income-generating and vocational support, financial assistance, ongoing access to programme support and ongoing community engagement. Examples for such activities are provided with respect to case studies in Colombia, Haiti, Kenya and Thailand, but there is no emphasis on assessing and promoting ‘best practice’ per se.

The *Preventing and Responding to Gender-based Violence in Middle and Low-income Countries: A Global Review and Analysis* (Bott et. al. 2005) document provides a list of promising approaches, typical pitfalls and problematic scenarios encountered in practice. These are divided by justice, health, education and multi-sectoral areas, and while potentially useful for wider policy and programme responses to SGBV, do not have a specific focus on resettlement or repatriation outcomes.

Finally, the Asia Foundation *Preliminary Mapping of Gender-based Violence*, while not providing a summary of best practice, is still a useful resource in examining some potential recommendations to; government (such as the need for increased understanding of the limits of mediation activities and the need for a continuum of care); to NGOs (the need for more comprehensive, carefully documented research on GBV, to know whether women are experiencing more violence in some areas than in others, or whether they are reporting it more often and why) and donors; (increased emphasis on approaches to long-term support for SGBV survivors in resource poor settings).
3.4 Role of business

Examples of best practice or recommendations which involve private sector actors are non-existent in the literature reviews. The Handbook of Voluntary Repatriation: International Protection (UNHCR 1996), as do supporting UN documents, provide general guidance on systematic approaches to the coordinating of response activities. The handbook outlines differences in the mandate, comparative advantage, scope and criteria of intervention, and relevant linkage with other actors (page 117) but the private sector is not included in this list. The handbook also notes that funding modalities for transition–recovery activities are still not well developed and that few countries have established transition funding mechanisms. The challenge is to combine the flexibility and rapidity of disbursement with concerns for long-term sustainability. An additional problem is the multiplicity and uncoordinated fundraising initiatives of different UN agencies.

A potentially useful series of resources are being developed by ODI’s Humanitarian Policy Group in the form of new case studies examining the role of the private sector in humanitarian crises. While these case studies are looking at large-scale, rapid and protracted humanitarian crisis situations in Kenya, Syria, Jordan and Indonesia, they may provide some insights and recommendations – particularly given the new ‘crisis status’ of the SGBV situation in PNG. Main barriers to engagement between private sector, government and non-government actors are considered to be lack of knowledge about one another’s capabilities and needs, the potential range of possible collaborations, and the costs of both action and opportunity costs of inaction. Private sector actors have also been frustrated with unclear lines of authority and decision-making structures within and between multilateral organisations, NGOs and government actors.

4 Resettlement funds in PNG

4.1 The scope, type and guidelines of resettlement mechanisms

An indicative mapping of the implementing International NGOs in Papua New Guinea with respect to SGBV shows that Oxfam Australia, Medicines Sans Frontiers, Amnesty International, World Vision, the Case Management Centre (CMC) and ChildFund are currently or recently active. The Digicel Foundation and Barrick Gold (with Porgera Joint Ventures) and Exxon are also active from the private sector, but these activities are, as yet, unmapped.

Medicines Sans Frontiers, in commitment with their mandate, has focused on immediate health response concerns to SGBV survivors, but has also provided broader recommendations on referral structures (MSF 2010). Amnesty International continues to act as a human rights watchdog in association with the International Human Rights Centre of Australia, while ChildFund is scaling up its work across 19 villages in the Central Province. This work will entail provide medical assistance (preventing HIV/AIDS, pregnancy, sexually transmitted infections, etc); provide counselling and referrals; supporting women to report incidents of violence and equip them with medical certificates, if required; provide information on women’s legal rights and services that can assist them; and train 50 village health volunteers to treat and support women more effectively. World Vision is implementing projects such as Oi Meri Igat Namba (OMIN) tackling SGBV through women empowerment, referral actions and addressing HIV/AIDS related issues. WV has also released studies and reports in relation to SGBV.

The only non-governmental actors seen to be working specifically on shelter initiatives are the Digicel Foundation, Barrick Gold and Oxfam Australia. The Digicel PNG Foundation set up three safe houses offering short-term accommodation to women and children who are subjected to family and sexual violence (FSV) and has developed a memorandum of understanding in this respect with UNICEF, the Consultative Implementation and Monitoring Council (CIMC) and the Institute of National Affairs. The Foundation has also partnered with CIMC to facilitate counselling training for staff working in these shelters. Barrick Gold Corporation and Porgera Joint Ventures collaborate to respond to complaints of violence against women at the Porgera mine in PNG. They implement community initiatives by working with partners to raise awareness of women’s rights, build capacity of community-based organisations and improve resources and services available to women affected by violence in the Porgera community.
Oxfam Australia is considered to be a major conduit of funding, technical support and coordination activity on responses to SGBV in PNG\(^1\) as part of its global Ending Violence Against Women (EVAW) programme. This work includes a specific and new stream of work on resettlement initiatives for SGBV survivors (see Box 4).

**Box 4: Outline of Oxfam’s EVAW activities in PNG**

The EVAW Program provides support for those subject to, or at high risk of, violence in all its manifestations. This support is provided through local partners and extends to the provision of crisis services including counselling, safe-house accommodation, paralegal advice, and referral to specialist service providers. To address the underlying causes of violence, the EVAW Program also funds outreach sessions targeting men and boys in violence hot spots.

Between July 2013 and December 2013, over 10,000 people benefited from the EVAW Program. There are some situations where the violence being experienced is so serious and sustained that the only appropriate course of action is to repatriate the survivor. The need for repatriation is often brought into sharp relief in cases involving sorcery-related violence. In these cases there is usually a direct threat to life and repatriation is seen as the most appropriate course of action.

Through forthcoming research, Oxfam aims to build an evidence base around the scope and nature of repatriation services to support Oxfam and partners to conduct advocacy initiatives with Government specifically to: (1) fund additional repatriation services; (2) establish common criteria and guidelines to regulate the provision of such services; and (3) construct a purpose-built ‘safe house’ facility in the Highlands for survivors of violence as foreshadowed in the Government’s Medium Term Development Plan. The conduct of the research will also indirectly support other related advocacy objectives including raising general awareness, with Government officials, around the repeal of the Sorcery Act.

Oxfam (2014) and personal communications

Oxfam works with eleven partner organisations in PNG on responses to SGB – including associations with Amnesty and ChildFund. Oxfam provides a call-down fund for these actors on the basis of applications, all of which are assessed on the basis of whether the situational risk for the eventual beneficiary is high, medium or low-risk. As discussed. The organisation has also recently been awarded a $3 million grant, to be implemented over 3 years, for Oxfam’s broader workstream in PNG. The organisation has so far managed to implement 70-80 resettlement initiatives from a small repatriation fund, supporting over half of the 9 safe houses in the PNG as part of this process. Oxfam is currently relying on basic and internally developed guidelines and criteria in these activities – although its current research (see Box 4) aims to systematise and expand its knowledge base on these matters.

A key partner for Oxfam is the PNG Family and Sexual Violence Case Management Centre (CMC) - a new PNG-based non-governmental organization managed by a committee of PNG and Australian stakeholders, in partnership with the Australian National University. The organisation is currently in its preparatory phases, and will commence work in Lae in 2014, with technical and financial support from Oxfam.

There are also quasi-autonomous NGOs that have roles at national level. Most notably, the Family and Sexual Violence Action Committee (FSVAC) is the leading national agency that promotes awareness and conducts training on various aspects of SGBV. It develops and circulates legal literacy informational brochures and posters, and conducts national awareness campaigns. The FSVAC develops and coordinates para-legal services, FSV awareness raising, counselling and training, as well as distributes funding to a network of provincial FSVAC partners to facilitate their own awareness activities within the community.

### 4.2 Linkages between formal and informal resettlement initiatives

Given the activities of Digicel, as well as the ongoing and expanding work of Oxfam and its partners, the issue of liaising with informal networks during resettlement processes in PNG is only likely to increase. As much of this work is relatively new, there are no evaluations or performance assessments of due diligence in relating and

\(^1\) Personal Communication – Phillippe Allen, Country Director, Oxfam PNG Country Office
following-up cases with informal support networks. This is also partly a result of limited funding, resources and technical expertise in this area and remains a key knowledge gap.

Some ‘Provincial Councils of Women’ provide support for gender-based violence survivors, such as in East Sepik. A new approach seen in an urban settlement near Port Moresby is a self-help refuge set up and run by a group of local women to meet their own needs. However, where safe havens exist, demand for accommodation is greater than what can be provided given the limited resources of informal actors (UNDP 2013).

4.3 Lessons and options are available to inform initiatives

Lessons and recommendations to address severe and complex cases of SGBV in PNG that require resettlement responses are limited to informal feedback through conversations with Oxfam Australia and the resources available on the CMC website, supported by the Australian National University.

An informal review of costs in Oxfam Australia has shown resettlement fees for a single local transfer to total approximately 400 Kina ($150), while an inter-island / international transfer can exceed 1700 Kina ($650). In the past year, Oxfam has conducted 70-80 resettlements. Given that approximately 70% of women report occurrences of SGBV, the need for these services is likely to be considerably higher if women are informed of their rights, assured of their security and appropriately supported in the resettlement process.

Information from the CMC/ANU website and resources shows several key lessons to take forward that, while not applying directly to resettlement concerns, will nonetheless have significant bearing on effective implementation in the future. The first issue concerns the technical capacity of case management staff in NGOs, police officers and magistrates to process interim protection orders effectively and efficiently. The Lae district office, for instance, currently issues seven protection orders per month, while village court magistrates process over 40 through the common law system. The disconnect between these processes demonstrates a lack of coordination and clarity regarding lines of responsibility and accountability that need to be improved to ensure resettlement processes for SGBV survivors are logged at local and national levels. This in turn provides the initial basis for constructing and maintaining adequate M&E systems that are currently under-managed.

Secondly, the expanded role of the common law and informal systems for protecting SGBV survivors should be mapped and recognised in order to tap lessons, but also for management purposes to ensure activities are within the mandate of these systems. Thirdly, Medecins San Frontieres has conducted extensive primary and secondary (psychosocial and referral support) services in Lae city over the past 3 years, recording up to 14 000 cases. This is a magnitude of prevalence and support structures several times higher than elsewhere in PNG, and this provides an opportunity to invest in more comprehensive research regarding promising practice and investments into providing more comprehensive longer-term resettlement programmes. The CMC is currently undertaking this role with the arrival of new funding support from DFAT, but associated stakeholders can also add resources and technical services to support its activities.

Finally, from a governance and sustainability perspective, there continue to be concerns about the role of the PNG government in facilitating support to address SGBV – including resettlement programmes. The vast majority of resources have historically been provided by international donors in the form of service delivery, with technical capacity building taking an ad hoc and secondary role. Statements from Amnesty (2006), MSF (2010) and the FSVAC declare that this is not only a resource allocation issue, but also an implementation concern given that even meagre resources to address SGBV are not reaching destination service providers at local level. This has often led to the implementation of informal ‘cost recovery’ fees – including charging for protection orders, fuel for transport, and basic subsistence.

4.4 Role of business

According to available online literature and resources, the role of the private sector has been almost comprehensively under-utilised in providing support to prevent and responses to SGBV in PNG. This is notable in ECHO’s Humanitarian Implementation Plan, as well as NGO statements, reports and workstreams. In practice, informal linkages exist. UNICEF and Digicel, for instance, have established MOUs regarding the resourcing of
safe houses and other technical support for training staff. As a key actor in PNG, Oxfam is itself constrained from receiving funds from extractive industries but is interested in working with the PNG chamber of commerce as a convenor to liaise with private sector actors to ensure activities are, at a minimum, mapped and coordinated at a basic level.

5 Conclusions and recommendations

Given the prevalence, severity and protracted nature of SGBV violations in PNG, as well as the increased recognition of these dimensions from both development actors and more recently the humanitarian sector, the imperative for coordinated and well-evidenced responses to the situation has never been higher. However, the indicative magnitude of available literature relevant to resettlement and repatriation policy and practice, as shown in table 1, suggests there are several opportunities to learn from established guidelines and best practices in the humanitarian sector, combined with significant gaps in the longer-term development literature—particularly at national level in PNG. A first step in addressing this issue will require a more detailed mapping of the documents outlined in this paper in order to extract and contextualise approaches and guidelines for action in PNG. Such approaches and guidelines will need to be communicated and validated with national stakeholders—potentially through a series of participatory workshops. Oxfam will itself be conducting a mapping of relevant materials in this regard, but will require the active engagement of critical actors, such as the FSVAC, the CMC and DFAT.

This mapping and further coordination activity on the development of resettlement schemes should be cognisant of the fact that there are informal networks of support for SGBV survivors, as well as formal mechanisms. Limited guidance is available in even specialist literature in this regard, but commitments to due diligence and guidelines that prioritise a ‘first do no harm’ approach can be collectively established and shared widely with appropriate stakeholders. These guidelines can specify rapid assessment methods and M&E measures to determine the appropriateness of resorting to informal network support—both in relatively resource rich and resource constrained environments. A starting point for such lessons may be the ‘Provincial Councils of Women’ which provide support for gender-based violence survivors in East Sepik, as well as other unmapped self-help refuges in PNG.

Forthcoming mapping activities and responses also require a more detailed mapping and contextualisation of global lessons and promising practice with regard to resettlement schemes. Given that there is limited available literature from the humanitarian sector, and to a lesser extent the development sector, it is likely that the best value will be obtained through a series of key informant interviews with relevant policymakers and practitioners in both PNG and elsewhere. Key actors for consultation in PNG for the development of more systematised case studies are considered to be the FSVAC, the new CMC centre, Oxfam (and partners), and MSF. However, lines of communication should also be established at a global level—possibly through the development of an expert panel or steering committee coordinated through DFAT, as well as with ECHO humanitarian units to ensure that new funding TORs and implementation activities are drawing upon the best available evidence for appropriate action. A priority focus in taking these forward should be on developing sustainable support systems, given that the vast majority of responses to SGBV in PNG are funded externally, and that these responses have historically focused on service provision rather than long-term infrastructure and technical skills development.

Finally, the role of the private sector and businesses in supporting resources and coordination of resettlement schemes in PNG needs to be more widely discussed and clearly articulated between NGOs, government and donors. This review has shown that while no concise or specific material exists on this subject internationally, there remain some guidelines regarding the existing mandate and comparative advantage of non-business actors that can be taken forward for discussion with private sector actors. ODI’s Humanitarian Policy Group also has a series of broader case studies regarding the involvement of private sector actors in humanitarian situations that can be drawn upon and adapted to context in PNG. In terms of current activities in PNG, most engagements with businesses are informal and opportunistic. The fact that Digicel and UNICEF have an established MoU on shelter support shows promise for further engagements on resettlement schemes. Conversations with these parties about the MoU can be undertaken and shared with relevant stakeholders at national level to assess whether the process was effective and can be replicated. These discussions should also take advantage of mapping the informal connections between business, NGOs and government actors to discern whether there is scope for formalising
these linkages, and expanding collective support specifically for resettlement schemes. The publication on assessing methods to cost the implications of SGBV to businesses in PNG (Williams 2014) will be a crucial resource to convince private sector actors that there is scope for a business case to be made regarding the involvement of business in this regard.
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