



# Working for impact in Papua New Guinea: CARE International's portfolio review

**Main report**

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**It starts with equal**

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## LIST OF ACRONYMS

ANCP	Australian NGO Cooperation Program
ARB	Autonomous Region of Bougainville
BCG	Bougainville Community Governance Program
CBACC	Community Based Adaptation to Climate Change
CISP	Coffee Industry Support Program
CGP	Community Governance Program
CSO	Civil Society Organisation
DFAT	Department of Foreign Affairs and Trade
DRR	Disaster Risk Reduction
EHP	Eastern Highlands Province
FBMT	Family Business Management Training
FGD	Focus Group Discussion
GBV	Gender Based Violence
GEWV	Gender Equality and Women's Voice
ICDP	Integrated Community Development Program
KII	Key Informant Interview
KTA	Komuniti Tingim Aids
NDOH	National Department of Health
OW	Obura Wonenara (District)
PNG	Papua New Guinea
SIP	Services Improvement Program
SRMH	Sexual Reproductive and Maternal Health
VAS	Village Assembly Strengthening
VBA	Village Birth Attendant
VHV	Village Health Volunteer
VSLA	Village Savings and Loans Association
WASH	Water, Sanitation and Hygiene
WDC	Ward Development Committee
WEE	Women's Economic Empowerment



## EXECUTIVE SUMMARY

### Introduction

This review focuses on CARE International's program portfolio in Papua New Guinea (PNG) over the past five years (2013-2018). CARE's goal in PNG is to achieve significant, positive and lasting impact on poverty and social injustice in remote, marginalised rural areas through the empowerment of women and their communities and through effective partnerships. CARE has worked in PNG since 1989 and now has offices in Goroka in Eastern Highlands Province, Mt Hagen in Western Highlands Province, Buka in the Autonomous Region of Bougainville (ARB) and an office in Port Moresby.

Over the past five years, CARE's program in PNG has worked in multiple areas: sexual, reproductive and maternal health, community health promotion, awareness and behaviour change; inclusive governance; women's economic empowerment; climate change adaptation and disaster risk reduction; and emergency response. These programs have been implemented in PNG's particularly challenging operating environment.

Two underlying elements in CARE's programs in PNG have been an emphasis on promoting gender equality and supporting inclusive governance. This review thus focused closely on CARE's gender and governance approaches: what impacts were seen, what lessons learned, and what promising approaches are emerging to inform better programming by CARE and other players.

### Review approach

The review was conducted as a collaborative exercise between CARE International in PNG (CARE PNG), CARE Australia and CARE USA. The review was informed by a feminist approach, using relevant methodologies to both collect data and create dialogue about issues of gender equality. An initial phase of desk analysis and consultation reviewed relevant project documentation and evaluations, to analyse approaches and achievements. This drew on a range of CARE programming frameworks, including the Gender Equality Framework.

The second phase included two weeks field work in Eastern Highlands Province, in sites where two of CARE's main projects had been operating. Field work included consultations with project participants and key informants. This allowed for a snapshot of local perspectives to supplement and inform the desk-based analysis. Following post-field work reporting, further analysis was undertaken to integrate the desk-analysis and field work findings into a final report addressing the key review questions from the Terms of Reference. This also involved some additional document review, in particular taking advantage of concurrent analysis being undertaken separately on CARE's governance programs and approaches<sup>1</sup>.

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<sup>1</sup> CARE International in PNG, Inclusive governance practice in CARE International's PNG Programming (2018)

## Impacts of CARE's programs



The reach of CARE's programs in PNG has grown over time, from a total of around 203,021 direct project participants in FY14 to some 372,776 participants in FY17<sup>2</sup>. While it is difficult to derive figures across the whole portfolio on total program impact, this review does present a picture of the types of impact CARE has had, as well as looking at how CARE has worked, to identify promising approaches for possible replication or adaptation by CARE and others.

Key areas of impact where CARE programs have contributed in the last five years include:

- **Improved services to women and men in remote and rural areas:** This is a substantial achievement as one of the main governance challenges in PNG is that services do not reach remote areas. CARE worked with local government and communities to improve service delivery, based on priorities set by community groups. This included improving access to education; access to lifesaving health services; establishment and training of village courts; and community infrastructure such as bridges to facilitate movement of people and goods. Field work suggests that the majority of these changes in Obura Wonenara have been sustainable, and the PNG Government and other agencies have continued to extend services to these communities.
- **More inclusive<sup>3</sup> local planning processes and structures** in Obura Wonenara District (Eastern Highlands Province), Menyamya District (Morobe Province), and Gumine District (Chimbu Province) and parts of Bougainville: CARE worked to help bring substance and effectiveness to government-mandated structures for local

<sup>2</sup> [PIIRS PNG Project information 2014, 2017](#)

<sup>3</sup> 'Inclusive' in this sense refers to improved coordination, communication, planning and implementation between communities, government and service providers.



development. This included Ward Development Committees (WDC) and associated planning processes in Obura Wonenara District, with leveraging of more than 3.2 million Kina committed by various government authorities to fund community priorities and support for the implementation of the Community Government Act in Bougainville.

- **Promotion of women’s leadership and participation:** CARE has promoted and sought to normalise women’s involvement in spheres of governance and livelihoods. This includes helping the government to meet mandated levels of female representation in community planning structures and advancing women’s roles in the coffee sector including as extension officers and in coffee production and marketing.
- **Shifting household gender norms:**<sup>4</sup> While not under-estimating the long term nature of securing changes to entrenched norms which disadvantage women in PNG, CARE has been able to show success in areas such as promoting more equal division of labour and income in coffee farming households and more favourable practices around childbirth in remote areas of Eastern Highlands Province.
- **Supporting recovery and resilience to natural disasters:** CARE reached over 328,224<sup>5</sup> direct beneficiaries in 14 Districts across six provinces supporting livelihood recovery and water and sanitation, in response to the El Niño drought of 2015-16. CARE also worked in Nissan District (in the ARB) on climate-resilient agricultural practices, over three years reducing the number of food insecure months per year from seven to four.

### **CARE’s approaches to gender and governance**

In addressing gender inequality, CARE looks to work across three key domains of change, consistent with its Gender Equality Framework, an evidence based programming framework developed by CARE International. These three areas are:

- **Women’s individual agency** – addressed in PNG through skill building and training, and opening opportunities for women to exercise these skills, as well as less formal approaches such as building of confidence and knowledge through women’s participation in informal groups, or ‘enabling environments’ to develop girls’ agency.
- **Social relations** – addressed through measures to support more collaborative household relationships, such as CARE’s Family Business Management Training, or the Community Workshop Series for promoting better maternal health practices. Other approaches have included gender training or group discussions such as women’s forums, which helps facilitate women’s participation in local decision-making bodies.
- **Social, cultural and political structures** – addressed through measures such as participatory training and awareness raising for communities and for government

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<sup>4</sup> CARE has also shown success in shifting community gender norms as well. An example is where CARE used the Community Workshop Series to help communities examine childbirth norms. This helped overcome men’s fear and women’s reluctance to give birth at the medical aid post and resulted in 24 births occurring in the Siaka clinic, from a base of zero

<sup>5</sup> CARE Australia PIIRS Emergency resilience FY2017

partners on reinforcement of existing legal stipulations in PNG for women's representation; or through working with coffee industry partners to adopt policies and practices that support women's participation.

CARE's approach to governance in PNG works on both the 'demand' and 'supply' side of governance, and links the two:

- CARE works with **citizens and communities** to raise awareness of their rights and to express their priorities to government, through inclusive community planning processes.
- CARE works with **public authorities** to be aware of their responsibilities, and helping them develop motivation, skills, confidence and processes to implement these.
- CARE brokers **effective communication, links and negotiations between both sides**, through support to formal structures or facilitation of additional forums for dialogue.

### **Contributors to effectiveness**

CARE's commitment to building relationships with, between and within communities, and with local resource and service providers, and its commitment to an adaptive learning approach were seen as vital for success in the complex PNG context. Other important contributing factors were maintaining positive relationships with local and provincial government authorities, including identifying people within government who can move things forward; identifying appropriate entry points and incentives which position CARE to work collaboratively for change; and the use of proven CARE models, particularly the Gender Equality Framework, which has helped CARE in PNG navigate issues and focus efforts.

### **Constraints to effectiveness**

There are many constraints associated with the particularly challenging operating environment in PNG, characterised by great cultural diversity and complexity, and difficulties such as logistics, transport, communications, safety and security, access to services, weak governance and extreme gender inequality. Organisationally CARE also faces constraints. CARE's reliance on project funding means that a volatile donor funding environment can affect programs, cutting them short before benefits have been fully realised. Field work also explored and affirmed the significance of other constraints which CARE has been seeking to help communities identify and change – particularly relating to gender relations and power structures. These include: the high degree of control maintained by men over household finances; strong cultural barriers to women's participation in community meetings; difficulties in ensuring that women's priorities are reflected in community decisions; and the prevalence and impact of gender-based violence. Clearly entrenched norms are reinforcing gender inequality. While CARE's work on gender equality has shown progress, lasting change towards gender equality is a necessarily long term concern: CARE and other actors need to maintain their commitment for the long haul.

### **Promising approaches**

The following promising approaches were identified, for consolidation in future CARE programs and promotion to others where appropriate:

- Investing time to understand communities’ evolving needs.
- Building on local governance processes.
- Building trust between communities and institutions.
- Recognising that gender equality is integral to all development outcomes in PNG, maintaining a commitment to increasing gender equality and developing tools to support this.
- Building programming upon the premise that gender equality is foundational to achieving sustained positive development outcomes.
- Focusing on shifting attitudes about household decision-making.

Some of the approaches could potentially be applied to other contexts, for example:

- CARE could learn from its approach of extending health and education services to remote communities to adapt an approach for improved Gender Based Violence (GBV) response services to these communities.
- An approach based on CARE’s Family Business Management Training (FBMT) model<sup>6</sup> could be used alongside sectoral programs such as health, education or governance to help shift other social norms at the household level.

CARE could explore ways to strengthen more gender equitable household decision-making as a stepping stone to working with the wider community toward shifting gender norms to enable greater support of women’s leadership in public roles.

### **Lessons for the future – recommendations**

The review team offers some recommendations on how CARE, and others implementing programs in PNG, can improve effectiveness and impact.

Gender equality:

- Continue to design, implement, expand and improve programs that promote gender equality at multiple levels: women’s individual agency, social relations, and social and political structures.
- Continue to focus on changing attitudes and practices that are harmful to women and develop approaches to ensure these are central to all projects, as well as providing training for women and including women in programs; and develop approaches to ensure this is central to project development.
- Conduct a systematic analysis of GBV and the Do No Harm approach across all programs.
- Investigate, develop and adapt tools for the multitude of cultural practices that structure different households (such as polygamous marriage) that impact on gender

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<sup>6</sup> Key features of FBMT include: targeting training at the household level (identifying ‘family’ as the central unit); seeking participation of household spouses and other family members (not just husbands and not just wives); clearly identified incentives to learn and change behaviours (in FBMT it is prospect of increased household prosperity); clearly identified incentives for shared decision-making as necessary for success (in FBMT, necessary for better income management/prosperity).

programs in the Highlands, particularly for household level-approaches such as Family Business Management Training.

#### Inclusive Governance

- Continue to work with communities to investigate the reasons for exclusion of some people from community governance processes (for example women on Ward Development Committees), and how greater inclusion could be achieved.
- Focus on identifying, supporting and strengthening existing women's groups, and social and economic networks, and explore how existing women's groups or networks could work with new mechanisms or structures that may be promoted through CARE activities (Village Savings and Loan Associations (VSLA) are an example of such a mechanism currently being piloted by CARE.
- For any continuing work on law and justice regarding GBV in remote locations, continue to ensure that Village Court officers have ongoing training or information on their options and legal constraints for responding to rape and family violence complaints; and explore other opportunities for shifting local law and justice norms and practice in reducing GBV.
- Support women to renegotiate household<sup>7</sup> work where they are taking up volunteer roles in the community.

#### Monitoring and evaluation

- Monitor incidences of violence and unintended harmful impacts of the program.
- Across projects, consistently focus monitoring and evaluation on changes in attitudes and behaviours of men and women.
- Improve gender equality monitoring and apply it to programs more broadly.
- Disseminate this review and its approach within CARE International for learning purposes.

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<sup>7</sup> Household work extends beyond the home to include critically important work such as farming food crops (clearing and ground preparation, planting, weeding, harvesting, etc), cash cropping, collecting and splitting firewood, and livestock care.

## 1.0 INTRODUCTION AND PURPOSE OF THE REVIEW

CARE Australia has undertaken a number of strategic reviews over the past decade, to support accountability and program improvement. In 2017-18 CARE identified the opportunity to review its portfolio in PNG, with a particular focus on its impacts and approaches in gender equality and inclusive governance in the past five years of programming. The Terms of Reference for the review are at Annex A.

The review had two main purposes. The first is to improve CARE's work in PNG, through gaining a better understanding of how CARE programs work (what is effective and what is not) and the impact of the portfolio. The second is around documenting, sharing and promoting proven or promising approaches for achieving impact in PNG. Consistent with CARE International's emphasis on gender equality, the review also sought to build a collaborative approach (including cross team learning across geographies and teams) which could inform CARE's review approaches, frameworks and practices beyond this review.

Two underlying elements in CARE's programs in PNG and globally have been an emphasis on promoting gender equality and supporting inclusive governance. This review thus focused closely on CARE's gender and governance approaches: what impacts were seen, what lessons learned, and what promising approaches are emerging to inform better programming by CARE and other players. Key review questions were as follows:

1. How has CARE spent its funds in PNG over the last five years?
2. What sort of projects has it followed, in what sectors and provinces and why?
3. What have been the most significant impacts of CARE's programming in PNG over the past five years from major projects, and the portfolio as a whole?
4. How has CARE PNG's approach to gender equality and governance (separately or combined) led to lasting change?
  - What have been CARE PNG's key achievements to improved gender equality?
  - What have been CARE PNG's key achievements to better governance?
5. To what extent do our programming approaches support PNG systems, leadership and ownership? Are there promising approaches with potential for broader scale-up or adoption elsewhere in PNG?
6. To what extent have CARE monitoring and evaluation systems delivered the required data?
7. What have been the major contributors to effectiveness and what have been the major constraints?
8. What are the lessons for the future?

### 1.1 Review approach and methodology

This section provides a brief summary of the review methodology. Full detail is provided at Annex B.

The review was a collaboration between CARE PNG, CARE Australia and CARE USA and drew on:

- relevant CARE Australia and CARE International policies, frameworks and analysis
- program and project documents such as designs, reports, mid-term reviews and final evaluations
- interviews with key staff and stakeholders
- in-country qualitative and quantitative field work.

The review approach was grounded in feminist evaluation principles, and embodied CARE's understanding of gender, power and rights.

The review took place in two phases. The first was a desk review meta-analysis focused on the following questions:

1. How does CARE's work in PNG, and programmatic boundary partners conceptualise gender equality and women's voice, governance and accountability?
2. In what ways, how and to what extent has the PNG portfolio promoted and engaged the following, across all levels of the socio-ecological framework through its work:
  - Gender equality and women's voice.
  - Inclusive and accountable governance.
  - Support to PNG leadership and ownership (including complementarity to the work of other civil society/grassroots formations).
3. Where do we see:
  - Potential impact of CARE's programming in PNG over the past five years from major projects, and the portfolio as a whole?
  - Promising approaches and strategies that contribute to outcomes and impact at different levels and scale, particularly in relation to gender, governance and sustainable livelihoods/women's economic empowerment (and their intersection)?

The review team developed an analysis framework to review gender and governance pillars of programs across the PNG portfolio (further detailed in section 4). The framework is based on CARE's Gender Equality And Women's Voice framework<sup>8</sup>, Care's Governance Programming Framework<sup>9</sup> and the Gender at Work Framework<sup>10</sup> and drew upon and adapted existing tools at CARE such as the Gender Marker<sup>11</sup> and the Inclusive Governance Marker<sup>12</sup>. The alignment of these three frameworks resulted in an overarching approach to

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<sup>8</sup> CARE Gender Equality and Women's Voice Guidance Note (2016). See [http://gender.care2share.wikispaces.net/file/view/CARE\\_Gender-Equality-and-Womens-Voice-Guidance-Note\\_April-2016.pdf](http://gender.care2share.wikispaces.net/file/view/CARE_Gender-Equality-and-Womens-Voice-Guidance-Note_April-2016.pdf)

<sup>9</sup> CARE Inclusive Governance Guidance Note - Summary Document (2016). See <http://governance.care2share.wikispaces.net/CARE+Inclusive+Governance+Guidance+Note+-+Summary+Document>

<sup>10</sup> The Gender at Work Framework. See <http://genderatwork.org/analytical-framework/>

<sup>11</sup> CARE Gender Marker (2016). See <http://gender.care2share.wikispaces.net/Gender+Marker>

<sup>12</sup> [ibid](#)

assist in identifying how CARE programs implemented Inclusive Governance and Gender Equality and Women's Voice Frameworks.

While the inclusive governance and gender equality frameworks were used as a lens to analyse projects across the portfolio, it is worth noting that not all CARE's projects in PNG programs were designed around these frameworks. Some projects pre-dated the development or socialisation of the broader frameworks. However, as part of CARE's learning and reflection processes in PNG, the frameworks have been increasingly drawn on or adopted in program development and review.

### Data collection and analysis

For the desk-analysis, the review team reviewed 17 major documents (evaluations, reviews, case studies) pertaining to 11 different projects in PNG against the analysis framework in order to generate a high-level understanding of CARE PNG's approaches to inclusive governance and gender equality. A list of the documents is included in Annex C. The review team also held nine key informant interviews with current and former staff from CARE offices in Goroka, Bougainville and Canberra, to obtain background and informed perspectives on CARE's programming approaches, successes and lessons.

The findings from the desk-analysis informed the approach to the questions and approach to the field work: for example, bringing a focus on whether and how CARE was addressing gender norms. These findings also informed the approach to the field work which include focus group discussions and key informant interviews. The findings of the desk-analysis informed the focus of the field work review questions:

1. To what extent have CARE's Inclusive Governance and Gender Equality approaches been operationalised in project implementation?
  - How have these two approaches produced synergies?
  - How have different stakeholders responded to these approaches?
2. To what extent are CARE programs making progress in addressing informal and formal gender relations and informal and formal power structures – including the relationship between household and community decision-making for women, and changes in perceptions of women's leadership?
3. To what extent does CARE's programming support PNG leadership and ownership?
4. Are there promising approaches or ways of working related to gender equality and inclusive/accountable governance, with potential for broader scale-up or adoption elsewhere in PNG?
  - What approaches are most promising?
  - How can they be adapted to other program contexts (within PNG)?

## Field work sites in Eastern Highlands Province



With only two weeks available for field work, CARE's team in PNG selected sites based on logistical and security considerations, which are constantly changing. Sites were selected to allow for exposure to the work of two major CARE projects, the Integrated Community Development Project (ICDP) and Coffee Industry Support Project (CISP). While six sites were initially chosen, two had to be dropped at late notice given reallocation of airline routes in response to the earthquake in Southern Highlands shortly before the review commenced. This reduced the sites to four sites in three Districts of Eastern Highlands Province: Timuza (Kainantu District), Lower Unggai (Unggai Benna District), Simogu (Obura Wonenara District) and Paraba<sup>13</sup> (in Obura Wonenara District). The team also interviewed key informants in Goroka and Port Moresby.

Data collection by a field team of six was carried out during 5-18 March 2018. The field team conducted two focus group discussions in each site: one male and one female focus group discussion, with a total of 132 participants (70 females and 62 males). The focus groups concentrated on household and community decision-making to understand norms around practices of decision-making at the household and community level and to understand if changes in household decision-making impacted on community decision-making and vice versa and to see if perceptions of women's leadership has been changed.

The methodology was based on the IWDA [Gender and Economy in Melanesia Manual](#)<sup>14</sup>, using a series of pictures to represent different types of household and community decision-

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<sup>13</sup> Paraba also included participants from four additional communities of Ororingo, Pinji, Anji and Gema

<sup>14</sup> IWDA Gender and economy in Melanesian communities manual (2012). See <https://iwda.org.au/resource/gender-and-economy-in-melanesian-communities-manual/>



making, though this tool was found to have some contextual limitations.<sup>15</sup> The methodology was in line with the feminist approach of the review and provided space for communities to reflect on and challenge gender norms within their households and communities. Quantitative data from the discussions and voting were analysed by findings per community, by male and female, and differences in participants that participated in CARE programs and those that did not. Materials for focus groups and key informant interviews (KIIs) are included in Annex D.

The field teams also conducted 21 KIIs with a diversity of stakeholders each offering a unique perspective including: male and female program participants, leaders and Ward Development Council (WDC) members.

Following initial reporting after the field work stage, further analysis was undertaken to integrate the desk-analysis and field work findings into a final report addressing the key review questions from the Terms of Reference. This also involved some additional document review, in particular taking advantage of concurrent analysis being undertaken separately on CARE's governance programs and approaches<sup>16</sup>.

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<sup>15</sup> These limitations included that pictures depicted community decision-making indoor, formal settings that aren't familiar to those in the target areas, causing confusion amongst participants. The facial expressions of characters on the cards as negative (sole decision-making) or positive (joint decision-making) also could be interpreted as steering the participants towards certain answers.

<sup>16</sup> CARE International in PNG (2018) "Inclusive governance practice in CARE International's PNG Programming"

## Limitations

The review was subject to limitations, which include the following:

### **Documentation**

To make best use of available time, program documents reviewed in the desk-evaluation phase were primarily evaluations or end of project reports, as these were likely to provide the best summaries of impacts and lessons learned. In some cases, such reports did not give the full picture of CARE's approaches. With more time, this review would have benefited from the review of additional documents such as project designs and monitoring frameworks.

### **Budget**

The scope of the review was limited by the budget for the field work. Ideally the team would have also visited Bougainville to compare findings across the two program areas. The findings of the field work are limited to the Highlands context which is significantly different to Bougainville.

### **Timeframe and logistics**

The field work was limited to two weeks, a short time which did not leave time for changes or disruptions which are common in PNG. As noted above, complications due to the earthquake response reduced the number of communities that could be reached during the field work from six to four.

### **Sampling**

People's attendance in focus groups was voluntary and dependent on availability and willingness to participate. This was due to the challenges related to all of the changes and logistics. Focus group discussions included program participants and community members who had not participated in CARE programs. Each site encapsulated very different histories of CARE engagement (different projects and different activities within projects in different locations at different times), different cultures and greatly varying access to services and infrastructure. While the field work provided valuable direct insights and opportunities to get first-hand views from project participants, the approach was not intended as a statistically based study and findings should be considered as a 'snapshot' rather than a comparative and statistical analysis.

### **Focus group methodology**

Using IWDA tools developed and used elsewhere with Melanesian cultures of the Pacific, the focus group discussions were based on reviewing images of different types of household and community decision-making. For the most part, working with the images was a good participatory exercise and produced interesting data and discussions both on changes and further information regarding norms about household and community decision-making. However, some of the images caused some confusion for participants, which may have influenced some of the results, potentially overstating the degree of reporting of shared decision-making in some cases.

## Ethical considerations

PNG has a high risk of violence against women. Therefore, the review team took a ‘do no harm’ approach to the review and did not directly ask women in communities or CARE staff about their own experience of gender based violence. The team aimed to get informed consent from all participants for interviews and photographs and ensured that men and women had separate discussions.

Further detail on the methodology is available at Annex B.

## 2.0 Background on the PNG portfolio – how much, what projects, where?

CARE International has been operating in Papua New Guinea (PNG) since 1989, initially in activities of natural resource management (until 1998) and emergency assistance in the frost and drought of 1997, the Aitape tsunami (West Sepik Province) and the displacement of people following volcanic eruptions on Manam Island (Madang Province). In 2007, CARE International established an ongoing presence in PNG and began work focused on women and girls in remote and disadvantaged communities including the PNG Highlands and the Autonomous Region of Bougainville. The tables below show details of the portfolio in recent years, including data on key projects, sector, value and location.

**Table 1 - CARE PNG country portfolio 2012-17: major projects by sector, location and value**

Project	Sector	Geographic focus	Duration	Project funding AUD million
Integrated Community Development Program (ICDP)	Governance	Gumine District: Chimbu Province Obura Wonenara District: Eastern Highlands Province Menyama District: Morobe Province	2009-2017	13.5
Highlands Sexual, Reproductive and Maternal Health (HSRMH)	SRMH	Eastern Highlands Province and Morobe Province	2012-2017	4.0
Komuniti Tingim Aids (KTA)	SRMH	Autonomous Region of Bougainville	2009-2015	8.4
Bougainville Community Governance (BCGP) and Village Assembly Strengthening (VAS)	Governance	Autonomous Region of Bougainville	2012-2017	4.0
El Niño Drought Response	Humanitarian Response	Chimbu Province, Eastern Highlands Province, Morobe Province, Western Highlands Province, Enga Province and Hela Province	2016-2017	4.0
Coffee Industry Support Project (CISP)	Women’s Economic Empowerment	Eastern Highlands Province, Chimbu Province, Morobe Province, Jiwaka Province and Western Highlands Province	2013-2019	4.5
Bougainville Families Cocoa Support Project	Women’s Economic Empowerment	Autonomous Region of Bougainville	2016-2020	3.9
Bougainville Sexual, Reproductive and Maternal Health (BSRMH)	SRMH	Autonomous Region of Bougainville	2016	1.0
Community Based Adaptation to Climate Change (CBA-CC) and Improving Community Climate Resilience in Nissan (ICCR)	Climate Change	Autonomous Region of Bougainville – Nissan District	2012-17	3.2
Pinipel DRR WASH	Disaster Risk Reduction	Autonomous Region of Bougainville – Pinipel Island	2013	0.2
Better Governance for Education	Governance	Eastern Highlands Province	2016-2019	1.4
<b>TOTAL</b>				<b>48.1</b>

**Table 2 - PNG project portfolio 2012-17: value of major projects, by region**

Region	Combined project value, AUD million
Mainland	27.4
Autonomous Region of Bougainville	17.3
Bougainville (Nissan and Pinipel)	3.4
<b>TOTAL</b>	<b>48.1</b>

**Table 3 - PNG project portfolio 2012-17: value of major projects, by sector**

Sector or theme	Combined project value, AUD million
Governance	18.9
Sexual, Reproductive and Maternal Health	13.4
Relief and Resilience (climate change, disaster risk reduction emergency response)	7.4
Women’s economic empowerment	8.4
<b>TOTAL</b>	<b>48.1</b>

In discussions with the review team, CARE staff indicated that the portfolio has been built around funding opportunities from donors which were essentially consistent with CARE PNG’s strategic directions. CARE has also found that it has been important to engage in ongoing dialogue and representation with donors to help shape donor priorities and thus create funding opportunities. In the Eastern Highlands, CARE built an approach to integrated community development and partnerships with local government and organisations. The Integrated Community Development Project (ICDP) proved to be an important flagship program, useful for developing and trialing new approaches. This led increasingly to a governance lens being brought to sectoral programming – working both with communities to identify their needs, and with sub-national government agencies on their capacity and will to respond and collaborate and working to bridge relationships between the two. In Bougainville, initial program opportunities were in HIV and AIDS prevention and then broader Sexual, Reproductive and Maternal Health programs. From as early as 2012, CARE in Bougainville also moved further into the governance space with support for Village Assemblies and community governance processes.

While programs generally had a focus on women and girls in remote rural communities, over time CARE developed a deeper understanding which saw gender equality become central to its work in PNG. This was reflected in programs supporting reproductive health, and the promotion of women’s participation in planning and access to services. New programs were increasingly designed around CARE’s Gender Equality Framework, particularly the Coffee Industry Support Project. Organisational development in CARE PNG has seen internal discussion and staff reflections on gender issues, such as gender based violence. Female and male staff have become important role models for gender equality, both within CARE and in its programs. Through these experiences, CARE has developed a strong reputation for gender expertise in PNG.

A volatile donor environment has had an effect on the program portfolio, with cuts to some programs in 2016-17, particularly governance and maternal health programs. Since 2017 the program has been moving towards programs creating an enabling environment for improved service delivery in education and health, given the priority put on these areas by the PNG and Australian Governments.

## 2.1 Program context – a particularly challenging operating environment

The CARE PNG strategy has a focus on supporting remote, rural communities and defines remoteness as key aspect of marginalisation<sup>17</sup>. CARE is also focused on promoting gender equality and inclusive governance through all programs. However, the PNG context has a number of features that are particularly challenging including:

### Governance

PNG governance challenges are well-documented. It is ranked 135 on the Transparency International Perceptions of Corruption Index<sup>18</sup>. Corruption and rule of law are major challenges. Cultural diversity from location to location increases the complexity of building and sustaining appropriate good governance practice in different sites. In practice, despite efforts at decentralisation, the government is unable to extend its authority across the country, as shown in its inability to deliver basic services, enforce its own laws, and control violent and criminal behaviour in families and communities.

### Access to services

The majority of the PNG population live in isolated rural communities. The government struggles to deliver health, education or justice services within urban centres, let alone into harder to reach rural areas. CARE focuses on very remote communities in the PNG Highlands and ARB, some of which are only accessible by plane or boat, and/or on foot.

### Gender equality

PNG is ranked 154 out of 188 countries on the 2015 UN Gender Development Index<sup>19</sup>. Women have low status and maternal mortality rates are among the highest in the Asia Pacific Region<sup>20</sup>. Practices that can or do contribute to or reflect gender inequality include polygamy, bride price and sorcery accusations.<sup>21</sup>

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<sup>17</sup> As per the CARE International Strategic Plan 2012-16, key aspects of marginalisation and underlying causes of poverty include; weak governance, cultural attitudes, fragmented society, gender inequality, geographic isolation, economic factors and environmental pressures.

<sup>18</sup> Transparency International Perceptions of Corruption Index (2017). See [https://www.transparency.org/news/feature/corruption\\_perceptions\\_index\\_2017](https://www.transparency.org/news/feature/corruption_perceptions_index_2017)

<sup>19</sup> UNDP Human Development Reports. Table 4. Gender Development Index (2015). See <http://hdr.undp.org/en/content/gender-development-index-gdi>

<sup>20</sup> Ibid

<sup>21</sup> Although it is also important to recognise some of the complexities behind these phenomena. According to Richard Eves' 'Do No Harm' research, bride price, for example, used to be an exchange of items like a pig, shells, native salt, and bird of paradise plumes used to symbolically join families. However, under various modern influences bride price has increasingly been seen through the lens of commodification of women with the traditional significance largely forgotten and prices inflated. Polygamy, while it can be harmful for women,

According to the Human Rights Watch PNG has extremely high rates of violence against women and girls: “The precise number of women who experience violence at the hands of a partner is unknown, as the government does not systematically monitor the issue. The most comprehensive survey to date was published over three decades ago [sic] in 1992, and it found that family violence occurred in more than two-thirds of households. Activists say the violence remains pervasive today. In a 2013 study on Bougainville 80 percent of men who had ever had a partner reported that they had perpetrated physical and/or sexual violence against a partner.”<sup>22</sup>

Violence against women takes place in a context of other forms of violence including sorcery-related violence, tribal conflict and high levels of crime including gang rape of women.

PNG also has low levels of women’s participation in decision-making at the household and community level. At the national government level, there are currently no female MPs. There are also no female Local Level Government (LLG) Presidents. The only level of formally elected government in which any women have been elected is the few who have been elected ward councillors who then also sit in the LLG Assembly. Customary land tenure restrictions in areas such as female ownership of land hold back women’s social and economic participation.

### Security and instability

Program staff reported that programming has to be either stopped or limited during elections because communities are busy with election activities and elections can be a security risk for staff. This is just one example in a very complex environment that also includes ongoing community conflicts and tribal fighting that impact on programming and staff safety in the Highlands.

In ARB, there have been challenges due to the upcoming referendum and status of the government which makes it difficult to reach commitments and form agreements with the government. These challenges are compounded by CARE’s focus on remote rural areas. Transportation to remote rural areas is both logistically challenging and costly.

### Funding

One of the challenges over the past five years has been changes in donor priorities and ways of working (for example DFAT’s funded PNG Governance Facility), leading to sudden funding cuts. CARE’s approach in PNG has been built on relationships and trust with communities, so when the major donor applied sudden cuts to the Integrated Community Development Project and Bougainville Sexual Reproductive and Maternal Health Project, CARE’s lack of alternative funding sources meant the projects had to end suddenly. This had the potential

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did provide a traditional safety net, especially for elderly widowed women, and still does in some contexts. Sorcery allegations, while more often aimed at women, are also made against men and in some places it is men rather than women who are accused.

<sup>22</sup> Human Rights Watch, Bashed Up: Family Violence in Papua New Guinea (2015) p. 2

to undermine CARE's overall approach. It also had a flow-on effect on staffing and program continuity, with CARE losing a number of skilled staff due to uncertainty in their contracts.

This challenging context is the setting for CARE's programs in PNG. The next section discusses the type of impacts that have been achieved through CARE programs.

### 3.0 Impacts of CARE's programs – what have we observed?

The reach of CARE's programs in PNG has been growing over time, from a total of around 203,021 direct project participants in FY14 to some 372,776 participants in FY17. This section sets out some of the key figures and examples of the impact of CARE programs in PNG. Analysis is drawn from the desk review and field work. Subsequent sections will focus on how CARE has undertaken this work, particularly how its approaches to gender equality and governance have contributed to results.

It is difficult to derive aggregated figures of impact across the whole portfolio. This is due to the variety of projects undertaken, and issues with aggregating data from the various monitoring approaches and indicators used, both qualitative and quantitative. However, we can present a picture of the types of impact CARE has had, with perspectives from participants giving a sense of successes and challenges. Some of the latter are also discussed in more detail in the section below on constraints to success.

Looking across the portfolio, key areas of impact where CARE programs have contributed in the last five years include the following.

#### 3.1 Improved services to women and men in remote and rural areas

This is a substantial achievement, as one of the main governance challenges in PNG is that services do not reach remote areas. CARE worked with local government and communities to improve service delivery, based on priorities set by community groups. For example:

- Schools (formal and non-formal) were established in areas of Obura Wonenara District enabling **greater access to education** for women and girls, men and boys. Women and girls are more constrained than boys and men in their movements beyond the local area, so local education options help to increase gender equality in education access. Based on enrolment figures from June 2015, 7,681 children – including 4,136 males (54 per cent) and 3,545 females (46 per cent) – were enrolled in schools or grades which only existed due to CARE's work with local government and communities<sup>23</sup>.

From the field work in Simogu and Paraba key informants reported that prior to ICDP, there was no school and there is now a registered primary school supported by the National Department of Education. Program participants from Simogu and Paraba also reported that children were attending high school in Goroka for the first time. This is another considerable achievement given the low rates of access to

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<sup>23</sup> CARE PNG Integrated Community Development Project Report April-June (2016) p. 18

education in the PNG Highlands, particularly in remote rural areas. The educational improvements have also been sustainable and the school in Simogu has continued to be supported by government.

*I've been very involved in setting up Elementary Schools – one in my village and now another in a different village (Sector Head for Education, WDC member trained by CARE)*

- **Access to lifesaving health services** has improved, with over 24,000 women, men and children in the Eastern Highlands with improved access to ante-natal, post-natal, family planning and vaccination services and a further 123,000 people indirectly benefiting from improved health facilities<sup>24</sup>. Frontline health workers have received clinical training, health facilities have been supported through infrastructure upgrades to water and sanitation facilities, solar power inverters and cold chain supply management and storage, and Village Health Volunteers have been trained to provide antenatal support.

During field work, participants in Simogu and Paraba reported that CARE's support has improved women's health outcomes during childbirth. PNG has one of the highest rates of maternal mortality in the Asia Pacific region<sup>25</sup>. The support to health facilities was also evident through observing the health clinic in Simogu which was well-stocked and the health worker commented that he learned a great deal from CARE about antenatal treatment. The health clinic has been refurbished and provided with water supply since ICDP finished. As part of ICDP, CARE negotiated with third level airlines run by missionary groups to facilitate medical evacuations which have been critical to saving lives in remote communities. This change has been sustained: during the course of the field work, a Village Health Volunteer (VHV), selected by the community and trained through CARE's Highlands SRMH project, assisted in the evacuation of a woman in childbirth to Goroka Hospital.

*Previously our lives were very different before CARE. There was a lot of deaths from women because we didn't know how to do safe delivery, and also because of this, lives have been saved. Female program participant, Paraba.*

- CARE facilitated the **establishment and training of Village Courts** and promoted the expectation under the Village Courts (Amendment) Act 2014 of the inclusion of at least one female magistrate in each Village Court<sup>26</sup>. In Obura Wonenara District, the project worked with the government to establish eight additional Village Courts in places that

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<sup>24</sup> CARE PNG Integrated Community Development Project Report April-June (2016) p. 18

<sup>25</sup> Papua New Guinea's maternal mortality is considered a health crisis at 733 per 100,000 live births according to PNG's 2006 Demographic Health Survey. This means for every 100,000 live births over 730 mothers die. This is the second highest in the Asia Pacific Region second only to Afghanistan and quite high in comparison to the rest of the world. Some 1,300 mothers die each year in the country during or following childbirth. Source: [https://www.unicef.org/png/reallives\\_18905.html](https://www.unicef.org/png/reallives_18905.html)

<sup>26</sup> Village Courts (Amendment) Act 2014. See [http://www.parliament.gov.pg/uploads/acts/14A\\_07.pdf](http://www.parliament.gov.pg/uploads/acts/14A_07.pdf). Under this act 'at least one woman must be appointed under Subsection (1) as a Village Magistrate for each Village Court' but only 'as far as practicable.'



had never had access to Village Courts before. Each Village Court included a female magistrate, and each Village Court took part in training on gender equality in law and their jurisdiction and processes to enable fairer access by women. With 96 Village Court magistrates trained and sworn in (including nine women), community members are better able to settle law and order issues, with women actively accessing this service (30 per cent of cases brought to the courts by women)<sup>27</sup>. During the field work, it was reported that this change regarding the appointment of female magistrates has been sustainable and that there are currently two Village Court magistrates in Wonenera and Simabri as well as women involved with peace committees (exact numbers were not available).

Support to Village Court magistrates and the justice system demonstrated some potential as an entry point to improve men and women's awareness of laws and rights in regard to gender-based violence. One of the court clerks responded that since the Village Court magistrates have been in place, women and men are more aware of gender-based violence issues.

*I want to be a role model to all men. I learned a lot about family violence. I can't hit my wife or children. Before I had another life. I didn't respect my wife and I also do awareness for young people in the community. (Court Clerk, Male, Simogu)*

Field work also raised questions about women's access to formal law and justice, in the context of high rates of domestic violence and rape and low access to services such as counselling and refuge. This is a nation-wide challenge in PNG and not limited to CARE program areas (see section below on constraints).

- **Community infrastructure:** The construction of seven footbridges<sup>28</sup> in Obura Wonenera District with sites identified and prioritised through CARE support for community planning under the Government's Ward Development Planning process led by WDCs, benefited approximately 17,975 people (men, women, children, elderly)<sup>29</sup>. These footbridges reduce the time and risks in crossing fast flowing rivers and facilitate access to markets and basic services. Field work suggests that the majority of these changes in Obura Wonenera (OW) have been sustainable, and the PNG government and other agencies have continued to extend services to these communities.

### 3.2 More inclusive local planning processes and structures

In the Eastern Highlands and Bougainville, CARE worked to help bring effectiveness to government-mandated structures for local development.

For example, prior to CARE's engagement with three target Districts (Obura Wonenera in EHP, Gumine in Chimbu, and Menyamyra in Morobe Province), none had Ward Development

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<sup>27</sup> CARE Australia end of pilot project evaluation; Integrated Community Development Project, Papua New Guinea. Evaluation Report (2014) p. 37

<sup>28</sup> Bridge site names: Andakombe, Simbari, Simogu, Owena, Sowera, Atakara, Motokara

<sup>29</sup> CARE PNG Integrated Community Development Project Report April-June (2016) p. 52

Committees, a government-mandated structure for local planning feeding into higher levels of government planning and service delivery. Through collaboration with government, CARE facilitated the establishment of these Committees and promoted the requirement for at least two women on each WDC. More than 160 Ward Development Committees were established – for every ward in Obura Wonenara and Gumine Districts, and more than half of Menyamya District. The ward plans developed by these committees were an important process as they brought communities together to agree on priorities, created formal spaces for gender inclusive dialogue, and created a basis for communities to articulate their needs to power holders. The ward plans also assisted in leveraging PNG government resources. CARE’s work with communities and government on bottom-up planning gave a sound basis for authorities to recognise community needs and to commit funds to meet them, in a context of generally very poor and uneven resourcing of services in remote areas. In Obura Wonenara, at least 3.2 million Kina was committed by various government authorities for purposes such as construction of footbridges, rehabilitation and upgrading of health centres and primary schools, and recurrent costs of teacher salaries and Village Court officer allowances.

During field work, many key informants and program participants referred to the ward development plans which did not exist before the ICDP. They also commented on the role of CARE in connecting government services to remote communities including: primary schools, support to the health clinic in Simogu and legal services through government support to Village Courts. Prior to the CARE program, there were no Village Courts and few schools serving the catchments around the Paraba or Simogu field sites. Field work indicated some of these services have expanded, most with sustainable changes such as government providing recurrent budget for support to Village Court officers and school staff and health facilities. In addition, other NGOs are now operating in Obura Wonenara such as Save the Children and Marie Stopes which are further supporting education and reproductive health services.

*We were in the dark and CARE brought the light. We would still be in the dark....The only service that we had before CARE was the airstrip and the health post. Male leader, Simogu*

Field work confirmed some of the challenges faced by Ward Development Committees. The review team heard cases where, since CARE left the communities in Obura Wonenara, the WDC system has been struggling and losing access to external funding year on year. This is because National Annual Budgets first reduced Local Level Government (LLG) Services Improvement Program (SIP) funding (and hence funding to ward projects), to the point now where there is no SIP budget for LLGs, and substantially reduced SIP funding to Districts<sup>30</sup>. The LLG administrator and a number of community members confirmed that they tried to get activities funded under the ward plans, but that the money that is supposed to be allocated to the LLG level has not been released by the government and it has decreased over the past few years. The MP for Obura Wonenara reported that the government keeps

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<sup>30</sup> Whilst omitting LLG SIP, the National Annual Budget now officially includes direct SIP funding for WDCs, however this funding has not materialised. In any case there are no guidelines setting out how such funding would be accessed, exactly what it should be used for, nor how it might be acquitted.

diverting LLG funds to large scale events such as the South Pacific Games and the APEC visit in November 2018.

Some Ward Councillors have also not maintained effective dealings with their communities. Ward Councillors are usually resident in their Wards when elected, though some elected Ward Councillors are non-resident clan members who are perceived as successful “businessmen” and then elected by local communities for their potential external influence and the hope that they can channel development to their Ward. Some Ward Councillors, once elected spend more time away than home, brokering political alliances and trying to access support for their Ward. Most Ward Councillors remain resident in their Wards. Expectations that Ward Councillors can bring external resources and ‘development’ to their people are very high, but their actual access to external resources and influence is extremely limited. Many councillors complain that they stood for election in the genuine hopes of bringing change to their Wards, and then are frustrated as funds are not available, and even their own allowances remain unpaid. Meanwhile the people who voted them in hear about funding that should be available and start to suspect that the councillors have stolen the money.

*There is no money. The National government used to give us money. It is supposed to be 100,000 but they gave us 40,000 (Kina). Some places submitted proposals to the Provincial Government for infrastructure and roads and the Provincial government funded it directly. Male Advisor to LLGs, Goroka*

*The ward councillor doesn't work well with the community. He doesn't stay in the village with them. Five ward leaders received training, two wards have been able to implement training. The other three wards are struggling. There is an LLG election coming up and they are hoping to replace those members. Male community leader, Gema*

Changes in ward development planning training and process made in 2015-16 mean that future ward development planning should focus principally upon prioritising and planning for mobilising local people and resources for development priorities that can be locally achieved, whilst seeking external support from the LLG or other levels of government and other organisations for other priorities is a secondary focus. This will mean that the ward councillor's role, as chairperson of the WDC, will have a greater focus upon collective local action and change.

In Bougainville, CARE supported local authorities with the implementation of the Community Government Act. The Act was designed to increase community participation in local planning implementation and decision-making; however, the majority of people tasked with taking the Act forward had little familiarity with its complexities and with strategies for effective governance. With CARE's support for training, community forums and development of guidance materials, new Ward Profiles (formerly called Village Profiles) were completed for 65 Wards (formerly Village Assembly areas) from Community Government areas (formerly called Councils of Elders) in four Districts; communities initiated 47 self-help projects based on the plans they developed (such as building meeting

venues and teachers' houses, and cleaning cocoa blocks); and local skills in leadership, inclusive planning and meaningful participation have been enhanced<sup>31</sup>.

### 3.3 Promotion of women's leadership and participation

CARE has promoted and sought to increase women's involvement in spheres of governance and livelihoods. As noted above, CARE's work in supporting more effective local planning processes and structures also promoted women's representation. CARE aims to ensure women's involvement in decision-making and representation at least to the level mandated by government (or higher if possible). For over 160 Ward Development Committees established across three provinces, each included two or more women members. Ward development planning materials were also revised to promote more inclusive planning and implementation and to avoid token female representation on WDCs. In Morobe Province, 62 female WDC members formed a network to foster collaboration and support female leaders.

The field work found that CARE contributed to increased numbers of women participating in community leadership. In Paraba, there are currently two women who started in leadership roles during the ICDP and both are still working as community leaders - they are both elected female leaders of the village decision-making body (there is no Ward Development Committee in Paraba). In Gema, a woman who was elected as a WDC member is still active on the WDC. The women in Paraba have a functioning women's group and they meet as a group and then the women leaders represent their issues at the community level.

*If CARE wasn't here, I wouldn't be a community leader. I would be like any ordinary woman living in the past. Also, with CARE trainings the community realised to include women. I also became a pastor when CARE came and trained the community. (Women's leader, Paraba)*

*Previously we didn't have meetings, and didn't include women at all. Now we continue to have women's representatives. Men's FGD, Paraba*

Field discussions showed how women's priorities may not be well reflected in community prioritisation and funding proposals, even though the ward planning process (conducted in 2013) included separate mechanisms with groups of women and men, to encourage women and men to speak more freely<sup>32</sup>. The women in the FGD in Paraba reported that they prioritised water supply within the Ward, to reduce having to walk to rivers to fetch water. The women's group appeared highly organised with strong leaders. According to field

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<sup>31</sup> CARE-Bougainville Community Governance Report, August (2017) p. 5

<sup>32</sup> Further major revisions of the ward development prioritisation process and guiding materials and templates were led and facilitated by CARE (ICDP) in collaboration with the Department of Provincial and Local Government Affairs (DPLGA) in 2015-16. These changes, endorsed by the DPLGA, now explicitly require documenting benefits to women for each priority issue - and the greater the benefit to women the higher the ranking (prioritisation) of that identified issue. Further, each of the five sectors against which the ward should record their sectoral priorities, now seeks at least *three* priorities in each sector, further increasing the potential for less powerful people's preferences being included. These ward priority plan formats may then be used locally in community mobilisation to implement local development, with other priorities requiring external inputs submitted for external support to LLGs (and Districts and Provincial Governments and other organisations). Delays in LLG elections (which should have occurred in 2017 and have now been deferred to 2019) mean that the next five year planning cycle (using the revised process and materials) has not yet been rolled out.

discussion with women participants in Paraba, despite lobbying, the Ward Development Plan did not include the women's water supply preference as the infrastructure priority, instead reflecting the men's expressed first priority.

*We voice concerns through the women's leader. In the past we've requested water supply and an aid post, but the WDC hasn't responded well to those concerns. Women's Leader, Paraba*

*We look at general needs, not specific needs of individual groups. Men's Leader, Paraba*

In Bougainville, CARE's work in strengthening local governments' organisational capacity also promoted an inclusive approach that incorporated women's representation. Training and capacity building for communities and their representatives supported a better understanding of women's involvement in political processes. Review findings showed that women's confidence to speak in public and participate in community governance activities had increased. This, in addition to CARE's work with men and the broader community to change perceptions of women's role, contributed to greater political engagement by women: in October 2013 four women stood as candidates for Village Assembly positions, with one successfully elected. In 2017, five women who attended program training won seats in their respective Wards. One of these was a Community Facilitator under the program; she is now the new chairperson for the Torokina Community Government.

The coffee industry is a major source of employment and export earnings in PNG. Women have been long been involved in coffee production, but their role has not been widely recognised or valued. CARE programs have influenced private sector and farmers' cooperative partners to increase their focus on women's empowerment. The three coffee exporter partners have recruited female extension officers and developed extension service protocols for engaging and supporting female farmers. One partner has implemented a gender equitable salary scale.

CARE and partners have also significantly increased women farmers' access to training and skills needed for more effective coffee farming. In 2013-14, before the project commenced, less than ten per cent of farmers receiving extension training were women<sup>33</sup>. In working with commercial and government partners, some 51 per cent of over 18,283 participants trained were women<sup>34</sup>. The engagement of female graduates has also increased the number of women farmers approaching extension officers for information. For example, during their 12-month graduate program period, Sustainable Management Services PNG graduates provided training to 1,158 women.

CARE's program is improving women's access to income from coffee production. During field work, key informants and focus groups indicated that women are accessing more of household income and learning more about managing household budgets with their husbands.

*We have changed our thinking and women should sell coffee. I have sold coffee myself. My husband supported me to do it. Female program participant, Timuza*

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<sup>33</sup> CARE PNG Coffee Industry Support Project Design Revised for DFAT June (2015) p. 10

<sup>34</sup> CISP Progress Report July-December (2017) p. 6, 7

In the second phase of the program, women may access financial services through Village Savings and Loan Associations (VSLAs) that have not previously existed. The VSLAs are currently in pilot stage – what form or forms they should take, or whether they will be appropriate at all is being trialled. Depending upon the pilot, VSLAs may represent an opportunity to promote women’s participation in a formal community group or have the potential to be formed from existing formal women’s groups within which women have reported they feel comfortable working together. To increase women’s meaningful participation, it will be important to engage male power holders. The field team saw one of the first VSLA meetings being held in Timuza for the CISP program and noted that it appeared to be predominantly attended by men.<sup>35</sup> As the VSLAs are being piloted by CISP, whether some VSLAs could be all male, some all female, or some family/clan based, or indeed other possible formulations, is being examined; the purpose being to work out whether or how different VSLA models might work and the gender dimensions of these models.

### 3.4 Shifting household gender norms

As part of its gender focus, CARE seeks to shift harmful gender norms to move towards greater equality between women and men. This, of course, confronts custom and practice. While gender norms and longstanding behaviours do not change overnight, examples can be identified where attitudes and behaviours are starting to shift, with potential for further positive movement:

- In the Coffee Industry Support Program, in addition to the development of female extension officers and the promotion of training for women mentioned above, CARE has developed Family Business Management Training. As detailed further below, this is designed to focus on how smallholder farming families can work together better, make plans, and budget their money so that they get more out of their farming. The training challenges men’s attitudes and cultural norms that prevent women’s full participation and benefit.
- During field work, reports from project participants showed increasing recognition of the importance of sharing workloads between husbands and wives, and some change of behaviours in households to ensure that work is more equitably shared, and towards more joint decision-making on the use of household income. In the CISP activity areas of Lower Unggai and Timuza, men responded in FGDs and KIIs that they were working together and sharing in their wives’ workloads. They reported that they have improved managing household finances, cut down on spending on gambling and alcohol, and were setting goals together. Women in Lower Unggai and Timuza responded that they can now do some things that men can do such as work in coffee garden/farm and some learned to do things that their husbands had done such as

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<sup>35</sup> However, overall more women (56) are involved in VSLAs under the CISP project compared to men (45) according to the January to June 2018 six monthly report for the CISP project.

drainage on gardens.<sup>36</sup> Women also reported that they learned about sharing financial management and budgeting with their husbands through FBMT. Men and women both reported that the Family Business Management Training helped them to save money toward common goals.

*Me and my wife share ideas and dreams. We have a plan now to have a good house. It took a long time to come to this. Now we have our permanent house. During FBMT we sat together and had two visions – the first is to put our kids in school, and this is happening as my first son is in secondary. The second was to have our permanent house, and this has also happened. Male program participant, Lower Unggai This was confirmed by his wife.*

*Previously men took money and spent it, and didn't say how they used it. Now we are planning our budget so we know how and where the income is spent. Female FGD participant, Timuza*

*If you want to prosper and move forward in your life you have to take your wife together with you and not let her down. Husband and wife are just like two wings of a bird, if one wing is not working or is weak then the bird can't fly at all or for long. For the bird to fly well both the wings have to work together, just like that both husband and wife should work together and plan budget their income together, then only there will be happiness in the family. Male FGD participant, Lower Unggai*

There were a number of comments by both male and female community members that demonstrated that there were some changes in terms of women's greater access to money, such as from farming coffee which was traditionally seen as men's work.

*After going through gender training (FBMT) I realised that some women can make better decisions than men. Male program participant, Lower Unggai*

*I learned to help my wife. Because of the training, I saw how hard she was working. Male program participant, Timuza*

Additional field work findings highlight the complexity of increasing joint decision-making in practice at the local level in the context of entrenched gender norms (see section on constraints below) and how CARE has successfully adapted approaches to address these norms.

- In the Eastern Highlands, CARE's work in promoting health-seeking behaviour also has gendered implications. In remote Siaka<sup>37</sup>, there has been an operational aid post since 1982 and a relatively new maternity ward, but for 35 years the women of Siaka have not come to deliver their babies. This is due to customary belief that men would get ill if they saw a baby delivered or were around a woman who had recently given birth. They thought that if women started delivering at the health facility, men who went there for treatment would get sick or even die. Women were also ashamed to deliver in front of male health workers. So instead of delivering at the health centre, women delivered in the bush or 'birthing houses' away from men and without access to

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<sup>36</sup> It is important to note that often when women in PNG say they 'can now do some things that men can do such as work in the coffee garden' they do not mean that they haven't done this work previously, but rather that they were not previously acknowledged for this work.

<sup>37</sup> Located in at the border of Morobe Province, but administered from Obura Wonenara District in EHP.

medical help.

In response, from July 2016 CARE ran its Community Workshop Series aimed at helping communities critically think about long-held social norms and attitudes. Participants from the community attended three workshops across one year that helped them explore how traditional customs and gender norms can negatively affect sexual, reproductive and maternal health by, for example, preventing use of family planning or care for women during pregnancy and birth. They learnt key leadership, communication and organisation skills to help them change the identified harmful attitudes and behaviours of their communities for the better. After the second workshop, community leaders who participated organised a public meeting to discuss community health concerns including the customs around birthing. In this meeting, the community agreed that women should deliver at the health facility and agreed to overturn this harmful traditional belief. With the support of the Evangelical Brotherhood Church aid post, Community Health Workers and Village Health Volunteers trained and supported by CARE, Siaka was able to change a long held custom and improve the health and wellbeing of women and babies in the community. From February to November 2017, 24 births occurred in the Siaka clinic, from a base of zero<sup>38</sup>.

- CARE also has experience working with men and boys on gender and sexual and reproductive health. From awareness work undertaken with male prisoners in Bougainville, at the end of the program 73 per cent agreed a strong man respects women and children and no participants (0 per cent) agreed a strong man has the right to use force<sup>39</sup>.

### 3.5 Natural disasters: supporting recovery and resilience

Given the vulnerability of PNG to a range of natural disasters and the effects of climate change, disaster preparedness and response has been an important part of CARE's portfolio.

- The El Niño event of 2015-16 saw localised frost and widespread drought in PNG which damaged crops and dried up water sources. CARE's response reached over 328,224 direct beneficiaries in 14 Districts across six Provinces (Chimbu, Eastern Highlands, Morobe, Western Highlands, Enga and Hela). Support was provided in water and sanitation, and livelihood recovery. There was close attention to gender issues in this response, with a rapid gender analysis undertaken upfront and shared with other stakeholders. Training approaches tried to ensure both male and female participation, with agriculture recovery seeking to have husbands and wives take part in the trainings together. The initial training was open to women and men who were invited to bring along someone of the opposite sex (sometimes a partner but often another family

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<sup>38</sup> CARE End of Project review of the Highlands Sexual, Reproductive and Maternal Health Project: Papua New Guinea (2017) p. 2

<sup>39</sup> BSRMH and KTA Key achievements (2016) p. 2



member); this was to encourage greater understanding between men and women in terms of work distribution and equity. It was also an indirect but non-threatening way of addressing significant gender disparities and high rates of GBV. After the training, women stated they had never had such training before especially from Department of Agriculture and Livestock or their Rural District Officers.

- In addition to the support for formal governance structures noted above, CARE has also used other approaches to engage local community members in development activities. To support implementation in remote Nissan and Pinepel islands, CARE developed the approach of “core groups”: rather than deploying community facilitators, the project promoted the formation of six core groups – each consisting of 20-30 volunteers from traditional village clusters. Core group members learned about the fundamental elements of climate change and adaptation and were trained in various conservation farming techniques, nutrition, as well as key gender equality issues and basic principles of disaster risk reduction. Thus equipped, they passed on the new knowledge to fellow villagers and led by example. Community nurseries were established in all six clusters and improved agricultural techniques were promoted, with the result that the number of food-insecure months dropped from seven to four over three years, and three out of four households on the islands now practice home-gardening, compared to one-in-three five years earlier.

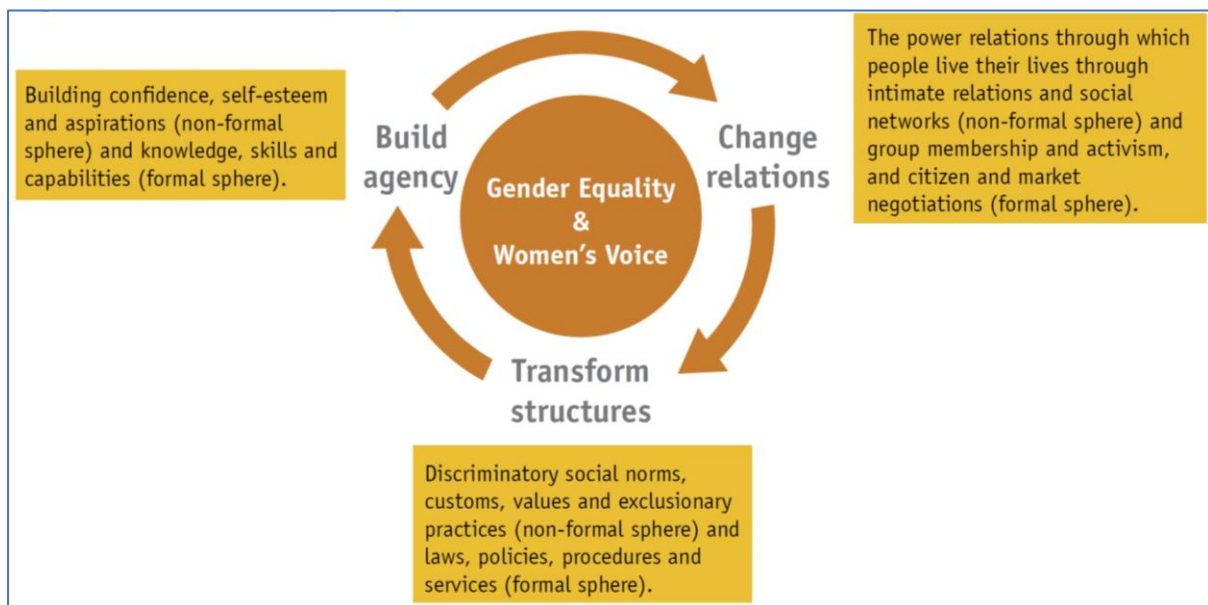
CARE also partnered with local government and the Nissan communities to develop and implement disaster risk reduction action plans that integrate climate change concerns. By bringing together communities at risk from disasters and climate change with local government, District levels plans better represent community priorities and needs, including those specific to disaster and climate risk. Village action plans are in place in all of the District’s villages, which include local-level mitigation practices. The Nissan District Administration has expressed interest in embedding core groups into local governance structures.

#### 4.0 How has CARE’s approach to gender equality and governance in PNG worked towards lasting change?

CARE’s work in PNG has drawn on CARE International’s learning and evolving frameworks for gender equality and for inclusive governance.

On gender, CARE’s global approach has been articulated through the Gender Equality and Women’s Voice Framework. As illustrated below, this identifies three domains of change where programs are targeted. According to CARE’s theory of change: “The aim is to **build agency** of people of all genders and life stages, **change relations** between them and **transform structures** so they can realise their full potential in their public and private lives and be able to contribute equally to, and benefit equally from, social, political and economic development.” CARE’s experience is that working at all three levels is important for achieving lasting change.

Figure 1 - Framework for Gender Equality and Women's Voice



Drawing on this framework and informed by CARE International’s inclusive governance framework (see next section), CARE developed an instrument to help consider the approaches of individual projects and the interactions between gender and governance work. The framework below in Figure 2 looks across the three domains of the Gender Equality Framework (agency, structure, relations), and considers both formal and non-formal areas of each domain. Examples of possible change in each of the six resulting areas are listed below.

Figure 2 - Desk-analysis framework

Non-formal	<b>1. Non-formal Agency</b> Self-esteem and confidence Conscientisation Personal values, aspirations Mobility and control over one's body Awareness of human rights and gender inequalities	Individual capacity (AGENCY)	<b>2. Formal Agency</b> Access to Education, information and goods possessed Access to resources Access to income, work and land Access to public services: education, health care, financial services, legal services	Formal
	<b>3. Non-formal Relations</b> Negotiation, accommodation in the home and in non-formal relationships Relationships of support, cooperation and collaboration Networks and solidarity alliances Pressure or support of peers Behaviour and power changes with the family/household: that is gender division of labour/decision-making/GBV/women's mobility Increase respect for women and girls	RELATIONS	<b>4. Formal Relations</b> Negotiation and accommodation in formal meetings Economic and political relationships (formal) Economic cooperatives and alliances Challenges to gender stereotyping in work roles Improved quality and relevance of services to women/girls Access to new technology	
	<b>5. Non-formal Structures</b> Social norms Customs and traditions Community, religions and customary values Lines of inheritance and kinship Social hierarchies Women's participation in community activities/leadership Changed practices in traditional institutions: for example village court, representation of women in traditional structures, women taking up leadership Changes to damaging cultural practices around marriage Shifts in attitude to women/girls Collective action taken by women to claim rights or services, emergence or strengthening of women's groups Changed attitudes to people with disabilities and their rights	Systems (STRUCTURES)	<b>6. Formal Structures</b> Policies Laws Public Institutions Civil services Systems/mechanisms of justice available' Laws and policies that promote and protect women and girl's rights and reduce discrimination in all sectors and areas Evidence that laws and policies are resourced and implemented to promote and protect rights. For example: Protection of women and girls from GBV Accountability of duty bearers to protect and promote rights Representation of women and leaders in public and political bodies at all levels Legal and institutional framework to support women's enterprises and employment	

#### 4.1 How does CARE address gender in programs in PNG?

CARE staff reported that the organisation has continued to increase its understanding of the importance of gender integration and applying the Gender Equality Framework. Staff reported to the review team that “gender went from a periphery area to central work of CARE PNG”. Across projects, gender has been incorporated in different ways. As Table 4 below shows, desk assessment of project documents indicates some projects include a very explicit gender focus in design, others do not; and that some projects are working across different domains of Gender Equality Framework<sup>40</sup>.

<sup>40</sup> Note that CARE does not expect that every project in itself will always operate across all three domains simultaneously. In its long term programs which combine multiple projects, CARE seeks to address action at each level, and/or to work alongside partners so that combined effort are directed at change in all three domains.

Table 4 - Document assessment - how is gender addressed?

Project	Is a gender equality focus explicit in goals/ objectives?	Is activity seeking changes at different levels?					
		Agency		Relations		Structures	
		Non-Formal	Formal	Non-Formal	Formal	Non-Formal	Formal
El Niño WASH and agriculture	Red	Green	Green	Green	Green	Amber	Amber
Sexual Reproductive and Maternal Health	Green	Red	Red	Red	Red	Red	Red
Integrated Community Development Program	Green	Red	Green	Green	Red	Green	Green
Coffee Industry Support Project	Green	Green	Green	Green	Green	Amber	Green
Komuniti Tingim Aids	Red	Green	Green	Red	Red	Red	Red
Community Governance Program	Red	Green	Green	Red	Green	Green	Green
Village Assembly Strengthening	Green	Red	Green	Red	Green	Red	Green
Community Based Adaptation to Climate Change	Green	Green	Green	Red	Red	Amber	Amber
Improving Community Climate Resilience in Nissan	Red	Grey	Grey	Red	Red	Red	Red
Pinipel WASH DRM	Red	Grey	Grey	Grey	Grey	Grey	Grey

Key: Green=yes; Red=no; Amber=partial; Grey=not determined on available information

Overall, the projects were assessed as at least ‘gender sensitive’ (CARE’s minimum standard) or better and looked for measures to advance gender equality and challenge gender stereotypes. Four projects were closely aligned with the Gender Equality Framework and working toward changes at all three levels (ICDP, CISP, VAS and CGP). Some projects did not necessarily include a specific gender equality focus in their goal and objectives, but this does not necessarily mean they were not working towards changes relevant to gender equality. For instance, the El Niño response program was centred on the goal of supporting target communities to be better prepared to cope and recover from water and agricultural impacts related to El Niño; but in practice gender was central to CARE’s approach to assessment and analysis, planning, implementation and monitoring.

The following sections look at how CARE has been promoting gender equality working at the three different levels of agency, relations and structures in PNG. Analysis from the desk-evaluation suggests that CARE’s interventions focus more strongly on the formal rather than

informal spheres, though there are useful approaches that have been developed on the latter, particularly on household relations and community norms.

### **Agency (individual capacity)**

Agency relates to how a person acts which is an expression of their individual power. Agency has non-formal and formal components. Formal agency relates to how an individual accesses and uses resources such as education, income, work, land, health and legal services. Non-formal agency includes how a man or woman feels about themselves, whether or not they are confident, have control over their own body and an awareness of rights and gender inequalities.

At the formal end of the scale, strategies for promoting women's agency were largely skill building and training, and opening opportunities for women to exercise these skills. These ranged from: training for women to participate in governance exercises, such as ward planning or village assemblies; awareness training in sexual and reproductive health, or on disaster risk reduction or gender roles; and more focused training for Village Health Volunteers, teachers, agricultural extension workers or community representatives. Strategies to ensure training met women's needs included flexibility with time and content of training that helped women to work around their workload and responsibilities. There can also be a multiplier effect, where some women getting new skills or roles (such as agricultural extension officers or village representatives) opens the door for other women to more easily access such skills or to see such roles as open to them in the future. Ensuring female and male facilitators in all activities, particularly in participatory planning, also helped model female leadership and encourage female participants to contribute.







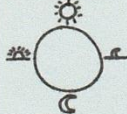

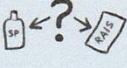



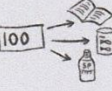




On the informal side of agency, strategies included building of confidence and knowledge through women's participation in informal groups, or 'enabling environments' to develop girls' agency and promote conversations (with women and/or men) on gender roles to build understanding of gender equality and sharing of workloads. CARE staff in Goroka also observed more general shifts in how project participants identify their individual roles and that of their peers in communities and outsiders, which had initially been viewed with mistrust:

*There were changes around how people perceive themselves in the community and how they perceive each other and also outsiders, making easier to work collaboratively to have a positive impact. CARE changed and influenced some of the attitudes towards outsiders to perceive them as prospective collaborators to bring positive changes in the community. (CARE female staffer, Goroka, interview March 2018)*

### **Relations**

This domain relates to the power relations through which people live their lives: non-formal settings such as intimate relations and social networks, and more formal spheres such as group membership and activism, and citizen and market negotiations.

Figure 3 - Family Business Management Training - outline of training sessions

Training outline poster				
<b>SESSION 1</b> EXPLORING OUR HOUSEHOLD	<b>SESSION 2</b> EXPLORING HOW WE WORK TOGETHER	<b>SESSION 3</b> MANAGING MONEY AND COFFEE PRODUCTION	<b>SESSION 4</b> DECISION MAKING AND HOUSEHOLD BUDGETING	<b>SESSION 5</b> SUMMARY AND PLANNING FOR CHANGE
				
Welcome and introduction	Welcome and introduction	Welcome and introduction	Welcome and introduction	Welcome and introduction
<b>1.1</b> Setting the agenda	<b>2.1</b> Exploring daily activities	<b>3.1</b> Exploring coffee production	<b>4.1</b> Decision making	<b>5.1</b> Developing your household plan
				
<b>1.2</b> Visioning	<b>2.2</b> Exploring generation and control of income	<b>3.2</b> Managing our expenditures – choices	<b>4.2</b> Household budgeting	<b>5.2</b> Story
				
<b>1.3</b> Analysis of household economy	<b>2.3</b> Building trust	Summary, homework and closing	Summary, homework and closing	Evaluation
				
Summary, homework and closing	Summary, homework and closing			Closing

An important area is more collaborative household relationships, in terms of labour and shared income and decision-making. CARE’s Family Business Management Training model is specifically directed to this end. The training encourages dialogue between husbands and wives on the individual household economy, gender roles in coffee production, decision-making and budgeting processes. This helps farming families work more closely together so that women’s role in the household is better valued, thus removing some relational barriers to women’s economic empowerment within the coffee industry. For example, supporting women to have a greater share in decision-making

over the production and marketing of coffee and use of the income from sales. The training outline for FBMT modules is shown in Figure 3.

This particular training was also discussed in field interviews, with one CARE staffer noting:

*“So much happens at HH level. Addressing those relationships, we see really positive results. They love it. ...Participants say this is what we’ve been needing our entire lives: men and women. I haven’t seen that with many of our other tools and trainings...”*

As discussed in the section on constraints below, changing longstanding attitudes and norms is a long term process which requires patience. Nevertheless the FBMT shows some promising results and is a model which is being picked up through other programs. In Bougainville, CARE’s programming in cocoa is drawing on the FBMT approach. Staff from CARE PNG have also shared their experiences with CARE offices in Vanuatu, Tanzania, West

Bank Gaza, and Cote d'Ivoire who are interested in learning lessons from applying FBMT for their own programs with farming families.

Other approaches have included gender training or group discussions such as women's forums, which help facilitate women's participation in local decision-making bodies. In Bougainville CARE used a 'community conversation approach' to promoting gender equality involving both men and women. This was introduced after experience from earlier projects that worked with women in isolation showed men ignoring women because they were not involved in the process. Male leaders have been supported to value women's leadership. In Nissan District, gender training and organisational capacity building for core groups of villagers involved in project planning and implementation was reported to have supported changes in the distribution of roles in households as well as in the community in favour of women, as confirmed by both male and female respondents.

Greater awareness of gender relations can lead to greater responsiveness to gender inequity, as noted by one extension officer:

*'We are now more conscious that men will always take the front seat and put women in the back seat...this is custom...so now we arrange the seating so women can also easily observe and participate.'* (Male extension officer, mid-term review of coffee project, 2017)

## **Structures**

This domain relates to formal structures such as laws, policies, procedures and services; and less formal areas such as customs, values, and discriminatory norms and practices.

CARE has worked to enhance existing structures with the potential to support women's status and participation, or to introduce new approaches at the structural level. For example:

- Participatory training and awareness raising for communities and for government partners included reinforcement of existing PNG legal stipulations or women's representation – for example the requirement for two women representatives for each LLG Assembly and each Ward Development Committee, or for equal representation in Bougainville Community Governments, or women's representation on school Boards of Management. CARE can thus position itself as helping the government achieve its own goals, rather than simply imposing an external worldview.
- CARE has worked with the government to develop officially endorsed guidance and training materials designed for the needs of future users, which do not require the help of an external facilitating organisation. These include the updated training handbook for Ward Development Planning, with associated planning formats and templates, and Guidance Paper for the Support of Women in Bougainville's Community Governments. Such manuals document and integrate gender-inclusive approaches, and emphasise

the value of gender equity in local representation and planning processes.

- In the private sector, CARE has supported coffee industry partners to understand and adopt different policies and practices which support women's participation. These have included integrating gender inclusive approaches into their extension services by recruiting female extension officers and developing extension service protocols for engaging and supporting female farmers; establishment of an Agricultural Graduate Program which includes female graduates; implementation of a gender equitable salary scale; and provision of Gender, Equity and Diversity training and Family Business Management training to its own staff after seeing the improvements in the quality of its extension officers' work. CARE has also commissioned research to develop a business case for women's economic empowerment and improved policies and practices in the coffee industry.

Such changes in formal structures can also help to shift less formal values and norms. For example, work in Bougainville on promotion of structures for women's political participation has helped to create an environment where local male leaders have greater awareness and willingness to acknowledge women's right to be involved in decision-making. Women being elected to local representative bodies provide an example and a role model for others to follow. CARE programs have supported occasional community events to recognise and acknowledge such positive changes, and those men and women who have led and supported these improved structures.

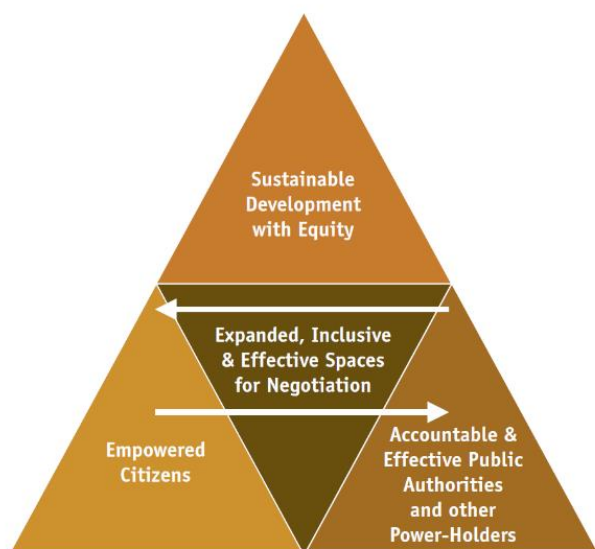
A significant example of shifting informal 'structures' such as community norms was given in the previous section on impact, where CARE used the Community Workshop Series to help communities examine childbirth norms. This helped overcome men's fear and women's reluctance to give birth at the medical aid post. Such changes are particularly significant, given the complex interplay of belief, custom and practice within which the one change sits and interacts. Collectively deciding to encourage and support women to give birth at medical clinics will likely have opened the door for other change within local culture.

#### 4.2 How does CARE address inclusive governance in PNG? How has this supported PNG leadership and ownership?

For inclusive governance, CARE International's Theory of Change is represented in Figure 4. In brief, it states that if marginalised citizens are empowered, if power-holders are effective, accountable and responsive, and if spaces for negotiation are created, expanded, effective and inclusive, then sustainable and equitable development can be achieved, particularly for marginalised women and girls. This implies working with governance on both the "demand" and "supply" side. In other words, programs should work with citizens and communities to raise awareness of their rights; work with public authorities to be aware of their responsibilities; and work to broker effective communication, links and negotiations between both sides.



CARE PNG staff reported that governance has been a cornerstone of the program. The ICDP



**Figure 4 - Framework for Inclusive Governance Programming**

project was described as the “anchor” of CARE’s governance experience. Community approaches developed in the Highlands and quickly followed in Bougainville were based on the approach of working with communities to identify their priorities and CARE worked with and advocated to government departments to promote those priorities. Staff also emphasised that governance is beyond formal community decision-making: it also includes household decision-making and understanding who is engaged in and benefitting from decisions.

Across the portfolio, governance approaches vary across projects. As Table 5 below shows, desk assessment of project documents indicates some projects have a very explicit governance focus in their design, others do not; and different elements of governance are emphasised in different contexts.

The following are examples of how inclusive governance was expressed in selected programs:

The following are examples of how inclusive governance was expressed in selected programs:

- ICDP focused on improving some formal governance structures to make them more accountable and transparent and responsive to disadvantaged rural communities. It also focused on increasing the space for women’s participation in governance and promoted the inclusion of at least two female members in every WDC. ICDP also promoted increased community participation in governance mechanisms and a shift in power from those in governance positions to community needs or voice<sup>41</sup>.
- El Niño WASH project worked on enhancing inclusive and transparent decision-making processes determining who gets to be included in the household registration for resource distribution<sup>42</sup>.
- CISP sought expanded space for disadvantaged communities and in particular women, targeted by providing support for greater female inclusion in decision-making and benefits from coffee production<sup>43</sup>.
- The Bougainville Community Governance Project<sup>44</sup> sought to expand spaces and forums for marginalised and excluded voices to influence, negotiate and hold leaders accountable. This inclusive approach was explicit in the project’s gender strategy, ensuring women’s participation in those activities.

<sup>41</sup> CARE Australia, Integrated Community Development Project (ICDP), End of pilot project evaluation Report (2014)

<sup>42</sup> CARE Australia, Highlands El Niño WASH and agriculture resilience project (2015)

<sup>43</sup> Pacific Women Shaping Pacific Development, CARE International in PNG Coffee Industry Support Project, Mid-term Evaluation (2017)

<sup>44</sup> CARE International in PNG, Bougainville Community Governance Project, Final Report (2017)

Table 5 - Document assessment - how is governance addressed?

Project	Is an Inclusive governance focus explicit in goals/ objectives?	Main focus of activities reported?				
		Agency	Agency and Relations	Relations and Structures	Structures	
		Leaders' accountability to people	People's voice for influence, accountability of leaders	People shaping decisions, resource distribution	Changes to policies that hold power with elites	Building on indigenous governance systems
El Niño WASH and agriculture	Red	Green	Red	Grey	Green	Green
Sexual Reproductive and Maternal Health	Green	Green	Amber	Grey	Red	Red
Integrated Community Development Program	Green	Green	Green	Green	Green	Grey
Coffee Industry Support Project	Green	Grey	Green	Grey	Green	Grey
Komuniti Tingim Aids	Amber	Grey	Amber	Amber	Amber	Grey
Community Governance Program	Green	Green	Green	Amber	Grey	Grey
Village Assembly Strengthening	Green	Green	Amber	Red	Green	Amber
Community Based Adaptation to Climate Change	Amber	Grey	Amber	Green	Grey	Grey
Improving Community Climate Resilience in Nissan	Red	Green	Grey	Grey	Grey	Amber
Pinipel WASH DRM	Grey	Grey	Grey	Amber	Amber	Grey

Key: Green=yes; Red=no; Amber=partial; Red=no, Grey=not determined on available information

An important element of CARE's governance work is sensitivity to local political dynamics, rather than to limit activities to a technically-based approach. This was well articulated in the evaluation of the ICDP program in 2014:

*"Initiatives aimed at supporting improved governance and service delivery in PNG cannot rely solely on traditional forms of capacity building (e.g. skills training, policy development, technical advice). Long-term and lasting solutions also require the design of specific initiatives / approaches that take account of, and try to address, these accountability gaps. Understanding and working with the local political economy is therefore a key to remaining relevant and effective." (CARE Evaluation of ICDP Pilot Project 2014:5)*

Consistent with the findings of this review, a recent CARE analysis conducted concurrently in 2018<sup>45</sup> has articulated key ingredients of CARE’s approach to inclusive governance in PNG, summarised in Figure 5 below.

**Figure 5 – CARE International in PNG inclusive governance programming**

<b>Marginalised organised and/or individual citizens are empowered</b>	<b>Power-holders are effective, accountable and responsive</b>	<b>Spaces for negotiation are created, expanded, effective and inclusive</b>
<ul style="list-style-type: none"> <li>• Targeting of remote disadvantaged populations (low political voice)</li> <li>• Targeting of girls, women and youth for additional support</li> <li>• Provision of skills and knowledge</li> <li>• Practical application of skills and knowledge in activities and formal structures</li> <li>• Opportunities for reflection</li> <li>• Access to education, literacy, and experience in training settings (important for all, but especially important for girls and women)</li> <li>• Celebration, acclamation, acknowledgement for those who break barriers or support others to do so</li> <li>• Provision of easily usable guiding and training materials corresponding to mandated processes to better enable clustering or wider groups to act collectively; that more strongly emphasise local self-help; and that more strongly promote meaningful inclusion of women</li> </ul>	<ul style="list-style-type: none"> <li>• Targeting powerholders from community through to District levels</li> <li>• Jointly setting agreements and plans of action to collaborate to bring about change in mutually agreed matters</li> <li>• Skills training – particularly in relation to support for sustaining functioning of governance structures, and skills in project cycle delivery and community engagement</li> <li>• Provision of easily usable guiding and training materials corresponding to mandated processes to better enable clustering or wider groups to act collectively; that more strongly emphasise local self-help; and that more strongly promote meaningful inclusion of women</li> <li>• Research into the local political economies, power analysis and socio-economic surveys, and progress monitoring of activities and feeding this information back to powerholders</li> </ul>	<ul style="list-style-type: none"> <li>• Logistical support to bring government representatives to hard-to-reach locations</li> <li>• Logistical support to bring remote area local leaders to meet with government</li> <li>• Establishment or support of formal structures that are mandated to include women</li> <li>• Support to formal structures to practice inclusive good governance</li> <li>• Facilitation of additional forums for dialogue, and targeting women to be able to attend these</li> </ul>

<sup>45</sup> CARE International in PNG, Inclusive governance practice in CARE International’s PNG Programming (2018)

## 5.0 Major contributors to effectiveness, and main constraints

Drawing on the desk review and field work, including perspectives from CARE staff and key informants, this section summarises key factors which have supported the effectiveness of CARE's programs, and others which constrain effectiveness.

### 5.1 Contributors to effectiveness

CARE's **adaptive and committed approach** to working in PNG came through strongly throughout the review. This is an important aspect of the work that suits the complex context in PNG and which can either be enabled or restricted depending upon particular donor or contractor requirements. An adaptive and committed approach involves a commitment to building relationships, and to constantly learning and improving their approach to both gender and governance.

**Building relationships:** The diversity of communities requires adapting heavily to the realities, languages, values, and histories of specific communities. CARE achieves this in PNG through staff spending a considerable amount of time in communities. They build relationships and seek to demonstrate transparency, fairness, and accountability. Many staff come from the local programming areas and understand local dynamics and issues. This lays a foundation for using participatory approaches for helping communities to identify their own priorities, and supporting existing community groups and CSOs. It also helps when seeking to navigate carefully through taboos, social norms and gender relations.

**An adaptive learning approach** means that CARE will reflect on progress and challenges and regularly re-assess, learn, strategize and adjust<sup>46</sup>. CARE also demonstrates its own commitment to gender equality through its internal policies on gender equality and on domestic violence. Program staff reported that female CARE staff are seen as role models in communities.

**Positive relationships with local and provincial government authorities, communities, CSOs and other stakeholders and partners** have also been important. Working within existing government structures gives the opportunity to strengthen and reinforce good practice by government, whether by facilitating closer contact between local officials and communities, or by agreeing and documenting good practice in manuals for use by government staff and by community members. Building relationships also helps to identify who the people are within government, communities and CSOs who can move things forward, and to support their efforts to find solutions.

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<sup>46</sup> In CARE's Coffee Industry Support Project, the project adapts its approaches working with private coffee sector and industry partners. CARE regularly reviews successful and unsuccessful approaches, including partner motivation for engaging with the project, and then CARE adapts activities and approaches accordingly for each partner.

**Identifying appropriate entry points and incentives** has helped CARE work for change. For instance, supporting local governments to implement ward planning more effectively helps them do their job better, and opens the way for more participatory community processes. Supporting the introduction of the new local governance mechanisms in Bougainville provides the opportunity to argue the benefits of more inclusive practices. Coffee companies are interested in commercial realities of lifting production and profitability: CARE's approach has recognised this and has also enabled dialogue and improved practice on gender inclusiveness. The Family Business Management Training helps farming families to improve production and income, but also focuses on the value of working together and allows for discussion of sensitive gender norms. Engaging men as allies for change in conversations about women's empowerment helps to reduce resistance, and to identify potential men who can be champions for change.

**The use of proven CARE models**, particularly the Gender Equality Framework, has helped CARE in PNG navigate issues and focus efforts. While working for gender equality in PNG is complex, the model of "agency, relations, structures" has helped staff to think about what is needed at different levels and how program activities can combine and reinforce for greater effectiveness. Using this common language also helps in drawing on assistance from the broader CARE International network.

## 5.2 Constraints to effectiveness

As noted earlier, PNG is a particularly challenging operating environment, with multiple challenges to overcome or adapt to such as transport, logistics, safety and security, access to services, weak governance, extreme gender inequality, and great cultural diversity from location to location. Organisationally CARE also faces constraints. CARE's reliance on project funding means that a volatile donor funding environment can affect programs, cutting them short before benefits have been fully realised. This also flows through to staffing turnover and the ability to maintain continuity of staff working on long term approaches.

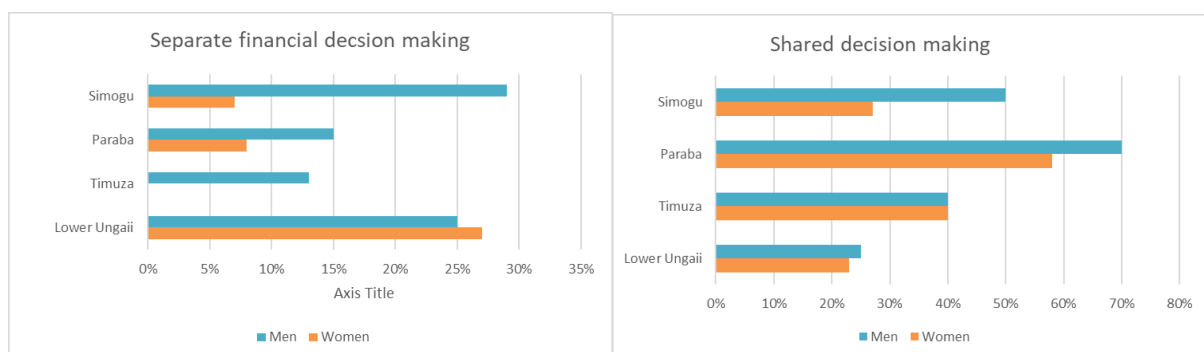
The field work phase of the review sought to unpack some of the issues of gender relations and power structures which exist in all the places that CARE programs. Overall, there are clearly entrenched norms reinforcing gender inequality. CARE's work on gender equality has shown progress, as noted in the earlier section on impact. However, lasting change towards gender equality is a long term concern: CARE and other players will need to maintain their commitment for the long haul. The main discussion presented here is not an account of what change (positive or negative) has occurred, rather it is a summation of contextual constraints highlighted during the impact review field work.

### 5.2.1 Women and household finances

During field work, men's and women's groups were both asked about household financial decision-making, whether it is separate, joint, or dominated by either sex. The questions asked about household financial decision-making were the same, whether or not they were places where FBMT was delivered. Full results and analysis are at Annex E: key points are summarised below.

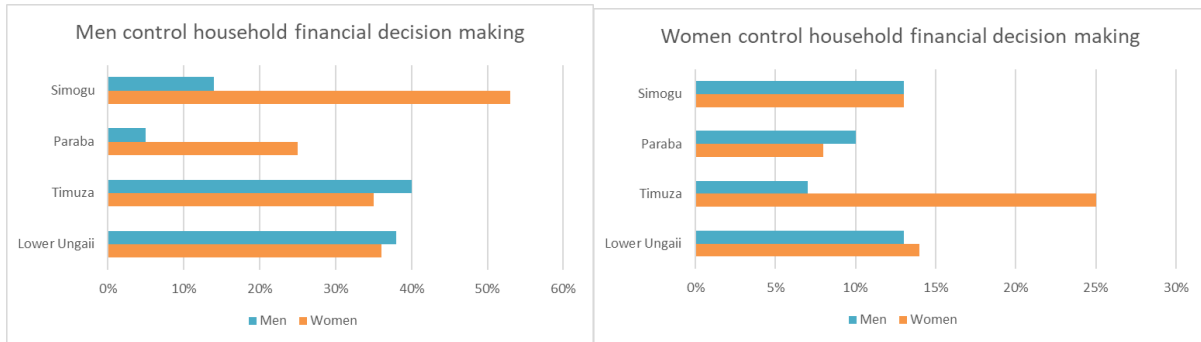
- Men were more likely than women to report financial decisions about their own money were made separately (that is men and women each having and making decisions about their own money). Examples of this were, women using the money that they made from selling vegetables and men using the money that they made from coffee and women having control over spending for the household such as soap and oil.
- Men were more likely than women to report that financial decisions for shared financial goals were shared (working together toward common financial goals).
- There was some qualitative evidence that Family Business Management Training was changing attitudes and behaviour. In Timuza and Lower Unggai a number of men and women reported that they had increased shared household decision-making as a result of CARE’s training. In Paraba, men reported the highest amount of shared decision-making (70 per cent) compared to (58 per cent) of women. This result is much higher than all other communities and the review team considers it is likely that the exercise in Paraba reported where people wanted to be, that they had an aspiration to share more household decision-making, rather than their current state.<sup>47</sup> Paraba is not a CISP site and so people there do not have FBMT experience.
- While there was some qualitative evidence of changes in men and women’s household decision-making, the quantitative results from the small focus groups show women reporting that men continue to predominantly control household finances in all communities (though what level of change has occurred is not known). Some men in focus group discussions said they were still controlling the money, but they expressed a willingness to change and to share money more with women.

Figure 6 - Responses on financial decision-making by location and sex<sup>48</sup>



<sup>47</sup> Paraba is also fly-in and so does not have same access to markets, and so there is likely not as much ‘decision-making’ about economic issues or money.

<sup>48</sup> The sample size for each research site ranged from 29-41 people with varying mixes of ages and men/women. These percentages are drawn from a small sample size and so are indicative only.



Focus groups discussed how women and men spend money. Generally, women are able to control small spending decisions for household goods and men make decisions about bigger expenses. Generally, men also spend money on things such as alcohol and cards.

Across all field work communities men and women agreed that men have the final say on household decision-making, though whether and how husbands and wives consult with each other (for example more calmly and amicably or not) before a final decision is reached was not examined:

*Women do not spend money unnecessarily and always spend it for the family and so it's good to involve them and put them in charge. But some men don't understand this, they think women are under them and they themselves have the power over their wives, thus allowing women to manage money is giving away their power. (Men's FGD, Lower Unggai)*

*Though I'm the leader, I'm still struggling. (My husband and I) we plan together, but then he does his own thing with the coffee money. Women are thinking about the house, clothes, food, school fees. It's hard to tame men. Their ego is big. If I cannot, then I don't know how others can. If I couldn't earn enough to look after myself and my family, I would be in trouble. I would love to be in this picture {working together/sharing income}. I am hoping and praying for change. I am the founder of this co-op. I want to get to this I want to get more women there. It is a challenge. Female FGD Participant, Lower Unggai*

*Men plants the coffee and owns the coffee. Whatever the women has, is the man's. The man is boss and makes decisions. We are nobody. Female FGD Participant, Lower Unggai*

*In case of a disagreement on what to buy or how to spend the money of course the final decision is always that of the man and never a women could have the final decision unless she is a widow and there is no male member (older) in the house. This is what is in our culture and our way of life so we all do that way. Men's FGD, Lower Unggai*

*Men will hit you, so they get the final decision. Women's FGD, Simogu*

An issue that came up in the course of the field work was polygamy. The FBM is a promising approach, but it could be strengthened by more explicitly or consistently being applicable to polygamous and other household forms. Polygamy is common in marriages in the PNG communities that the field team visited and CARE staff confirmed that it was common in CARE program sites in the Highlands. Interviews with CARE PNG staff indicated that there are complex gender dimensions regarding vulnerability of wives within a polygamous marriage. In many situations the first wife may be the least vulnerable as she has the first claim on the husband, has formed local networks and friendships, and likely has

borne the first heirs. Subsequent wives may be more vulnerable in terms of having lower access to household resources and also vulnerable to violence against them from first wives. There are also polygamous marriages in which the first or earlier wives lose access to resources and security within the household, as the husbands' favour turns to the new wife or wives. The basis for and norms of polygamous marriage vary throughout the Highlands and are also subject to recent historical cultural and economic changes. How polygamy and other family or household structures affects gender norms in various places requires further investigation with respect to CARE programming at the household level.

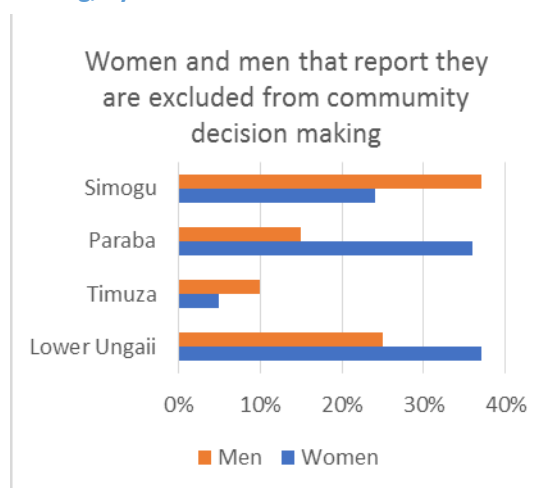
### 5.2.2 Women, leadership and community decision-making

During field work, men's and women's groups were both asked about community decision-making processes and leadership. Full results and analysis are at Annex F: key points are summarised below.

- **Both women and men may experience exclusion from decision-making:** As shown in Figure 7, in two of the four communities, a higher proportion of men than women reported exclusion. This could be further investigated to examine the type and level of exclusion being reported. There were a number of reasons that were discussed for men's exclusion including lack of status and that only men who had money or who were 'leaders' were able to speak up in meetings. Other reasons included that men were in conflict with some people attending the meeting and that young men could be excluded as they were seen as irresponsible. In any location multiple factors influence whether certain people may or will 'speak'. Many community issues are intricately connected to kinship, heritable rights and land, and public speaking using rhetorical language is also highly esteemed. In recent generations formal education and literacy have become factors in whether people may, or choose to, speak. It is not surprising then that many men and women are excluded or feel excluded from most community decision-making. In Lower Unggai, members of the focus group reported that skills that have been gained through the CISP program have allowed men that were previously excluded from decision-making in the cooperative and other community groups to participate, evidencing a positive shift for these previously excluded people.
- **Women face stronger cultural barriers to participation:** Feedback from focus groups on men's and women's leadership suggested that women were perceived as good leaders if they had resources and could speak like men, or who were humble and could listen to people. Aspects of men's leadership were seen more as confidence, dominance, influence and fairness. Field work does not show how much of a change in cultural barriers faced by women there may have been as a result of CARE activities in the targeted field sites. The current situation (the 'snapshot') is that women in Lower Unggai, Paraba and Simogu reported that they were actively discouraged from speaking in community meetings and were shushed, or that women could speak but men would not listen to them.



**Figure 7 - Responses on community decision-making, by location and sex**



*The village decision-making has changed tremendously over the past years. Previously only the village chiefs<sup>49</sup> and community leaders were talking and taking decisions but this has changed, now a days chiefs are taking the lead but allowing others in the community to talk, voice their concerns and issues and participate in the discussion of the village meetings. Model farmers have gained respect within the village due to their technical knowledge and if they say something in the village meetings villagers and leaders take them seriously and consider their views/opinions. (Men’s FGD, Lower Unggai)*

*We like to talk in small groups and we have men who speak and we support them. Men’s FGD, Simogu*

*The men don’t encourage us to speak. The men stop us from speaking in joint meetings. In women’s meetings, we can speak. Women’s FGD, Paraba*

*Women don’t speak in meetings. Men speak a lot. In some places, women have a space to speak. Not here. If a woman speaks, she is told to sit down and shut up. It has not changed. They can speak, but men don’t want to listen to them, so women don’t want to speak. It’s men’s fault for not listening to women. Male program participant, Simogu*

*Village leaders get together and make decisions and then come and then tell us after. (Women’s FGD, Simogu)*

- Women’s priorities may not be reflected in community decisions:** as noted previously, CARE has worked within and supported the existing PNG governance system at the community level through ward planning processes in a number of communities (but not in the Districts where Timuza or Lower Unggai are located). The ward planning process included separate processes with groups of women and men to encourage women and men to speak more freely. CARE’s assistance for the establishment of WDCs and support for ward planning in three Districts was rolled out using a process that was later extensively revised through CARE and government collaboration. The revised process was endorsed by Department of Provincial and Local Government Affairs in 2016. It now specifically requires consideration and recording of women’s views and how they would benefit, as well as a planning format which ranks priorities more highly when there is a greater focus upon women’s benefits. However, the more recently revised ward planning process cannot guarantee women’s priorities are heard equally. Women may not be able to participate equally or may still be excluded from processes such as voting, and men may outnumber women in meetings, but it does represent a new and increased opportunity for women to be heard and to participate more than ever before. Comments from male community leaders in Paraba and Simogu were that they did

<sup>49</sup> Chiefs in the vernacular sense. Highlands PNG does not have a chieftain system.

not need to include specific women's needs and that community needs are women's needs.<sup>50</sup> Comments from women also reflected examples of exclusion:

*Every decision is all generalised. There are no specific needs. Everything is for family and community use. (Male leader, Lower Unggai)*

*Community leaders come together about issues and problems. After they discuss the issues, they then go to the whole community. Women are not involved in discussions. Most women cannot speak in meetings – they aren't able to follow what the men are saying. There has been a very small change, but when women speak up, they are not encouraged. They all submit to men. Female program participant, Simogu*

*We want to change. We all want to be leaders and feel that we can speak in meetings with men and women present. Paraba Women's FGD*

- Future governance programs should include processes to measure how women's priorities have been included in community planning and funding, and further examine the barriers to women's meaningful participation. A challenge is addressing the low status of women, accompanied by multiple other barriers such as low literacy among women particularly, and cultural barriers that may prevent women from being able to speak with local legitimacy on issues that require connection to place and people by descent or other locally salient associations<sup>51</sup>. A process to building out from or with an approach oriented to building household level shared decision-making (as FBMt seeks to do) could be further elaborated at the community level. An aim would be to foster further dialogue about including women in community processes, perhaps using something akin to the Community Workshop Series. Focusing on supporting and strengthening existing women's groups was also found to support women's community leadership.
- **Women's groups promoting women's voice:** In Paraba, the field work found that CARE contributed to increased numbers of women participating in community leadership. The women in Paraba have a functioning women's group and they meet as a group and then the women leader represents their issues at the community level. Paraba currently has two women leaders that started during the ICDP and they are both still working as community leaders – as WDC member and a female pastor. Women's leadership was supported by strong women's groups, some of which are connected to the Church. Timuza, Paraba and Lower Unggai all had functioning women's groups that have been supported by the Church for a number of years. Women's membership in a formal group (such as Church groups) is something that some women identify as assisting them to then have a greater part in other forums such as community meetings. In Timuza, where church groups were active (but

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<sup>50</sup> The ICDP project and associated community planning activities were never provided by CARE in Lower Unggai. This is a CISP site.

<sup>51</sup> In general terms in remote rural places locally in-married women then may have reduced authority to speak on matters about the places they now reside (that is their husband's clan land). Perversely, wives from further afield (towns and cities) who are often better educated and more likely to be married to more educated local men, have greater social licence to speak in ways that don't conform to expectations of local women in public.

where no CARE assisted work in ward development committee formation or ward planning has occurred), it was reported that:

*The church group also contributed towards this (women's community decision-making). We women discuss things in our church group and are aware of happenings around us, this encouraged and made us confident enough to participate in the village meetings. Women's FGD, Timuza*

This illustrated the contrasting working contexts of different locations (with different histories, cultures, and existence of working formal structures) were the field work snapshots of Timuza and Simogu. Women in Timuza, which reported the least number who felt excluded from decision-making, also reported that they had developed some of their own initiatives such as a women's literacy centre and elementary school which indicates that they have a strong group and a mechanism where their priorities are supported by the wider community. This reinforces the promotion of women's participation and leadership as one of the key areas of impact identified in the review.

Conversely the women's group in Simogu was apparently not functioning and women in Simogu reported higher numbers of feeling excluded from community decision-making (24%); unable to speak in community meetings (41%) and more comfortable in small groups (24%). Simogu also did not have a female WDC member although it is a government policy.<sup>52</sup> Pulling apart whether it is causality or whether it is correlation that connects access and membership in women's groups and feelings of inclusion in community decision-making would bear further examination. It may be that another enabling factor catalyses both the successful formation of women's groups and greater inclusion in community decision-making. CISP has found evidence that participation in FBMT legitimises women's participation and voice in other forums.

### 5.2.3 Gender Based Violence and doing no harm

The review did not specifically focus on gender-based violence but it came up frequently during field work due to the high rates of GBV in PNG, and in the Highlands in particular. All organisations in PNG are challenged by this and CARE is no exception, wrestling with issues of doing no harm while also trying to provide opportunities for women's empowerment. A few specific examples were raised.

Some women who attended the FBMT training were experiencing GBV. There were a number of references to men controlling finances and decisions and violence.

*When women at FBMT training talk openly about their husbands they are bashed later in the house for attending training. The women can't speak openly when they attend meeting with their husbands. We need to change the mindset of the husband. (Female extension worker)*

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<sup>52</sup> As previously mentioned under the Government's Village Courts (Amendment) Act 2014 'at least one woman must be appointed under Subsection (1) as a Village Magistrate for each Village Court' but only 'as far as practicable'.

One of the main challenges that one female extension worker reported was security in field work. She had an incident where she was threatened by a number of drunk men in a community and she was sitting on the outside of the truck (in the flatbed).

*Some of the men were very aggressive. The people in the community were drunk and the other female extension worker and I were sitting in the back on the outside of the truck. I was really scared to lose my life. They had sticks and logs and they wanted the men to leave and for us, the two women to stay. I jumped out and I opened the door to the truck and I went to sit inside the truck until we drove away. Once we drove away with the men that we were working we were made to sit outside in the back again.*

In Simogu, program participants reported that some husbands are not allowing women to work as Village Health Volunteers because they were seen to be neglecting their household duties and it 'causes fights'. This might be helped if women were able to earn money for this work (which they do not, it is voluntary<sup>53</sup>) but would also have to be accompanied by engaging men on sharing women's household work (so that female village health volunteers can work and not have to do all of their work on returning home) and for men to understand and value the work of village health volunteers.

CARE staff reported that women disclosed incidences of violence to them in the course of their work in field sites. Some women reported to staff that they had experienced violence after attending CARE's training and they did not come back. Staff said if there is an incident, they refer to services, if there are any, or call the CARE security officer. They also discussed various strategies that CARE has for mitigating GBV within the program. For example, CARE spends considerable time on proper socialisation of activities, and works where appropriate through existing groups such as coffee cooperatives. Having both men and women attend the training helps men know what the training is about and can reduce potential backlash. For women's training, staff may schedule half-day training so that women can attend because if women are away for a whole day, they may not get their household responsibilities and cooking done and could subsequently experience violence. They ask women what time they prefer to do training; they bring more food than needed (so that women can take a share home) and participants can also bring babysitters and feed babies and at training.

Another area where previous CARE programming intersected with GBV is in the work with Village Court magistrates. Establishing these positions has increased women's access to legal services, but not necessarily women's access to justice and support given the challenges of high rates of domestic violence and rape, and low access to services such as counselling or

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<sup>53</sup> When VHV roles and training were first discussed and then agreed with communities (through the Highlands SRMH and DOH), the voluntary nature of the roles were discussed in depth. Even though VHVs are recognised within the structure of the PNG health system and policy, their roles are not paid. The volunteers are not "CARE volunteers", they are volunteers in their own communities, and the communities agree to recognise them and acknowledge their efforts. Payment would create difficulties of ownership over the roles (volunteers would indeed then be "CARE" workers, and it would raise expectations of payment for other altruistic community work even unrelated to CARE programming) and create an unsustainable and unscalable model.

even to higher level courts. The majority of cases of rape are not reported to police<sup>54</sup>. This is a nation-wide challenge in PNG and not limited to CARE program areas.

Village magistrates are community leaders and are trained by the Government's Village Court and Land Mediation Secretariat (VCLMS) but are not trained lawyers. They make decisions based on a hybrid of customary and formal law. During field work, one Village Court magistrate and an LLG administrator who is responsible for oversight of law and justice both reported that they promote reconciliation in cases of domestic violence and very low penalties for rape.<sup>55</sup> For example, a Village Court magistrate for Simogu reported that the penalty that they charge for rape is 500 Kina (USD=\*\*) <sup>56</sup> – and this fine does not necessarily go to the rape victim. This practice was verified by the LLG administrator. In the national court, the penalty for rape is up to eight years in prison. Ideally, cases such as rape and domestic violence should be handled by police under the Family Protection Act. However, there are many other challenges regarding access to justice for women in remote areas. One issue reported by the LLG administrator was that if a perpetrator is arrested, there is no transportation for that perpetrator to prison for sometimes up to a year. The field work also heard that in Simogu that a man responsible for serial rape was killed by the community members.

Village Courts sit at the nexus between local customary responses to rape and requirements for rape cases to be heard by higher courts (which oftentimes either don't operate or cannot be accessed). By choosing not to hear rape cases (because the Village Court Act does not give them jurisdiction on such matters) Village Court officers may effectively be choosing to allow escalation into pay-back (further rape or killing) and even to inter-group conflict (tribal fighting). On the other hand, by choosing to hear rape cases they are not working within the law, and may not be looking for justice for the individual (the woman), but a way to calm matters between kinship groups and a means of avoiding pay-back and inter-group conflict (and some rapes are also pay-back <sup>57</sup> crimes as well). Changing community attitudes about the severity of rape as a crime (its impact on the survivor herself) - and increasing recognition and valuing of the status of women as individuals as well as members of kinship groups (that the penalty or punishment is not only nor even principally about compensation to her family and group, but is about compensation and justice for the individual woman), is no small matter. The status of women, the status, rights and responsibilities of individuals, and wider kinship rights and responsibilities and inter-

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<sup>54</sup> A report by DFAT from the Village Court and Land Mediation Secretariat (VCLMS) reported in 2015, none of the rape cases described by survey respondents in the ARB were brought to the police. Similarly, out of the 21 rape cases that happened in 2015 as described by Gulf respondents, only two were referred to the police, and neither was progressed. Respondents also mentioned that the perpetrators were released and are at large within the community.

<sup>55</sup> Village Magistrates are technically not allowed to hear cases of physical domestic violence as they are criminal matters that need to be reported to district police. However, they will often hear cases of fighting (verbal) and can arbitrate on family matters such as divorce.

<sup>56</sup> The highest penalty that a Village Court can charge for local crimes within their jurisdiction is K2000 – equivalent to approximately five to ten years of a remote rural household annual income.

<sup>57</sup> "Payback" may be against anyone from the kinship group from which an individual might have previously perpetrated a crime. Payback may also not be like-for-like.

group relationships are all in the balance in achieving justice for victims of rape and other abuse.

If CARE again worked with Village Courts, CARE could continue to link them to the formal justice system to ensure that magistrates have ongoing training in responding legally and responsibly to community calls for them to hear rape and family violence cases.<sup>58</sup> This could be accompanied by other community level work to understand and possibly shift attitudes about community justice responses to rape. Village magistrates can be a good entry point for male role models and improving women's access to justice, centering survivor needs and experiences for healing, and accountability as well as change of those who caused harm. If CARE were to do future work in this area it would require further inquiry on how these central commitments interact with customary and formal justice systems.

#### 5.2.4 Women and services

Access to services is affected by various factors, including government capacity to sustain them as well as gender norms. For example:

- **Education:** There are also many challenges with the national education system, which is a national issue rather than a reflection on CARE. During field work, one teacher reported that she had not been paid for this year. Due to administration, registration and logistical challenges, in order to be paid, she would have to pay her own way to Port Moresby to correct her teaching registration to then be paid. Once she has traveled to Port Moresby she can then access her pay in Goroka. This is a major cost and challenge as the flights are irregular and she may get stuck in Goroka without a flight, which means that while the teacher is in Goroka or Port Moresby collecting her pay, school will not be in session.

The ICDP evaluation<sup>59</sup> reported that girls' access to education had improved, but that there were issues with retention rates for girls that were likely related to early marriage. In an interview, a teacher in Simogugu reported that boys are still outnumbering girls in school attendance. She thought that this was due to early marriage which in Simogugu can be from 14 or 15 years old and that families had a preference to send boys to school and keep girls at home to contribute to household and garden work. There is a gender gap in most schools across PNG: UNICEF estimates that "For every 100 boys in primary school, there are 80 girls; for secondary school the corresponding figure is just 65 girls for every 100 boys".<sup>60</sup> CARE's education work has had some very good results, as reported earlier. Future programs could usefully incorporate monitoring of changes in the gender parity gap, to get a better sense of the relative benefits for girls.

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<sup>58</sup> Village magistrates can advise the community on their options for legal recourse but are not legally able to hear these cases relating to rape or family violence.

<sup>59</sup> Care Australia, Integrated Community Development Project (ICDP), End of pilot project evaluation (2014) p. 24

<sup>60</sup> Papua New Guinea aims to 'Accelerate Girls Education' (2012). See [https://www.unicef.org/infobycountry/papuang\\_25037.html](https://www.unicef.org/infobycountry/papuang_25037.html)

- Health:** Village birth attendants (part of the village health volunteer system) reported during field work in Paraba and Simogu that they have not had long-term support from government, either through pay (VBAs are unpaid volunteers) or through basic supplies such as gloves and razors. A key part of the VBA's role is to encourage women to access antenatal and post-natal care at health facilities, and to help them plan to give birth at health facilities where there should be better access to professional health care if there are complications. The poor staffing and condition of health facilities, and the distance, difficulty and danger involved in reaching them, means that many VBAs do deliver babies and provide primary health care for pregnant women and new mothers. Any external support for VBAs (for example from the government) must avoid incentives that encourage more women to give birth away from functioning health facilities (potentially resulting in higher infant and maternal deaths), at the same time as supporting VBAs to assist in births when there are no health facility options available.<sup>61</sup> It was reported some of the VBAs are no longer working, due to lack of support from government. The issue of not having access to gloves is preventing women from carrying out work as village birth attendants because they fear contracting HIV and AIDS.

*Husbands don't allow women to do VBA work. There is a custom that if a woman has assisted another woman to give birth that she can't touch food and so she can't cook for her family. Couples are arguing in the house about this. Male Program Participant, Simogu*

There are child birth gender norms, recognised by CARE, that also impact on a village birth attendant's ability to do their work. In Simogu there is a custom that after women have given birth or assisted with birth that they cannot prepare food for some time. Another Village Birth Attendant in Paraba asked for water supply because if she attends a birth away from a health facility she has to do everything including fetching the water. She fears that if she fetches water and the woman delivers and something happens to the mother or the baby, she would be blamed for any problems.<sup>62</sup> These concerns indicate the complexities of local belief systems as they intersect with VBA work, the need to avoid perverse incentives that might

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<sup>61</sup> The National Department of Health does not allow VBAs/VHVs to deliver babies, but rather requires volunteers to conduct home visits and health education meetings, and refer mothers to a health facility for a supervised birth (see PNG National Family Planning Policy 2014). However, where CARE works, the majority of women do not birth in health centres due to lack of access, trust, money and cultural factors. In these instances, VHVs invariably assist women through birth, so CARE trains VHVs in basic safe birthing practices. Navigating these tensions between Government policy and the reality in remote areas is challenging. CARE emphasise that VHVs need to encourage all mothers to attend clinics for antenatal checks and birthing, and advocates to government at the Provincial and District level through health systems strengthening activities about the health needs of remote communities.

<sup>62</sup> CARE mitigates the potential for harm to volunteers by referring to VBAs as Maternal Health Volunteers (MHVs) as a way to reinforce that volunteers should assist a woman to deliver in a health facility or aid post rather than delivering babies themselves. CARE requires VBAs to be selected and endorsed by their community and has discussions with the volunteer's family about her roles responsibilities and the gendered cultural issues that arise from this.

increase maternal and infant mortality<sup>63</sup>, and the continuing expectations from VBAs that persist despite the clear initially agreed understanding about the role of a VBA, National Department of Health policies regarding health volunteer work and upon which VBA skills were built and their volunteering roles accepted.

*I sometimes run out of equipment. To do work in the night, I need a torch, light batteries, birthing kit, cord clamps, pins, razor blades, dish, buckets, gloves. The stuff that CARE provided years ago had run out or worn out. I haven't received anything from the Government. Sometimes I get gloves from the health worker, but he's often out. (Village Birth Attendant, Paraba)*

## 6.0 To what extent have CARE M&E systems delivered the required data?

The desk-review looked across key project documents such as evaluations and completion reports to assess different aspects of different aspects of project monitoring and evaluation systems, as shown in Table 6 below.

Table 6 - Desk assessment of monitoring systems across different projects in PNG

Did the monitoring systems...	KTA	B-SRMH	EI Niño WASH Ag	ICDP	CISP	BCG	CBA	Pin WASH	H-SRMH	VAS	ICCR
Collect, analyse, and address changes in gender roles and relations?	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Collect sex disaggregated data?	Green	Red	Green	Red	Green	Green	Green	Green	Green	Green	Red
Collect, analyse, and address unintended consequences?	Red	Red	Green	Green	Grey	Grey	Green	Green	Red	Grey	Green
Collect, analyse, and address the changing protection risks and needs?	Green	Green	Green	Green	Grey	Grey	Red	Red	Red	Grey	Green

Key: Green=yes; Red=no; Grey=unclear on info assessed

Based on the documents available for the desk-analysis, indications were that projects generally had M&E systems which were able to observe and address changes in gender

<sup>63</sup> For instance, if a VBA were provided with a local water supply then her home might become a proxy birthing facility, discouraging access to formal health facilities and potentially life-saving professional medical care for complicated births.



roles and sometimes in gender relations. Most projects were collecting sex-disaggregated data. Two areas which were not always addressed were whether M&E systems picked up on unintended project consequences, or were addressing changing protection risks and needs. These are important areas when considering issues such as the potential backlash against women from projects which are promoting women's rights or addressing gender norms.

The review was generally highly participatory, gathering and reflecting the opinions of project participants to identify changes, benefits and challenges. It was also evident that projects use a range of measurement approaches. As a result, indicators used are not so consistent to be able to easily aggregate broader impacts across the portfolio. This is an area which CARE International is seeking to address by adopting a set of global indicators and sectoral indicators. These indicators are being incorporated wherever appropriate into existing and new projects in PNG, which should make aggregation of selected key impacts easier in future years.

## **7.0 Promising approaches, with potential for scale up**

A number of promising approaches emerge from this analysis of CARE's work in PNG. These should be consolidated in future CARE programs and promoted to others where appropriate.

### **Investing time to understand communities' evolving needs**

This underpins CARE's overall approach or way of working through all of its programs in PNG. There are many aspects to this that include transparency, fairness, accountability to communities and developing relationships. CARE achieves this through staff spending a considerable amount of time in communities, listening and learning together with people, working with formal and informal community groups and networks to build their ownership for development of their community. This lays the foundation for effective work with remote and rural communities. CARE also demonstrates that its approaches are highly adaptive and evolve based on learning through program implementation and a commitment to continually improve. This is important because of the diversity and difference between each community. What works in one place will not necessarily work in another. Time has to be dedicated to understand specific needs of a community and therefore the most appropriate ways to work with them. The diversity of PNG societies is a fundamental reason why attempting 'scalable' and 'replicable' models are difficult to achieve.

### **Building on existing local governance processes**

There is international recognition that inclusive governance work (or indeed development work in general) in highly complex settings such as PNG is necessarily incremental and requires flexibility and long-term commitment<sup>64</sup>. Against this context, CARE's holistic and inclusive governance approach is effective, working both with government and communities in setting priorities. ICDP's support for ward planning has been an appropriate entry point for supporting improved governance and service delivery at the local level. The Bougainville Community Governance project has a similar approach of involvement of local communities

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<sup>64</sup> CARE International in PNG, Inclusive governance practice in CARE International's PNG Programming (2018)

and partners (government) and other stakeholders from the start of the project and having them involved in deciding what approach to take is the best way to ensuring that stakeholders take ownership of what happens. Using the experience of implementation to develop new guidelines and training materials for approval by government also helps recognise and embed good practice.

### **Building trust between communities and institutions**

CARE is also a trusted partner of government agencies at the Local Level Government (LLG), District, Provincial and National level to extend funding for services to communities. CARE's approach to working with government bodies is to work with them on understanding and meeting needs of rural communities. These approaches are improved by including a deep understanding of what groups of the community are excluded from community decision-making and developing strategies to include them and address the underlying norms that lead to their exclusion. CARE, or any organisation, needs to balance what can be realistically done independently by Government or others in the future (if CARE is not still active in that programming area) and what is a more nuanced and intensive approach that may not be easily applied or implemented by others such as Government. This is summarised in a recent analysis of CARE's governance programming in PNG<sup>65</sup>:

*Training and mentoring was provided so that District and LLG officers gained competence in nationally recognised community engagement and other participatory project cycle skills, as well as knowledge of bottom up planning systems, processes and how to apply them. The project enabled government officers to reach remote communities, enjoy their hospitality, gain a deeper understanding of local people's problems (and joys), and form relationships or connections and a sense of obligation and responsibility. This could be deeply personal based on a mix of indebtedness and appreciation for the hospitality provided, deeper insight into people's lives, and a desire to reciprocate by endeavouring to ensure government services would improve. In the Pidgin vernacular, government officers had become wantoks – with the social and economic obligations that accompany this. With skills, knowledge, the confidence to apply their learning, opportunities to actually carry out the work, and relationships built with people and communities, officers gained greater job satisfaction and pride in their achievements – all important in achieving greater responsiveness and accountability between government and citizens.*

### **Ongoing commitment to increasing gender equality, and developing tools to support this**

CARE also demonstrates a commitment to learning about and continuously improving its gender programming. CARE is strong at including women in most activities and has a sound basis of inclusion, a deep understanding of the PNG culture and context and working within existing gender norms. This can be improved by continuing to develop programs based on an analysis of existing harmful norms and developing approaches to challenge them such as the Family Business Management Training, or Community Workshop Series. In this regard, CARE PNG is also able to draw on global CARE International experience on gender and adapt tools to the local context. For example, the Community Workshop Series in the Eastern Highlands drew on CARE International's Social Analysis and Action toolkit for addressing social factors which affect sexual and reproductive health<sup>66</sup>. Another CARE International

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<sup>65</sup> CARE International in PNG, Inclusive governance practice in CARE International's PNG Programming (2018)

<sup>66</sup> CARE Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health. Social Analysis Manual. See [http://www.care.org/sites/default/files/documents/social\\_analysis\\_manual.pdf](http://www.care.org/sites/default/files/documents/social_analysis_manual.pdf)

approach which could be considered for adaptation in PNG is the Tipping Point program, which was used in Bangladesh and Nepal to challenge early marriage norms<sup>67</sup>.

### **Shifting attitudes about household decision-making**

The FBMT approach developed by CARE is demonstrating some success in giving women more space for negotiation of decision-making and resources and increasing men's contribution to household work. FBMT's focus on household financial management provides an effective entry point for gender relations dialogue in the household, working with husbands and wives together. It has been developed in PNG and is highly relevant to that context; at the same time, CARE programs in other countries such as Vanuatu, Tanzania, West Bank Gaza, and Cote d'Ivoire have been interested to learn of the approach and see how it may be applied in their own context.

### **7.1 Applying promising approaches to other contexts**

Some of CARE's current approaches have the potential for adaptation to other contexts. For example:

**CARE could apply its approach of extending services to remote communities to improve GBV response services to these communities.** Gender equality programs often result in backlash which in PNG can result in increased violence against women. CARE is focused in remote locations where there is little to no access to counselling, health or justice services for women who are victims or survivors of violence. CARE could investigate using similar approaches that they successfully used in extending health and education services in ICDP through building relationships with CSOs and government departments to extend these services to remote areas.

**An approach based on the Family Business Management Training could be used alongside sectoral programs such as health, education or governance to help shift other social norms.** ICDP focused at the community level but did not have a strategy for influencing gender equitable decision-making at the household level. FBMT has demonstrated some success in changing norms at the household level and could be adapted to be implemented alongside other programs that are focused on changing community level norms. For example, for education programs something like FBMT could be adapted to explore the mutual benefits of sharing girl's work in the household or in health programs it could be adapted to explore the mutual benefits of sharing of women's household work so that women can participate as Village Health Volunteers.<sup>68</sup> One of the ways in which FBMT appeals to people is that it is seen by men and women as a means of increasing family wealth (it is no accident that the title includes the word business); it appeals to both men and women in families as it is seen as something which will benefit them all – and that working together more equally is necessary for greater prosperity. Adapted to other sectors,

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<sup>67</sup> CARE Tipping Point Project. See <http://caretippingpoint.org>

<sup>68</sup> CARE is already exploring using FBMT approaches in other sectors. FBMT approaches are being adapted and integrated into the Community Leadership Series workshop in the Mamayo reproductive and maternal health project and the Community Leadership Series workshop in the Pikinini Kisim Save education project.

these same principles (clear mutual benefit and the necessity of cooperation and shared decision-making to succeed) would need to be carried through as well; self-interest/mutual-benefit tied to the necessity of a foundation of respectful cooperation.

**CARE could develop a program with the similar principles to FBM, but focused on changing women’s community leadership norms.** In working with coffee smallholder families, FBM aims to challenge men to change harmful household labour and income behaviours. A similar approach could perhaps be adopted to challenging harmful behaviour that reinforces or perpetuates the low status of women and their exclusion from community decision-making and consequent reduced or negative development outcomes of the community. CARE could develop a program at the community level that works with people to facilitate their examination of the way that community decisions are made, for them to identify ways to make space for more women to meaningfully participate, and for CARE to provide support to these locally identified areas of change.

## 8.0 Lessons for the future - Recommendations

The review team offers some recommendations on how CARE, and others implementing programs in PNG, can improve effectiveness and impact.

### Gender equality and women’s voice

#### 1. Design and implement programs that promote gender equality at multiple levels: women’s individual agency, social relations, and social and political structures.

The review found that few programs worked at all three levels of CARE’s Gender Equality and Women’s Voice Framework: agency, relations and structures. Working at all three levels is an evidence-based approach that leads to lasting changes in gender equality. So, for instance, ICDP’s work in contributing to changes primarily at the community level may have been reinforced by a household-focused intervention, so that changes in community decision-making are complemented by changes in household-level decision-making. Where it is not realistic for every single project to work simultaneously at all three levels, CARE should look to maximise synergies within its own programs or with the efforts of others who are working for change at different levels.

#### 2. Focus on changing attitudes and practices that are harmful to women, as well as providing training for women and including women in programs.

Changing attitudes, values, customs and stereotypes of how men and women should act results in lasting change in gender equality programs. The field work provided some examples of some of the attitudes and practices that need to change in order to improve women’s lives such as GBV, women and men being excluded from community decision-making and men having the final say in household decision-making. CARE already has some promising practices to draw on in PNG, and may also find other good practice to draw on beyond PNG. For example, the CARE Tipping Point program focused on the prevention of child marriage in Bangladesh and Nepal has a number of principles for developing programs that challenge harmful norms that could be adapted to PNG.

The CARE Tipping Point program has focused on changing attitudes around gender roles and early marriage and has the following principles for designing programs<sup>69</sup>:

1. **Find early adopters:** Often, people are already living their lives in positive ways that support girls' choices and opportunities. Find them.
2. **Build support groups of early adopters:** It can be hard to embody positive, rights-based change alone. Groups help individuals support, encourage and trouble-shoot.
3. **Use future-oriented positive messages:** Help people imagine positive alternatives. Change is possible.
4. **Open space for dialogue:** Get people talking to each other about new ideas. Challenge the implicit assumptions that everyone holds the same views, experiences and preferences.
5. **Facilitate public debate:** Engage publicly with community members to debate on what is OK in this context.
6. **Expect by-stander action:** Move from envisioning possibilities of justice to action. This involves building community and accountability, so that people show up for girls' rights in their words and actions.
7. **Show examples of positive behaviour in public:** Demonstrate that the positive shift we hope for already exists. And it is totally normal.
8. **Map allies and ask for their support:** Identify the resources and networks we need to support positive change for individuals, families and communities.

### **3. Conduct a systematic review of Gender Based Violence and Do No Harm across all programs.**

CARE PNG is well aware of the issue of violence against women and has taken a number of steps to minimise harm including creating a policy for staff experiencing violence and referring to existing services. It was outside of the scope of this review to analyse GBV and Do No Harm approaches, but given the importance of the issue, CARE PNG should invest in an analysis of the implications of GBV in all of its programs, drawing on relevant tools. CARE International has developed guidelines for GBV Monitoring and Mitigation within Non-GBV-focused Sectoral Programs<sup>70</sup>. IWDA has recently developed a Do No Harm Framework on tools, based on research on women's economic empowerment programs in PNG, and the findings and approaches can apply to any program including WASH, education and governance programs. CARE PNG is currently implementing many of the recommended approaches such as referral protocols for staff but could do more in this area. CARE could use the Do No Harm Framework, or another GBV-informed framework, to assess each of its programs to develop a strategy about how to address GBV and program-related backlash in each of its programs. The strategy would be contextualised to the challenges of the CARE PNG program which include high rates of GBV and low access to GBV response services.

### **4. Investigate how marriage structures in different households (for example polygamous, widowed, single, same sex and early marriage) impact on gender programs in the Highlands, particularly for household level-approaches such as Family Business Management Training.**

There is an underlying assumption in household approaches of two-gendered households. There are different vulnerabilities for women depending upon the make-up of the household (for example if they are single, widowed, or a co-wife in a polygamous marriage). Analysis is needed of how different household structures impact on household decision-making, women's access to household resources, and power relations between members of

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<sup>69</sup> CARE Tipping Point Project. See <https://caretippingpoint.org/innovation/>

<sup>70</sup> Guidance for Gender Based Violence (GBV) Monitoring and Mitigation within Non-GBV Focused Sectoral Programming. See [www.care.org/sites/default/files/documents/CARE%20GBV%20M%26E%20Guidance\\_0.pdf](http://www.care.org/sites/default/files/documents/CARE%20GBV%20M%26E%20Guidance_0.pdf)

the household (for example, violence between co-wives). This could be considered in relation to the Family Business Management Training.

### **Inclusive Governance**

#### **5. Continue to investigate who is excluded from community governance processes, why they are excluded, and ways to increase their participation.**

The field work found that men actively discourage women's participation at community meetings which accords with CARE's experience and activities in the field. Men's and women's perceptions of and attitudes toward women's participation needs to be addressed to ensure greater equality in setting community priorities and promoting women's leadership, otherwise the priorities will continue to be dominated by male interests. Indicating the multiple dimensions of exclusion, and that it is not simply along gender lines, field work found the exclusion of different groups, including men, from community governance processes, something that is well understood by CARE.

#### **6. Focus on supporting and strengthening existing women's groups and social networks, and explore how existing women's groups and networks might work with new mechanisms or formal structures.**

Existing women's groups were found to support women's participation. CARE's introduction of new structures (such as the pilot work on VSLAs) represent an opportunity to promote women's participation in a community group. New structures are, in some respects, a blank cultural canvas where the behavioural norms can, to some extent, be established by the structure and its membership rather than by local culture and long standing tradition. CARE could consider supporting new formal structures that work through existing women's Church groups given that women have reported that they are comfortable working within single sex groups<sup>71</sup>. These would need to be developed through engaging male power holders. Also, given the exclusion of men from some groups, CARE could re-visit criteria to ensure that men and women as well as vulnerable and excluded groups have access to new structures (such as VSLAs).

#### **7. Explore ways to more meaningfully address GBV in remote communities**

Village Courts are limited in what cases fall within their jurisdiction. However, magistrates can be a good entry point for male role models and improving women's access to justice, centering survivor needs and experiences for healing, and accountability as well as change of those who caused harm. However, they can cause harm if they do not provide access to justice for women including fair penalties for violence against women. CARE can continue to link magistrates to government and international resources. CARE could also consider further inquiry on how customary and formal justice systems interact and how some aspects of this could be shifted for greater justice for victims and survivors of GBV, cognizant of the need for local attitudinal and behavioural change, not only better functioning legal frameworks and infrastructure.

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<sup>71</sup> Recent IWDA Do No Harm Research has guidance for forming women only savings clubs and have had success with this model in Solomon Islands.

**8. Support women to renegotiate household work where they are taking up volunteer roles in the community.**

In programs where women are asked to volunteer, such as Village Health Volunteers or participation on community governance bodies, CARE PNG should also continue to address men taking up more work at the household level to support women's community work and not to add to women's existing burden of work. As mentioned earlier, aspects of FBMT and the Community Workshop Series may be able to be adapted to this or a separate resource could be developed.

**Monitoring and evaluation**

**9. Monitor incidences of violence and unintended harmful impacts of the program.**

In line with the GBV and Do No Harm review recommended above, monitoring should also include monitoring of incidences of violence against women and girls and unintended harmful impacts of the program so that they can be corrected.

**10. Focus monitoring and evaluation on monitoring changes in attitudes and behaviours of men and women.**

This is in line with the above recommendations on focusing more on how attitudes and practices are changing. There was little documented evidence how attitudes changed across the portfolio, though this evidence is being collected on at least two projects<sup>72</sup>. For a governance program, this would include men and women's attitudes toward women in leadership. For economic empowerment, this would include men and women's attitudes toward household decision-making. CARE's (2015) resource: *Measuring gender-transformative change: A review of literature and promising approaches* has guidance on improving monitoring of such changes<sup>73</sup>.

**11. Improve gender equality monitoring and apply it to programs more broadly.**

The field work represented a very small sample of the CARE PNG portfolio. The numbers of people interviewed were small, but there were some interesting trends that could be analysed if CARE PNG undertook this exercise with a larger number of communities. This could be rolled out over time to all CARE programs as internal monitoring and learning, in line with normal monitoring activities.

**12. Disseminate this review and its approach within CARE International for learning purposes**

This review is the first of its kind in CARE, reviewing a country portfolio with a focus on key CARE approaches of gender equality and inclusive governance. Others in CARE can potentially draw on this learning when considering portfolio-level reviews.

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<sup>72</sup> CISP and BECOMES have completed baseline surveys. When endlines are complete, attitudinal and practice changes will be better understood and evidenced.

<sup>73</sup> CARE. *Measuring gender-transformative change. A review of literature and promising practices* (2015). See <http://gender.care2share.wikispaces.net/A%20review%20of%20literature%20and%20promising%20practices>

## Annexes

The following are annexes to the main evaluation report, which is available in a separate volume.

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*\* Please note in annexes the ‘impact report’ is referred to as an ‘impact evaluation’. The term report was substituted for evaluation due to limitations in conducting the field work, which decreased the number of locations and CARE program beneficiaries able to participate in consultations. These limitations did not provide an adequate indication to evaluate the overall impact of gender and inclusive governance approaches in CARE’s PNG portfolio. An additional desk based review and analysis was conducted across CARE’s Papua New Guinea portfolio to provide the appropriate background and context to report on CARE’s achievements, lessons learned and recommendations for future programming combining gender and inclusive governance approaches in Papua New Guinea.*



# ANNEX A – TERMS OF REFERENCE



## CARE Papua New Guinea Portfolio Impact Evaluation

### TERMS OF REFERENCE (TOR)

OCTOBER 2017 – APRIL 2018

#### BACKGROUND

In addition to end-of-project evaluations, CARE Australia also undertakes strategic evaluations such as thematic, cluster or comparative evaluations which provide an opportunity to assess programming strategies and models, program impact and relevance. Such evaluations are one of the activities conducted within CARE Australia's overall program quality framework under monitoring, evaluation and learning. The purpose of these evaluations is to provide accountability and continuous program improvement.

#### CARE in Papua New Guinea (PNG)

CARE has worked in PNG since 1989 and has established offices in both Goroka in the Eastern Highlands Province and in Bougainville. CARE's goal in PNG is to achieve significant, positive and lasting impact on poverty and social injustice in remote rural areas through the empowerment of women and their communities, and through effective partnerships. CARE has implemented long-term development programs in PNG including:

- Women's Economic Empowerment in the Coffee and Cocoa industries, to improve women's economic and social benefit from involvement in the coffee and cocoa value chains;
- Sexual, Reproductive and Maternal Health programs to improve access to health services for mothers and babies including ante-natal, obstetric, post-natal, family planning and vaccination services, and sexual health and HIV/AIDS prevention among young people;
- Inclusive Governance programs to promote communities' prioritisation of their development needs and improved demand and supply for services to rural communities;
- Climate Change Adaptation and Disaster Risk Reduction programs;
- Emergency Preparedness and Response programs including assisting during several emergencies, such as the recent El Niño drought response.

Of some \$45 million in the last seven years, the three largest projects have been:

- Integrated Community Development Program in Eastern Highlands (\$15 million)
- HIV/AIDS prevention with youth in Bougainville (\$8 million)
- Climate change and disaster risk reduction in Nissan and Pinipel Islands (\$8 million)

Other major projects include:

- Sexual, Reproductive and Maternal Health in the Highlands (\$4 million)
- Community governance in Bougainville (\$5 million)
- El Nino Drought response in three provinces (\$4million)

## **PURPOSE OF THE EVALUATION**

There will be two main purposes driving this evaluation. The first is to improve CARE's work in PNG, through gaining a better understanding of how we work (what is effective and what is not) and the impact of our work to date. The second will be documenting, sharing and promoting proven or promising approaches for achieving impact in PNG. There will be multiple audiences for this evaluation, including CARE in PNG and Australia, DFAT as the primary donor in PNG, and the international development sector more broadly in PNG and beyond.

## **SCOPE**

This evaluation will focus on CARE PNG's programs over the past 5 years. In addition to an assessment of results for major individual projects, the emphasis of this evaluation is to identify impacts and good practices emerging from the overall portfolio, including interactions or synergies between projects and sectors

## **SPECIFIC EVALUATION QUESTIONS**

- How has CARE spent its funds in PNG over the last five years?
- What sort of projects has it followed, in what sectors and provinces, and why?
- What have been the most significant impacts of CARE's programming in PNG over the past 5 years from major projects, and the portfolio as a whole?
- How has CARE PNGs approach to gender equality and governance (separately or combined) led to lasting change?
  - What have been CARE PNGs key achievements to improved gender equality?
  - What have been CARE PNGs key achievements to better governance?
- To what extent do our programming approaches support PNG systems/ leadership/ ownership? Are there promising approaches with potential for broader scale-up or adoption elsewhere in PNG?
- To what extent have CARE M&E systems delivered the required data?
- What have been the major contributors to effectiveness and what have been the major constraints?
- What are the lessons for the future?

## PROPOSED EVALUATION METHODOLOGY

The broad methodological parameters for the evaluation are set out below and the details will be finalised by the evaluator/s in consultation with the Evaluation Steering Committee. These will be outlined in an agreed evaluation plan and framework<sup>74</sup>.

The evaluation will draw on a) relevant CARE Australia and CARE International policies, frameworks and analysis; b) program and project documents such as designs, reports, mid-term reviews and final evaluations; c) interviews with key staff and stakeholders; and d) in-country qualitative (and perhaps also quantitative) field work.

The methodology and techniques will be described in the final evaluation plan. However, it is expected that the evaluation methodology will include:

- *Phase I:* a focussed desk-based review and analysis of relevant project designs, evaluations and reports of on-going and completed CARE PNG projects over the past 5 years, for the purpose of drawing out promising practices and impact, and identifying a need and focus for field work.
- *Phase II:* field work to gather primary data from community members, CARE staff and key stakeholders.

The combination of methods used will be decided in discussion between the Evaluation Steering Committee and the selected evaluator/s.

## DELIVERABLES

The key deliverables for the evaluation are as follows:

- Final detailed Evaluation Plan including methodology and tools.
- Final Evaluation Report, incorporating any agreed changes or amendments in response to comments by the Evaluation Steering Committee (up to 30 pages plus any annexes and case studies), in electronic format and including an Executive Summary of no more than 4 pages. This report will be of a standard appropriate for publication and wide circulation, including with other NGOs, donors and policy makers.
- Debriefing workshop with CARE International in PNG and relevant stakeholders including a presentation of key findings of the research.
- A presentation to Project Steering Committee and to Principal Executives of International Programs and International Operations for CARE Australia in Canberra.

## MANAGEMENT

The evaluation will be undertaken both at home-base and in-country. The CARE Australia's Program Impact and Learning Advisor will manage the evaluator/s with the support of a Steering Committee that comprises of the following:

- CARE Australia's Manager Program Quality and Impact
- CARE Australia's Gender Advisor

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<sup>74</sup> These are to be developed in accordance with CARE Australia's Evaluation Policy and CARE's Gender Analysis Framework and Women's Empowerment Framework. Quantitative and Qualitative tools are to be approved by CARE prior to mobilisation.

- Representation from CARE International in PNG

Other stakeholders are the CARE Australia Country Programs team, Communications team and Principal Executive, International Programs, and the International Program and Operations Committee (IPOC) of the CARE Australia Board.

CARE Australia will provide management and strategic support. CARE International in PNG Country Office will assist with necessary logistical support such as accommodation arrangements, local transport, recruitment of local researchers and interpreter/s, and arrangements for debriefing for CARE country office staff and relevant in-country stakeholders.

The evaluation team may be comprised of an agreed mix of CARE International and CARE Australia staff, and/or consultant inputs. The final agreed approach may affect aspect of the timeframe and deliverables listed below.

### **TIMEFRAME AND DELIVERABLES**

Indicative timeframes for completion of key milestones (exact number of days to be determined with agreed evaluator/s):

<b>Phase I (desk-based)</b>	
September	Approval of TOR and agreement on team approach
October	Inception meeting with Evaluation Team
October-December	Desk-based analysis, development of evaluation framework and initial findings
January	Discussion and agreement on in-country evaluation plan
<b>Phase II (in-country)</b>	
March	In-country field work (approximately two/three weeks)
April	Submission of Draft Evaluation Report
May	Submission of revised and final Draft Evaluation Report
End May	Steering Committee consideration and endorsement of Report
June	Evaluation Report finalised and dissemination commenced

## **EVALUATION TEAM**

The Evaluation Team will be expected to have the following skills and experience:

- A master degree or equivalent in international development, applied anthropology, social science, gender studies or related field. Further education or a concentration in evaluation would be an asset;
- Strong knowledge and experience in gender in the context of international development programs and evaluation;
- Strong technical and analytical skills in research and evaluation including strong skills in quantitative and qualitative research methods;
- Proven experience in conducting methodologically rigorous evaluations of involving multiple projects and stakeholders and writing high quality reports for publication;
- High quality communication skills, including the ability to speak and write clearly and effectively; listen to others; and facilitate and encourage participation from others, including in cross-cultural contexts;
- Demonstrated skills in capacity building, training and mentoring, and willingness to build capacity, train and mentor local research team and/or staff;
- Strong management skills, including the ability to manage time; set and adjust priorities; foresee risks and allow for contingencies; and
- Demonstrated knowledge and experience working with remote and/or rural communities in PNG would be an advantage.

One Team Leader should be nominated, who will have continuous involvement from the inception of the evaluation to publication of the final report.

For the duration of the country field work, it is proposed that the Evaluation Team will be supported by local researchers for data collection where needed. The Team will be responsible for managing local researchers, including training in the specific tools to be used for the evaluation.

## **FURTHER INFORMATION**

Please contact Katie Robinson, Program Impact and Learning Advisor, CARE Australia ([Katie.Robinson@care.org.au](mailto:Katie.Robinson@care.org.au))

## ANNEX B – EVALUATION METHODOLOGY

### CARE PNG Evaluation

As outlined in the Terms of Reference, key evaluation questions were as follows:

1. How has CARE spent its funds in PNG over the last five years?
2. What sort of projects has it followed, in what sectors and provinces, and why?
3. What have been the most significant impacts of CARE's programming in PNG over the past 5 years from major projects, and the portfolio as a whole?
4. How has CARE PNGs approach to gender equality and governance (separately or combined) led to lasting change?
  - What have been CARE PNGs key achievements to improved gender equality?
  - What have been CARE PNGs key achievements to better governance?
5. To what extent do our programming approaches support PNG systems/ leadership/ ownership? Are there promising approaches with potential for broader scale-up or adoption elsewhere in PNG?
6. To what extent have CARE M&E systems delivered the required data?
7. What have been the major contributors to effectiveness and what have been the major constraints?
8. What are the lessons for the future?

The evaluation was a collaboration between CARE PNG, CARE Australia and CARE USA and drew on a) relevant CARE Australia and CARE International policies, frameworks and analysis; b) program and project documents such as designs, reports, mid-term reviews and final evaluations; c) interviews with key staff and stakeholders; and d) in-country qualitative and quantitative field work. The evaluation approach was grounded in feminist evaluation principles, and embodied CARE's understanding of gender, power and rights:

- Analysis using a strong understanding of power, as it relates to intersections of gender, race, class, ability, sexuality, etc.
- Considering deeper systems and beliefs that underlie gender roles, relations and outcomes, and consideration of how power relations and social norms may privilege perspectives of certain actors over others.
- Honouring different ways of knowing and using methodologies which value diverse forms of knowledge, experiences and perspectives.
- Creating space for consciousness raising, reflecting and capacity building.
- Evaluation processes that were participatory and empowering, which actively sought out diverse perspectives and meaningfully involved people and groups who are often left out marginalised in households, communities, organisations and evaluations.

The evaluation took place in two phases. The first was a desk review meta-analysis focused on the following questions:

4. How does CARE's work in PNG, and programmatic boundary partners conceptualize gender equality and women's voice, governance and accountability?
5. In what ways, how and to what extent has the PNG portfolio promoted and engaged the following, across all levels of the socio-ecological framework through its work:

- Gender equality and women’s voice
- Inclusive and accountable governance
- Support to PNG leadership and ownership (including complementarity to the work of other civil society/grassroots formations)

6. Where do we see:

- Potential impact of CARE’s programming in PNG over the past 5 years from major projects, and the portfolio as a whole?
- Promising approaches and strategies that contribute to outcomes and impact at different levels and scale, particularly in relation to gender, governance and sustainable livelihoods/women’s economic empowerment (and their intersection)

The evaluation team developed an analysis framework to review gender and governance pillars of programs across the PNG portfolio (see figure below). The framework is based on [CARE’s gender equality and women’s voice framework<sup>75</sup>](#), [Care’s Governance Programming Framework<sup>76</sup>](#) and the [Gender at Work Framework<sup>77</sup>](#) and drew upon and adapted existing tools at CARE such as the [Gender Marker<sup>78</sup>](#) and the [Inclusive Governance Marker<sup>79</sup>](#). The alignment of these three frameworks resulted in an overarching framework to assist in identifying how CARE programs implemented Inclusive Governance and Gender Equality and Women’s Voice Frameworks.

**Meta-analysis framework**

Non-formal	<b>7. Non-formal Agency</b> Self-esteem and confidence Conscientization Personal values, aspirations Mobility and control over one’s body Awareness of human rights and gender inequalities	Individual capacity (AGENCY)	<b>8. Formal Agency</b> Access to Education, information and goods possessed Access to resources Access to income, work and land Access to public services: education, health care, financial services, legal services	Formal
	<b>9. Non-formal Relations</b> Negotiation, accommodation in the home and in non-formal relationships Relationships of support, cooperation and collaboration Networks and solidarity alliances Pressure or support of peers Behaviour and power changes with the family/household: ie gender division of labour/decision making/GBV/women’s mobility Increase respect for women and girls	RELATIONS	<b>10. Formal Relations</b> Negotiation and accommodation in formal meetings Economic and political relationships (formal) Economic cooperatives and alliances Challenges to gender stereotyping in work roles Improved quality and relevance of services to women/girls Access to new technology	

<sup>75</sup> See [http://gender.care2share.wikispaces.net/file/view/CARE\\_Gender-Equality-and-Womens-Voice-Guidance-Note\\_April-2016.pdf](http://gender.care2share.wikispaces.net/file/view/CARE_Gender-Equality-and-Womens-Voice-Guidance-Note_April-2016.pdf)

<sup>76</sup> See <http://governance.care2share.wikispaces.net/CARE+Inclusive+Governance+Guidance+Note+-+Summary+Document>

<sup>77</sup> See <http://genderatwork.org/analytical-framework/>

<sup>78</sup> See <http://gender.care2share.wikispaces.net/Gender+Marker>

<sup>79</sup> <http://governance.care2share.wikispaces.net/Governance+Marker>

<p><b>11. Non-formal Structures</b></p> <p>Social norms  Customs and traditions  Community, religions and customary values  Lines of inheritance and kinship  Social hierarchies  Women’s participation in community activities/leadership  Changed practices in traditional institutions: e.g. village court, representation of women in traditional structures, women taking up leadership  Changes to damaging cultural practices around marriage  Shifts in attitude to women/girls  Collective action taken by women to claim rights or services, emergence or strengthening of women’s groups  Changed attitudes to people with disabilities and their rights</p>	<p><b>Systems (STRUCTURES)</b></p>	<p><b>12. Formal Structures</b></p> <p>Policies  Laws  Public Institutions  Civil services  Systems/mechanisms of justice available’  Laws and policies that promote and protect women and girl’s rights and reduce discrimination in all sectors and areas  Evidence that laws and policies are resources and implemented to promote and protect rights: eg. Protection of women and girls from GBV  Accountability of duty bearers to protect and promote rights  Representation of women and leaders in public and political bodies at all levels.  Legal and institutional framework to support women’s enterprises and employment</p>	
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While the inclusive governance and gender equality frameworks were used as a lens to analyse projects across the portfolio, it is worth noting that not all CARE’s projects in PNG programs were designed around these frameworks. Some projects pre-dated the development or promulgation of the broader frameworks. For example, the Gender Equality and Women’s Voice Framework did not exist when ICDP started. However, as part of CARE’s learning and reflection processes in PNG, the frameworks have been increasingly drawn on or adopted in program development and review.

## Data Collection

### Meta-analysis

For the meta-analysis, the evaluation team reviewed 17 major documents pertaining to 11 different projects in PNG against the analysis framework in order to generate a high-level understanding of CARE PNG’s approaches to inclusive governance and gender equality. A list of the documents are included in Annex C. The types of documents reviewed were:

- Evaluation Reports
- Case Studies
- Quarterly Monitoring Reports
- Mid-term Review Reports
- Project Briefs

The evaluation team also held nine key informant interviews with current and former staff from CARE offices in Goroka, Bougainville and Canberra, to obtain background and informed perspectives on CARE’s programming approaches, successes and lessons. These included:

- Gender Advisors
- Project Managers
- Program Director
- CARE Australia Program Quality
- 3 specific ARB Experience
- Assistant Country Director



## In country field work

The findings from the meta-analysis informed the approach to the questions for the field work: for example, bringing a focus on whether and how CARE was addressing gender norms. This helped shape the field work evaluation questions as follows:

7. To what extent do CARE's Inclusive Governance and Gender Equality approaches been operationalised in project implementation?
  - How have these two approaches produced synergies?
  - How have different stakeholder responded to these approaches?
8. To what extent are CARE program making progress in addressing informal and formal gender relations and informal and formal power structures?
  - What is the relationship between household and community decision making for women. If women have increased participation in household decision making, does it correlate to increased participation in community decision making and vice versa?
  - Have perceptions of women's leadership been changed?
9. To what extent do CARE's programming support PNG leadership and ownership?
  - Whose leadership (in relation to gender, sex and other aspects of diversity)?
10. Are there promising approaches or ways of working related to gender equality and inclusive/accountable governance, with potential for broader scale-up or adoption elsewhere in PNG?
  - What approaches are most promising?
  - How can they be adapted to other program contexts (within PNG)?

The field team conducted two **focus group discussions** in each village: one male and one female focus group discussion. The methodology for focus group discussions was based on the [Gender and Economy in Melanesia Manual](#). The focus groups concentrated on household and community decision making to understand norms around practices of decision making at the household and community level and to understand if changes in household decision making impacted on community decision making and vice versa and to see if perceptions of women's leadership has been changed. The methodology used a series of pictures to represent different types of household and community decision making. This methodology was in line with the feminist approach of the evaluation and provided space for communities to reflect on and challenge gender norms within their households and communities. Materials for focus groups and KIIs are included in Annex X.

The teams also conducted key informant interviews with a diversity of stakeholders each offering a unique perspective including: male and female program participants; leaders and WDC members.

21 key informant interviews were held with the following:

- 7 younger women
- 5 older women
- 5 younger men
- 19 program participants
- 1 Male Member of Parliament
- 1 Female Coffee Extension worker
- 2 Youth leaders
- Village leaders
- LLG members
- Women's leaders
- 1 school teacher
- 1 female WDC
- 1 health worker

- 2 were not participants in CARE programs

### Site Selection

The team in CARE PNG selected the sites based on the number of CARE projects that have taken place in those sites along with logistical and security considerations which are constantly changing. The final list of sites is included below. The team had also planned to travel to Gema and one other CISP site. Gema is only accessible by airline and airlines were re-allocated in response to the earthquake in Southern Highlands. This reduced the sites to four.

Based on the above, the following sites were chosen:

Community	CARE project and areas of activity
Timuza	CISP, Coffee Management training
Lower Ungaii	CISP, Coffee Management Training
Simogu	ICDP (Livelihoods, education, governance, lead, maternal and infant health, sexual health, maternal and infant health, infrastructure)
Paraba (included participants from Ororingo, Pinji, Anji and Gema)	ICDP (Livelihoods, education, governance, lead, maternal and infant health, sexual health, maternal and infant health, infrastructure)
Goroka	Meetings with female extension workers, community leaders from Gema and Simogu and the Advisor to the Local Level Governments for Obura Wonenara District
POM	Meeting with MP for Obura Wonenara

The field team was made up of six people. The team worked together in Timuza and Lower Ungaii in order to refine tools and approaches. Pranati Mohanraj joined the team for the first two sites as a technical expert. For the site visits to Obura Wanenara (OW) district, the team was split between Simogu (Heather Brown, Janet Yabuki) and Paraba (Otis Osake, Eva Inamuka and Katie Robinson). Data collection was carried out between 5<sup>th</sup> to the 18<sup>th</sup> of March 2018.

Focus Group discussions were held in four communities with a total of 132 participants including:

- 20 young women (under 30)
- 50 older women (over 30)
- 18 young men (under 30)
- 44 older men (over 30)

The geographic breakdown of FGD participants was as follows:

Village	Men	Women
Timuza	19	21
Lower Ungaii	8	22
Paraba <sup>80</sup>	20	12
Simogu	14	15

### Data Analysis

The meta-analysis involved a two step process. First, a team of CARE Australia and CARE PNG staff were assigned to review documents and code them in a template, that looked across approaches

<sup>80</sup> Including Oroingo, Pinji, Anji and Gema

and outcomes, using the analysis framework. KII responses were similarly reviewed to draw out key themes related to how the portfolio evolved, and how current and former staff saw strengths, challenges and impact through their experiences.

FGD quantitative data from the discussions and voting were analysed by findings per community, by male and female, and differences in participants that participated in CARE programs and those that did not. KIIs from the field work were coded against themes relating to the analysis framework. The focus group discussion and key informant interview guides are included in Annex 2.

Following initial reporting after the field work stage, further analysis was undertaken to integrate the meta-analysis and field work findings into a final report addressing the key evaluation questions from the Terms of Reference. This also involved some additional document review, in particular taking advantage of concurrent analysis being undertaken separately on CARE's governance programs and approaches.

## **Limitations**

### **Documentation**

To make best use of available time, program documents reviewed in the meta-evaluation phase were primarily evaluations or end of project reports, as these were likely to provide the best summaries of impacts and lessons learned. In some cases, such reports did not give the full picture of CARE's approaches. With more time, this evaluation would have benefited from review of additional documents such as project designs and monitoring frameworks.

### **Sampling**

Sampling of people who attended focus groups was random and voluntary and dependent on availability and willingness to participate. This was due to the challenges related to all of the changes and logistics. Focus group discussions included program participants and community members who had not participated in CARE programs. In addition, in the time available it was not possible to access the full range of key informants such as private sector partners, school teachers, health workers and implementing partners. While the field work provided valuable direct insights and opportunities to get first-hand views from project participants, findings should perhaps be considered more of a "snapshot" than a statistically rigorous study.

### **Budget**

The evaluation was limited by the budget for the field work. Ideally the team would have also visited Bougainville to compare findings across the two program areas. The findings of the field work are limited to the Highlands context which is significantly different to Bougainville. The budget also limited the scope of the evaluation which ideally would have included a stronger focus on GBV since it is a major gender equality issue in PNG.

### **Timeframe and logistics**

The field work was limited to two weeks. This was a short time and did not leave time for changes or disruptions which are common in PNG. Logistics were further complicated due to the earthquake response. This limited the number of communities that could be reached during the field work. The initial plan was to visit six communities and due to a number of changes, the final number of communities visited was four with representatives from Ororingo, Pinji, Anji and Gema.

### **Limitations of the FGD methodology**

The focus group discussions were based on reviewing images of different types of household and community decision making. For the most part, working with the images was a good participatory

exercise and produced interesting data and discussions both on changes and further information regarding norms about household and community decision making. However, some of the images caused some confusion for participants.

The images regarding shared household decision making showed a couple working together looking happy and facing one another. The couples in other pictures looked where income wasn't shared looked unhappy. This may have resulted in participants choosing the 'right' answer and influenced some of the results, particularly in Paraba where a high number of men reported that they had shared decision making, although it wasn't reflected in the comments.

An image of community household decision making was confusing in that it showed a meeting taking place indoors in what looked like a was 'a classroom setting' and most community meetings in highlands communities takes place in wide open spaces in view of the general public.

### **Ethical considerations**

PNG has a high risk of violence against women. Therefore, the evaluation team took a 'do no harm' approach to the evaluation and did not directly ask women in communities or CARE staff about their own experience of gender-based violence. The team aimed to get informed consent from all participants for interviews and photos and ensured that men and women had separate discussions.

## ANNEX C – PROJECT DOCUMENT LIST

CARE International in PNG:

	Project Documents	Project Name	Dates of Project	Location	Theme	Pages
1	17-02-27 SRMH Research Project	Komuniti Tingim AIDS Youth Project Sanap Wantaim	01/01/09 – 12/21/09	Bougainville	SRMH (including HIV/AIDS)	49
2	37891-101 Highlands El Nino WASH	El Nino Emergency Response WFP	05/09/16 – 08/21/16	El Nino	El Nino/Emergency	9
3	BSRMH_ARB Key Achievements	Komuniti Tingim AIDS Youth Project	07/01/12 – 12/30/12	Bougainville	SRMH (including HIV/AIDS)	2
4	CARE ICDP PNG Evaluation Report	Integrated Community Development Program	07/01/13 – 06/30/15	Eastern Highlands	Governance	131
5	CARE PNG 2015 KTA Grant Rep	Komuniti Tingim AIDS Youth Project Sanap Wantaim	01/01/12 - 6/20/12	Bougainville	SRMH (including HIV/AIDS)	18
6	CARE PNG Integrated Community Development	Integrated Community Development Prohram	07/01/13 – 06/30/15	Eastern Highlands	Governance	25
7	CARE Bougainville Community Governance	Autonomous Region of Bougainville (ARB) Community Governance Project	07/01/15 – 06/30/17	Bougainville	Governance	30
8	CBA Portfolio Evaluation	Improving Community Climate Resilience in Nissan	04/01/15 – 08/31/16	Nissan and Pinipel Island	CC/DRR (including WASH)	72
9	CBA PNG Case Study	Improving Community Climate Resilience in Nissan	04/01/15 – 08/31/16	Nissan and Pinipel Island	CC/DRR (including WASH)	7
10	CIPNG KTA 2 <sup>nd</sup> Quarterly Monitor	Komuniti Tingim AIDS Youth Project	01/01/13 – 12/21/15	Bougainville	SRMH (including HIV/AIDS)	12
11	CISP Evaluation Report	CISP – Coffee Industry Support Period	07/01/15 – 12/31/17	Eastern Highlands	WEE	48
12	CISP MTR Report Final	Coffee Industry Support Project	03/22/13 – 06/30/13	Eastern Highlands	WEE	31
13	FY13 ANCP Annual Report WASH	Pinipel Disaster Risk Management through WASH	03/22/13 – 06/30/13	Nissan and Pinipel Island	CC/DRR (including WASH)	8
14	Highlands El Nino Lessons Learned	HPA El Nino Response PNG	01/25.16 – 09/24/16	Simbu Province, Eastern Highlands Province, Morobe Province	El Nino/Emergency	25
15	HSRMH Final	HSRMH – Pacific Women	07/01/15 – 06/30/17	Eastern Highlands	SRMH	37
16	VAS Evaluation Report March 2014	Village Assembly Strengthening Extension Project ARB	08/01/16 – 01/31/20	Bougainville	Governance	48

# ANNEX D – MATERIALS FOR FOCUS GROUPS AND KEY INFORMANT INTERVIEWS

## KEY INFORMANT INTERVIEW GUIDES

### Introduction and consent

We are here today to talk with you to better understand the experiences of people who have participated CARE PNG programs and talk about how your life may have changed through these programs. This will help CARE PNG understand how CARE is supporting villages and how our work can be improved.

Everything that we discuss today is confidential. Though we will be writing notes and recording you in order to remember the main points, no information will be presented by name in the final report. It will all be anonymous and be used for a Care report. We would like to have a conversation and I will start this by asking questions. There are no 'right or wrong' answers. If there are questions that you do not feel comfortable answering, they do not have to answer.

We expect the discussion will take between 1 hour.

### 1. Village leaders, church leaders, youth leaders, and their wives and women's leaders

Date	
Name of interviewer	
Location	
Name	
Age (approximate)	
M/F	

1.1 How have you been involved in the CARE project?

1.2 What have you learned from the CARE project?

1.3 Have you been able to use the training in your life or your household?

1.3.1 If so, can you give examples. If not, what has prevented you from using the training?

1.4 Which women and men are involved in the WDC (or speak in village meetings)?

1.4.1 Has this changed in the past 5 years?

1.5 How often does the village and WDC come together to discuss issues or requests?

1.6 How effective do you feel that the WDC is in responding to village needs?

1.7 How effective that you feel that the WDC is in responding to requests from women and youth groups?

1.8 Which of the following applies?

- The village is working with the WDC more than five years ago
- We are working together less than five years ago
- It has not changed
- I don't know

1.8.1 What is the main reason for this change?

1.8.2 What else happened to contribute to this change?

1.9 Which of the following applies?

- Services to the village have improved in the past five years
- Services have decreased in the past five years
- It has not changed
- I don't know

1.9.1 What is the main reason for this change?

1.9.2 What else happened to contribute to this change?

1.10 Who in your village

- |   |     |       |       |            |            |
|---|-----|-------|-------|------------|------------|
| <input type="checkbox"/> Takes part in village meetings | Men | Women | Both  | Don't know |            |
| <input type="checkbox"/> Speaks in village meetings     |     | Men   | Women | Both       | Don't know |
| <input type="checkbox"/> Takes part in WDC              |     | Men   | Women | Both       | Don't know |
| <input type="checkbox"/> Speaks in WDC meetings         |     | Men   | Women | Both       | Don't know |
| <input type="checkbox"/> Manages village funds          | Men | Women | Both  | Don't know |            |
| <input type="checkbox"/> Does volunteer work            | Men | Women | Both  | Don't know |            |

1.7.1 Has this changed over the past five years?

1.7.3 What else happened to contribute to this change?

1.8 Over the past five years:

- Men have gained more influence in village making
- There has been no change in the way that men and women make village decisions
- Women have gained more influence in village decision making
- I don't know

1.8.1 What is the reason for this change?

1.8.2 What else happened to contribute to this change?

1.9 Do you think that women should be more involved in village decision making?

- Yes
- No

1.9.1 Why? Or why not?

1.10 In the past five years who in the village has benefited from WDC activities or funding?

1.10.1 Why do you think that is?

1.12 Do you think that more women should be more involved in selling coffee and other products?

- Yes
- No

1.12.1 Why? Or why not?

1.1.3 What changes would you like to see in your village in 5 years?

In service providers?

In village leadership?



In women's participation in community decision making?

1.1.4 What do you think that village would be like now if CARE had not worked here?

### For women

#### Household decision making

Think about the last time there was a major decision to be made in your house. It could have been sending a child to school, decision for marriage of child/ren, buying or selling livestock or jewellery, or paying for health or funeral expenses. How was this decision made? What was your role in making this decision?

- Never been consulted.
- Consulted in decision-making process but have no say in finalizing decision.
- I have been given equal right to give my opinion.
- Decisions are made after discussion with consideration for all and with collective suitability.
- I make decisions myself.
- I finalize decisions after consultation with family members.

Could you tell us which was that decision?

1.15 In your household, how are decisions made about how the profit from your business is used?

*Ask an open-ended question and listen to the answers. Ask probing questions to generate discussions and dig for gender dynamics. **Tick the closest one of the following eight options and write notes in the space provided.** Do not at any time read out the options given below. It is important to keep this as an open conversation. Listen for: Who has what role? How much say does the woman really have in the final decision? Does it sound like she is able to actively contribute ideas and have her wishes met or heard? If she says she and the other person do "joint" decision making, does it really sound like she has equal status to the other person in the discussion?*

Of course, I have a say in what I do with my income; it is only me in this house!  
*numerator, for widows or divorced women, it may be necessary to probe. Even if they are saying they do most of the decision making themselves, there may be someone else in the background.*

- I decide on how to spend the money myself, completely independently of my husband (or brother, uncle, mother-in-law, etc.).
- I will sometimes bounce an idea off of another family member, but for the most part, my profit is in my I decide what to do with it
- I discuss with my husband. He may have suggestions. If they are good, I take them. If his suggestions are not the best, I use some means to avoid taking them.

- For small needs I can decide by myself, but for others my husband and I discuss together. Even if he has different opinions from me, we express our views freely and he respects my knowledge and judgement. In the end, we find a solution that meets my needs and his.
- With my business profits, my husband (or other) and I discuss. Even if I have some different ideas about how to spend the money, his say is greater than mine so I must take his advice.
- I don't consider these to be my business profits. I'm doing this business for the good of the family. I put my money in a family pot, and my husband puts his in the pot, and then we decide together.  
*If you receive this answer, probe: Who puts more of their profits into the family pot, you or your husband (other)? When you decide together, whose say carries more weight? Why?*
- It is not me who decides and it is not my husband/other who decides, it is society. Society says that a woman should spend money on her children and her house, so that is what I do. Then, with the money I have left over, I invest in my business.

#### For men

##### 1.16 Who in your household

- |  |     |       |      |            |
|--|-----|-------|------|------------|
| <input type="checkbox"/> Decides what do to with family income         | Men | Women | Both | Don't know |
| <input type="checkbox"/> Attends meetings or activities in the village | Men | Women | Both | Don't know |
| <input type="checkbox"/> Attends training                              | Men | Women | Both | Don't know |
| <input type="checkbox"/> Prepares food                                 | Men | Women | Both | Don't know |
| <input type="checkbox"/> Looks after children                          | Men | Women | Both | Don't know |
| <input type="checkbox"/> Washes clothing                               | Men | Women | Both | Don't know |
| <input type="checkbox"/> Grows coffee                                  | Men | Women | Both | Don't know |
| <input type="checkbox"/> Sells coffee                                  | Men | Women | Both | Don't know |

##### 1.16.1 Has this changed over the past five years?

##### 1.16.2 What have been the changes? Why do you think that is?

##### 1.17 Over the past five years:

- Have men gained more influence over household decisions?
- There has been no change in the way that men and women make household decisions
- Women have gained more influence in household decisions
- I don't know

1.17.1 What is the main reason for the change?

1.18 Do you think that women should be more involved in household decision making?

- Yes
- No

1.18.1 Why? Or why not?

1.18.2 Would you like changes to happen in your household in the next five years?

1.18.3 Is there anything else that you would like to tell us?

## 2. Stakeholders: Male WDC Members

Date	
Name of interviewer	
Location	
Name	
Age (approximate)	
M/F	

2.1 What CARE training programs have you attended?

2.2 Why did you decide to attend the training?

2.3 What is the most important thing that you learned?

2.4 Have you been able to use that learning in your work as a local representative?

2.4.1 If yes, can how have you been able to use this learning?

2.4.2 If not, is what has prevented you from using your learning?

2.4.2.1 Have you been able to apply that to your work as a coucillor?

2.4.2.2 If not, what has prevented you from using your learning?

2.5 Does the WDC include the needs of women in ward planning?

2.5.1 If not, why?

2.6 What are the challenges of including needs of women in ward planning?

2.7 Are there women WDC members?

2.7.1 If not, why?

2.8 Do men and women on the WDC have different roles?

2.8.1 How have those roles evolved or changed over time?

2.9 What do you think are some of the challenges for women to be involved as WDC representatives?

2.10 What do you think are some of the challenges for women participating in village meetings, and decision making?

2.11 What changes have you seen in service delivery over the past five years?

2.12 What changes would you like to see in your village in the next five years?

2.13 What do you think that village would be like now if CARE had not worked here?

2.14 Do you have anything else that you would like to say?

### 3. Stakeholders: Female WDC members

Date	
------	--

Name of interviewer	
Location	
Name	
Age (approximate)	
M/F	

3.1 How long have you been a WDC member?

3.2 Why did you want to become a WDC member?

3.2.1 How did you become a WDC member?

3.3 What training have you had that has assisted you in your role as a WDC member?

3.4 What have been some of your achievements or successes as a WDC member?

3.5 Do women and men on the WDC have different roles?

3.6 Do men on the committee listen to what women are saying? How do you know that men are listening to women? Are women involved in all decisions?

3.7 What challenges do women in your village have in participating in village meetings, decision making?

3.8 How can women in your village be supported to take on more leadership roles in your village?

3.9 Do you have other leadership roles in your village?

3.10 How has your work on the WDC impacted on your relations in your household?

3.11 In your household, how are decisions made about how the profit from your business is used?

*Ask an open-ended question and listen to the answers. Ask probing questions to generate discussions and dig for gender dynamics. **Tick the closest one of the following eight options and write notes in the space provided.** Do not at any time read out the options given below. It is important to keep this as an open conversation. Listen for: Who has what role? How much say does the woman really have in the final decision? Does it sound like she is able to actively contribute ideas and have her wishes*

*met or heard? If she says she and the other person do “joint” decision making, does it really sound like she has equal status to the other person in the discussion?*

Of course, I have a say in what I do with my income; it is only me in this house!  
*numerator, for widows or divorced women, it may be necessary to probe. Even if they are saying they do most of the decision making themselves, there may be someone else in the background.*

- I decide on how to spend the money myself, completely independently of my husband (or brother, uncle, mother-in-law, etc.).
- I will sometimes bounce an idea off of another family member, but for the most part, my profit is in my I decide what to do with it
- I discuss with my husband. He may have suggestions. If they are good, I take them. If his suggestions are not the best, I use some means to avoid taking them.
- For small needs I can decide by myself, but for others my husband and I discuss together. Even if he has different opinions from me, we express our views freely and he respects my knowledge and judgement. In the end, we find a solution that meets my needs and his.
- With my business profits, my husband (or other) and I discuss. Even if I have some different ideas about how to spend the money, his say is greater than mine so I must take his advice.
- I don't consider these to be my business profits. I'm doing this business for the good of the family. I put my money in a family pot, and my husband puts his in the pot, and then we decide together.

*If you receive this answer, probe: Who puts more of their profits into the family pot, you or your husband (other)? When you decide together, whose say carries more weight? Why?*

- It is not me who decides and it is not my husband/other who decides, it is society. Society says that a woman should spend money on her children and her house, so that is what I do. Then, with the money I have left over, I invest in my business.

3.11.1 Has this changed over the past five years?

3.11.2 What have been the changes? Why do you think that is?

3.12 What challenges do women face in household decision making?

3.13 How do women influence decisions in their households?

3.14 What changes have you seen in service delivery over the past five years?

3.15 What changes would you like to see in your village in the next five years?

3.16 What do you think that village would be like now if CARE had not worked here?

3.17 Do you have anything else that you would like to say?

#### 4. Female extension workers

Date	
Name of interviewer	
Location	
Name	
Age (approximate)	
M/F	

4.1 How long have you been an extension worker?

4.2 Why did you want to become an extension worker?

4.3 What training have you had that has assisted you in your role as an extension worker?

4.4 Do male and female extension workers have different roles?

4.5 What challenges do female extension workers face? Do men listen to female extension workers?

4.6 How can women be better supported to become extension workers?

4.7 What challenges do women in your village have in selling coffee?

4.8 Do you have other leadership roles in your village?

4.9 In your household, how are decisions made about how the profit from your business is used?

*Ask an open-ended question and listen to the answers. Ask probing questions to generate discussions and dig for gender dynamics. **Tick the closest one of the following eight options and write notes in the space provided.** Do not at any time read out the options given below. It is important to keep this as an open conversation. Listen for: Who has what role? How much say does the woman really have in the final decision? Does it sound like she is able to actively contribute ideas and have her wishes met or heard? If she says she and the other person do "joint" decision making, does it really sound like she has equal status to the other person in the discussion?*

Of course, I have a say in what I do with my income; it is only me in this house!  
*numerator, for widows or divorced women, it may be necessary to probe. Even if they are saying they do most of the decision making themselves, there may be someone else in the background.*

- I decide on how to spend the money myself, completely independently of my husband (or brother, uncle, mother-in-law, etc.).
- I will sometimes bounce an idea off of another family member, but for the most part, my profit is in my I decide what to do with it
- I discuss with my husband. He may have suggestions. If they are good, I take them. If his suggestions are not the best, I use some means to avoid taking them.
- For small needs I can decide by myself, but for others my husband and I discuss together. Even if he has different opinions from me, we express our views freely and he respects my knowledge and judgement. In the end, we find a solution that meets my needs and his.
- With my business profits, my husband (or other) and I discuss. Even if I have some different ideas about how to spend the money, his say is greater than mine so I must take his advice.
- I don't consider these to be my business profits. I'm doing this business for the good of the family. I put my money in a family pot, and my husband puts his in the pot, and then we decide together.

*If you receive this answer, probe: Who puts more of their profits into the family pot, you or your husband (other)? When you decide together, whose say carries more weight? Why?*

- It is not me who decides and it is not my husband/other who decides, it is society. Society says that a woman should spend money on her children and her house, so that is what I do. Then, with the money I have left over, I invest in my business.

4.9.1 Has this changed over the past five years?

4.9.2 What have been the changes? Why do you think that is?

4.10 What challenges do women face in household decision making?

4.11 What significant changes in the village have you observed in the past few years?

4.12 What are the enabling factors/challenges?

4.13 What else would you like to tell me?



## FGD INSTRUCTIONS

Bring men and women together. Let people know our purpose. We are going to discuss household and community decision making. Get consent to participate in these discussions.





Break into two groups: male and female

### In separate groups of men and women:

1. Introductions of the members of the small groups. Ask:
  - a. Name
  - b. Have you been involved with any CARE programs?
  - c. If so, what is one thing that you learned?

### Activity 1

2. Tell the group that we are going to discuss how decisions are made about money in the household
3. Show the group the cards, one by one.  
Men and women are shown the same cards: 3a, 3b, 3c and 3d

3a. Separate decision making: Men and women have their own money	3b. Man controls money and gives women money	3c. Money is shared. Men and women plan together	3d. Woman controls money and gives money to the man
			

- a. Pass the card around. Explain what is happening in the picture.

### 4. ASK THESE QUESTIONS FOR EACH PICTURE

- i. Do you have households in your community that manage money like this?
- ii. What are some of the reasons for this?

Note taker takes notes

5. Ask them to think about how they make decisions in their own home.
6. Give them each one token and demonstrate how they vote on the pocket chart. Tell them that no one will see their vote.
7. Each participant goes one by one to make their vote.
8. **The note taker will count the votes and write them on the Data collection sheet**

9. Share the results of the votes with the group

ASK

- a. What are the reasons that money is managed in this way?
- b. What are the positive and negative aspects of each way of managing money?
- c. How do men and women make money?
- d. Is there a difference between decisions for small expenses and large expenses?
- e. What changes would they like to see in future?









**Activity 2**

Tell the group that we will be doing the same process with community decision making.

10. Show the group the cards, one by one.

For women use cards 1a, 1b, 1c and 1d – For men use cards 1e, 1f, 1g and 1h

a. Pass the card around. Explain each card.

Man/woman is excluded from community meetings	Man/woman attend community meetings but are too shy/not confident to speak	Men and women meet in separate groups	Woman/man leading a mixed group
			
			

**11. ASK THE QUESTIONS ON THE BACK OF EACH CARD**

- a. The questions are:
  - i. Do you know women/men that feel this way?
  - ii. What are some of the reasons for this?

Note taker takes notes on this discussion

12. Ask them to think about how they participate in village decision making.

13. Give them each one token and demonstrate how they vote on the pocket chart. Tell them that no one will see their vote.
14. Each participant goes one by one to make their vote.
- 15. The note taker will count the votes and write them on the Data collection sheet**
16. Share the results of the votes with the group
17. Ask
  - a. Are they happy with their groups level of involvement with community decision making?
  - b. Why or Why not?
  - c. Has this changed over the past five years?
  - d. What changes would the group like to see?
  - e. *If it hasn't come up:* How does village decision making include the needs of women, youth, people with disabilities?
  - f. How does village decision-making influence the WDC?
  - g. How does the WDC respond to the needs of women, and youth?

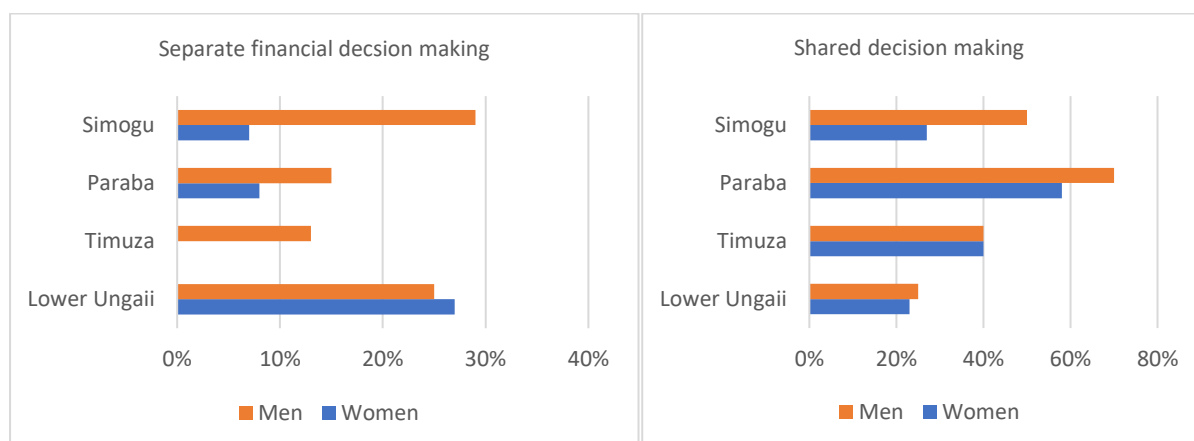
## ANNEX E – WOMEN AND HOUSEHOLD FINANCES

The following data from the focus group discussions provides insight into how men and women make financial decisions together at the household level in different communities.

### Women and men's reported role in household decision making by community

	Women: Separate	Women: Shared	Women: Men control money	Women: Women control money	
Lower Ungaii	27%	23%	36%	14%	100% n=22
Timuza	0%	40%	35%	25%	100% n=20
Paraba	8%	58%	25%	8%	100% n=12
Simogu	7%	27%	53%	13%	100% n=15

	Men: Separate	Men: Shared	Men: Men control money	Men: Women control money	
Lower Ungaii	25%	25%	38%	13%	100% n=8
Timuza	13%	40%	40%	7%	100% n=15
Paraba	15%	70%	5%	10%	100% n=20
Simogu	29%	50%	14%	13%	100% n=14



### Separate financial decision making

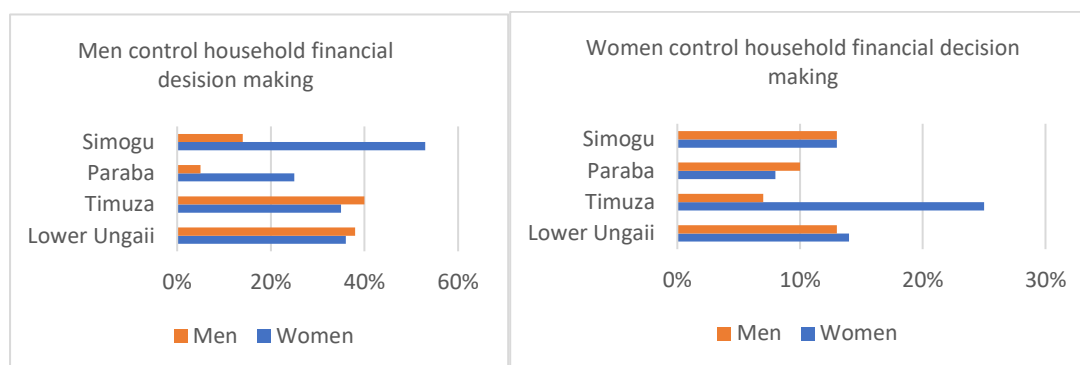
Separate decision making was defined as men and women each having and making decisions about their own money. In Simogu, Paraba and Timuza, many more men reported that they made separate decisions at the household level. In Lower Ungaii, men and women were much closer in reporting that they had separate decision making. Examples of this were, women using the money that they made from selling vegetables and men using the money that they made from coffee and women having control over spending for the household such as soap and oil.

### Shared financial decision making

Shared decision making was defined as men and women working together toward common financial goals. Men in Paraba reported the highest amount of shared decision making (70%) compared to (58%) of women. This result is much higher than all other communities and it is likely that the exercise in Paraba as where people wanted to be, that they had an aspiration to share more

household decision making, rather than their current state. In Simogou, a much higher percentage of men reported that they shared decision making (50%) compared to women (27%).

In Timuza and Lower Ungaii the results were similar for men and women at 40% for men and women in Timuza and 25% for men and 23% for women in Lower Ungaii. Men and women in these communities have participated in the FMBT. **In Timuza and Lower Ungaii there a number of men and women reported that they had increased shared household decision making as a result of the CISP program.**



Although there are some qualitative evidence of changes in men and women’s household decision making from the KIIs and FGDs, the quantitative results of the FGDs indicate that women report that men predominantly control household finances in all communities.

In Timuza: 40% of men and 35% of women reported that men still control household finances. **Many of the men in focus group discussions said they were still controlling the money, but they expressed a willingness to change and to share money more with women.** It is interesting to note that in Timuza, a higher number of women reported that they were controlling finances 25% of women, compared to 7% of men. This may mean that women are more confident in managing finances since FMBT and could be followed up. In Lower Ungaii, there was agreement between men and women that 36/38% of men control finances and 13/14% of women control household decision making and finances.

**In Simogou and Paraba much higher numbers of women reported that men control income (53% and 25%) compared to men (14% and 5%).** Men in both Simogou and Paraba reported that income was shared in the household which is a difference in perception. Men and women in Simogou and Paraba both reported similar percentages of women controlling income at around 10-13%. The discussions around this were that women who controlled women were business women, or *fortnight meri* (women who earned regular money from the government) and the man was a *plesman* a man without a formal job, but who worked in gardens, fishing, etc.

The following norms were discussed in FGDs around how women and men spend money. Generally, women are able to control small spending decisions for household goods and men make decisions about bigger expenses. Generally, men spend money on things such as alcohol and cards.

#### Perceptions of how men and women make financial decisions

What was said about women	What was said about men
Yes, it's a usual practice here that women could take decisions around small expenses such as purchasing daily requirements of the family, food items and all but it's the men who are in charge of bigger expenses – house, car, contributing towards bride price, funeral, buying large	Women are soft, so they fear us when we make decisions FGD, M, Timuza
	When men do this (control money) They say, I am the boss. I planted the coffee. Women's FGD, Simogou

<p><i>utensils and other goods for the family.</i> Men's FGD, Lower Ungaii</p>	
<p><i>Women spend money on oil and salt, but they ask us for the money.</i> FGD Male Timuza</p>	<p><i>Men spend their money in buying bigger things e.g. house, car and other things. They also pay for the bride price, funerals and other community events.</i> Men's' FGD, Lower Ungaii</p>
<p><i>Women tend to buy things for the HHs, small things such as soap, salt, oil, sugar, utensils and other such daily requirements.</i> Male FGD, Lower Ungaii</p>	<p><i>Here normally husbands spend a lot on gambling, alcohol and spending on other women thus wives always have fear in their mind.</i> Men's FGD, Lower Ungaii</p>
<p><i>I hide my money so I can buy oil and salt so he's not angry.</i> Women's FGD, Simogu</p>	<p><i>The man will finish his money and comes after the woman's money.</i> Women's FDG, Paraba</p>
<p><i>Women spend money on things for the house and food.</i> Female extension worker, Goroka</p>	<p><i>I am newly married. My husband is drinking and not listening to me. He spends all the money. After this training {FGD} I realise that I don't want to be like this. I want to make decisions together with my husband.</i> Female FGD participant, Lower Ungaii</p>

**All respondents across all communities, men and women agreed that men have the final say on household decision making:**

*Women do not spend money unnecessarily and always spend it for the family and so it's good to involve them and put them in charge. But some men don't understand this, they think women are under them and they themselves have the power over their wives, thus allowing women to manage money is giving away their power.* (Men's FGD, Lower Ungaii)

*Though I'm the leader, I'm still struggling. (My husband and I) we plan together, but then he does his own thing with the coffee money. Women are thinking about the house, clothes, food, school fees. It's hard to tame men. Their ego is big. If I cannot, then I don't know how others can. If I couldn't earn enough to look after myself and my family, I would be in trouble. I would love to be in this picture {working together/sharing income}. I am hoping and praying for change. I am the founder of this co-op. I want to get to this I want to get more women there. It is a challenge.* Female FGD Participant, Lower Ungaii

*Men plants the coffee and owns the coffee. Whatever the women has, is the man's. The man is boss and makes decisions. We are nobody.* Female FGD Participant, Lower Ungaii

*In case of a disagreement on what to buy or how to spend the money of course the final decision is always that of the man and never a women could have the final decision unless she is a widow and there is no male member (older) in the house. This is what is in our culture and our way of life so we all do that way.* Men's FGD, Lower Ungaii

*Men will hit you, so they get the final decision.* Women's FGD, Simogu

## Annex F – WOMEN, LEADERSHIP AND COMMUNITY DECISION-MAKING

The following data from the focus group discussions provides insight into how men and women participate in community decision making across the four communities.

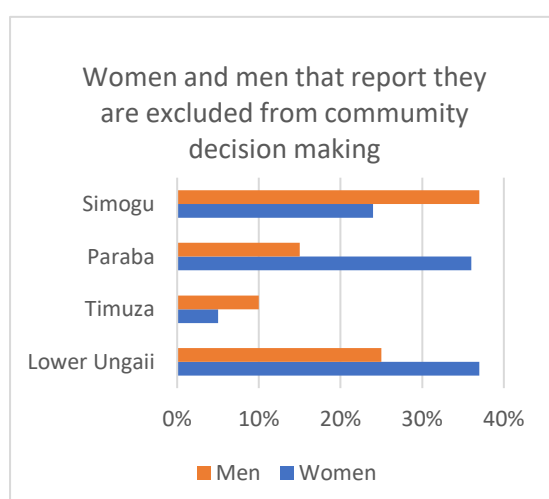
### Women and men's reported participation in community decision making

	Women: Excluded	Women Attend but don't speak	Women: Separate groups	Women: Leader	Total
Lower Ungaii	37%	16%	26%	21%	100% n= 19
Timuza	5%	31%	43%	21%	100% n= 21
Paraba	36%	14%	29%	21%	100% n=14
Simogu	24%	40%	24%	12%	100% n=17

	Men Excluded	Men Attend but don't speak	Men: Separate groups	Men: Leader	Total
Lower Ungaii	25%	25%	37%	13%	100% n=8
Timuza	10%	14%	43%	21%	100% n=15
Paraba	15%	10%	0	75%	100% n=21
Simogu	37%	21%	21%	21%	100% n =16

### Women and men excluded from community decision making

FGD participants reported that women were excluded from community decision making in Simogu 24%, Paraba 36%, Timuza 5% and Lower Ungaii 27%.



Particular groups were also reported to be excluded including young women (with young children), women who are married into the community and young people. The exclusion of women and some men from community decision making processes pose challenges for inclusive governance in CARE programs.

The CISP supports local organisations such as the cooperatives. An interview with a leader from the cooperative found that although the program supports PNG leadership, that the cooperative in Timuza is led by men.

*The co-op meetings are run by 4 executives (I am one). They are all men. We run the meeting, ask particular groups to speak. All members of the group make decisions. We make the final decision (4 male executives). It is an elected position. The position is for ever (I've been in the role since the co-op was established 14 years ago). Male program participant, Timuza*

### **Men excluded from community decision making**

It is interesting to note that in Simogu more men than women (37% vs 24%) reported that they were excluded from community decision making. Lower Ungaii also reported a relatively high number of women that were excluded at 25%. Men in Paraba had the lowest numbers of men that felt excluded (15%) and 75% of men in Paraba reported that they felt comfortable participating in community meetings. **There were a number of reasons that were discussed for men's exclusion including lack of status and that only men who had money or who were 'leaders' were able to speak up in meetings.** Other reasons included that men were in conflict with some people attending the meeting and that young men could be excluded as they were seen as irresponsible.

In Lower Ungaii, **members of the focus group reported that skills that have been gained through the CISP program have allowed men that were previously excluded from decision making in the cooperative and other community groups to participate.**

*The village decision making has changed tremendously over the past years. Previously only the village chiefs and community leaders were talking and taking decisions but this has changed, now a days chiefs are taking the lead but allowing other in the community to talk, voice their concerns and issues and participate in the discussion of the village meetings. Model farmers have gained respect within the village due to their technical knowledge and if they say something in the village meetings villagers and leaders take them seriously and consider their views/opinions. (Men's FGD, Lower Ungaii)*

*We like to talk in small groups and we have men who speak and we support them. Men's FGD, Simogu*

### **Gender norms around women's community participation in all communities**

Women in Lower Ungaii, Paraba and Simogu reported that they were actively discouraged from speaking in community meetings and were shushed, or that women could speak but men would not listen to them.

*The men don't encourage us to speak. The men stop us from speaking in joint meetings. In women's meetings, we can speak. Women's FGD, Paraba*

*They (women) are afraid the answers are wrong. Men say 'SHHHHHH' even though we have things to say. Women's FGD Participant, Lower Ungaii*

*Women don't speak in meetings. Men speak a lot. In some places, women have a space to speak. Not here. If a woman speaks, she is told to sit down and shut up. It has not changed. They can speak, but men don't want to listen to them, so women don't want to speak. It's men's fault for not listening to women. Male program participant, Simogu*

*Then men don't encourage us to speak. The men stop us from speaking in joint meetings. In women's meetings, we can speak. (Women's FGD, Paraba)*

*Village leaders get together and make decisions and then come and then tell us after. (Women's FGD, Simogu)*

*Village leaders get together and make decisions and then come and tell communities what to do. We have 2 women as part of village meeting to represent view of women (4 men, 2 women). Women's leader, Paraba*

### **Ward plans and community decision making processes do not necessarily include women's priorities**

Ward planning worked within and supported the existing PNG governance system at the community level through supporting ward councils with ward planning processes in a number of communities. The ward planning process in ICDP included separate processes with groups of women and men to encourage women and men to speak more freely. The revised process was endorsed by Department



of Provincial and Local Government Affairs in 2016. It specifically requires consideration and recording of women's views and how they would benefit, as well as a planning format which asks how women will going to be included in decision making roles throughout a proposed project.

Although it was a key strategy in ICDP for women to participate in community meetings and the assumption was that their needs would be included in ward plans. As demonstrated above, if women were not able to participate equally or were excluded from processes such as voting, men outnumber women in meetings. **Comments from male community leaders in Paraba and Simogu were that they did not need to include specific women's needs and that community needs are women's needs:**

*Every decision is all generalised. There are no specific needs. Everything is for family and community use. (Male leader, Lower Ungaii)*

*We look at general needs, not specific needs of individual groups. Men's Leader, Paraba*

*We voice concerns through the women's leader. In the past we've requested water supply and an aid post, but the WDC hasn't responded well to those concerns. Women's Leader, Paraba*

*Community leaders come together about issues and problems. After they discuss the issues, they then go to the whole community. Women are not involved in discussions. Most women cannot speak in meetings – they aren't able to follow what the men are saying. There has been a very small change, but when women speak up, they are not encouraged. They all submit to men. Female program participant, Simogu*

*We want to change. We all want to be leaders and feel that we can speak in meetings with men and women present. Paraba Women's FGD*

**ICDP aimed to have processes to include women's voice, but these need to be revisited for future governance programs included processes to measure how women's priorities have been included in community planning and funding. The main challenge is around addressing the low status of women.** A process such as the FBMT could be developed, but at the community level to create further dialogue about including women in community processes. Focusing on supporting and strengthening existing women's groups was also found to support women's community leadership.

In and FGD in Lower Ungaii and Paraba, water supply was an example of an issue that was a woman's priority. In both communities, women wanted access to water supply within the community, rather than having to travel to rivers to fetch water. Women's groups in Lower Ungaii and Paraba were both highly organised with strong women's leaders. In Lower Ungaii the women were well organised and lobbied men in community meetings in the home and they were not able to get water supply as a priority. **The men wanted power supply and the community prioritised power supply. The women's leader in Lower Ungaii thought that this was because men are not responsible for collecting water and therefore, do not see it as a priority.** In Paraba, water supply was also not selected as a community priority.

### **WDCs are not functioning well and losing funding**

The ICDP evaluation found that information sharing and involvement of community leaders at the ward level, from District and Provincial Governments, was limited in ICDP. Ward authorities did not have the capacity or skills to support District, Provincial and external stakeholders monitor, assess and respond to the local situations.

**The ward plans were an important process as they brought communities together to agree on priorities and created a basis for communities to articulate their needs to power holders.**

However, there are many challenges with the development of the ward plans. **Since the time that CARE has left the communities in OW, the WDC system has not been functioning and has been losing funding year on year.**

*We don't have a WDC, we have Ward Councillors who act as the middle man between Village leaders and district. But it doesn't actually work this way. Male program participant*  
*The ward councillor doesn't work well with the community. He doesn't stay in the village with them. 5 ward leaders received training, 2 wards have been able to implement training. The other 3 wards are struggling. There is an LLG election coming up and they are hoping to replace those members. Male community leader, Gema*

Funding for LLGs has been decreasing over the past two to three. The LLG administrator and a number of community members reported that they tried to get activities funded under the ward plans, but that the money that is supposed to be allocated to the LLG level has not been released by the government and it has decreased over the past few years. The MP for Obura Wonenara reported that the government keeps diverting LLG funds to large scale events such as the South Pacific Games and the upcoming APEC visit in September 2018.

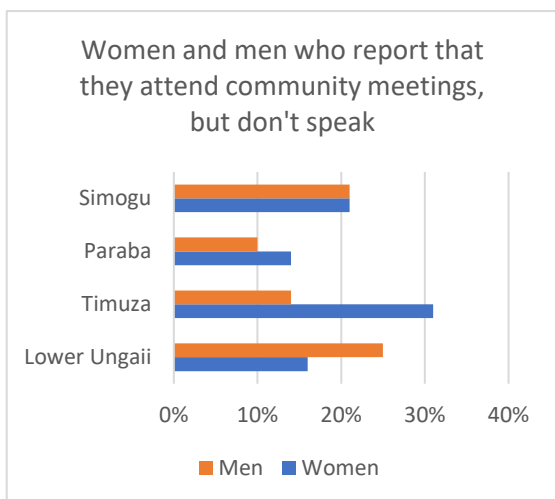
*There is no money. The National government used to give us money. It is supposed to be 100,000 but they gave us 40,000 (kina). Some places submitted proposals to the Provincial Government for infrastructure and roads and the Provincial government funded it directly. Male Advisor to LLG's, Goroka*

### Have perceptions of women's leadership been changed?

Women were perceived to be good leaders if they had resources and could speak like men, or who were humble and could listen to people. Very few women felt able to participate in community decision making. For the most part, women have been actively discouraged from speaking in community meetings. It is difficult to assess whether perceptions have changed as perceptions were not measured throughout the ICDP.

#### Qualities of good male and female leaders

Women	Men
<i>Households who are wealthier have more say in the village meetings. Women who speak in public are ones who have pigs, money etc, and who can contribute to the community. Women have voice if they have contributed in the past to the community, Women's FGD Timuza</i>	<i>Key leaders make decisions. They are the most fluent and confident. Mostly men, but a few women who are confident. Male program participant, Lower Ungaii</i>
<i>This kind of lady (leader) is confident and sharp. She speaks like a man. Why isn't she shhh-ed? Because she is a good role model. She speaks on behalf of youth, children, other women. In our culture in PNG, you have to speak based on wealth – pigs, business. You have to contribute. Female FGD participant, Lower Ungaii</i>	<i>When it comes to decisions, men have the upper hand and dominate the decisions. Femal program participant, Lower Ungaii</i>
<i>When a woman has money, she can speak more in public Female FGD participant, Lower Ungaii</i>	<i>Business man have a lot of respect and men that have good ideas. Ward Councillor Men's FGD Timuza</i>
<i>Some women are confident and speak like men. Women's FGD Timuza</i>	<i>This man is a 'community leader'. He is good at distributing fairly. He smiles and is welcoming. He has good character. These people have influence. They do things, and don't just command. Men's FGD Paraba</i>
<i>By being humble, listening to people, and trying to help other people in the community. Women who go to church. Women that are neutral in community. Women's program participant, Paraba</i>	<i>This man has leadership quality – that is good qualities like respect, openness, fairness of all (women, youth, etc). Not just talk, but action Men's FGD Paraba</i>

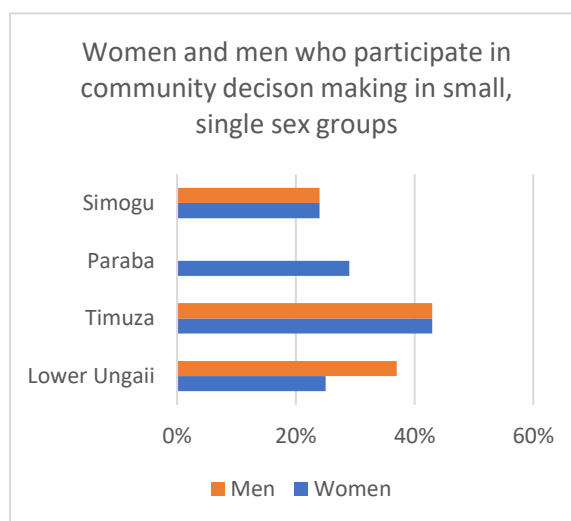


The field work found that CARE contributed to increased numbers of women participating in community leadership in Paraba. **Paraba currently has which has two women leaders that started during the ICDP and they are both still working as community leaders as ward councilor and a female pastor.** The women in Paraba have a functioning women's group and they meet as a group and then the women leader represents their issues at the community level.

*If CARE wasn't here, I wouldn't be a community leader. I would be like any ordinary woman living in the past. Also, with CARE trainings the community realised to include women. I also became a pastor when CARE came and trained the community. (Women's leader, Paraba)*  
*Previously we didn't have meetings, and didn't include women at all. Now we continue to have women's representatives. Men's FGD, Paraba*

21% of women reported that they were comfortable speaking up at community meetings in Paraba, compared to 12% in Simogu. which suggests either that leadership is limited to a small number of women. Women in Lower Ungaii and Timuza each reported that 21% of women in FGDs were comfortable speaking in community meetings.

**Women's leadership was supported by strong women's groups, some of which are connected to the Church.** Timuza, Paraba and Lower Ungaii all had functioning women's groups that have been supported by the Church for a number of years. Women in all communities predominantly reported that they participated in community meetings, but did not feel comfortable speaking at community meetings (Lower Ungaii 16%; Timuza 31%, Paraba 14% and Simogu 21%) and preferred speaking at separate women's groups which (Lower Ungaii 37%; Timuza 43%; Paraba 29% and Simogu 24%).



*CARE training and other groups have done training. The Church was involved in leadership training for women, and in establishing women's groups. They have done this since they arrived in around 1984. Male program participant, Lower Ungaii*

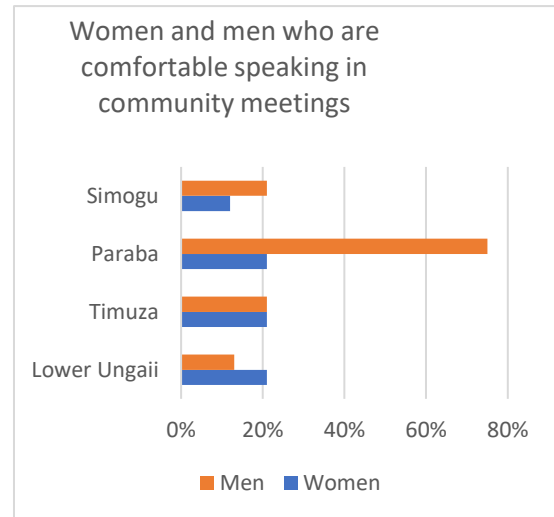
*The church group also contributed towards this (women's community decision making). We women discuss things in our church group and are aware of happenings around us, this encouraged and made us confident enough to participate in the village meetings. Women's FGD, Timuza*

When compared to women that felt excluded from decision making: (Simogu 24%, Paraba 36%, Timuza 5% and Lower Ungaii 27%) it is interesting to note that Timuza has the smallest number of women that felt excluded. Women in Timuza also reported that they had developed some of their own initiatives such as a women's literacy centre and elementary school which indicates that they

have a strong group and a mechanism where their priorities are supported by the wider community. Some women in Paraba were supported to be leaders, but a large number felt excluded.

The field team saw one of the first VSLA meetings being held in Timuza for the CISP program and had questions about the criteria for membership as it appeared to be predominantly attended by men.

**The VSLA’s represent an opportunity to promote women’s participation in a community group.** CARE could consider supporting VSLA’s that work through existing women’s Church groups given that women have reported that they are comfortable working within single sex groups<sup>81</sup>. These would need to be developed through engaging male power holders.



### **Lack of functioning women’s group in Simogu**

As detailed above, functioning women’s groups facilitate women’s participation in community decision making. **Conversely the women’s group in Simogu was not functioning and women in Simogu reported higher numbers of feeling excluded from community decision making (24%); unable to speak in community meetings (41%) and more comfortable in small groups (24%).** Simogu also did not have a female councilor although it is a government policy. **In Simogu, community leaders and community members reported that there has been no change in women’s participation in community decision making over the past five years.**

<sup>81</sup> Recent IWDA Do No Harm Research has guidance on forming women only savings clubs and have had success with this model in Solomon Islands.

## ANNEX G – MANAGEMENT RESPONSE



5<sup>th</sup> October 2018

### **CARE International in PNG and CARE Australia management response to the PNG Impact Report**

CARE welcomes the PNG Impact Report findings and recommendations. We appreciate the investment of time and resources in the report, and the considerable effort and commitment by the evaluators and CARE colleagues in Australia and Papua New Guinea to producing a thoughtful and quality report. The CARE management response is based on findings and recommendations outlined in the report, the evaluation methodology, its programming experience in PNG and discussions with the evaluation team and CARE colleagues. This management response will be published together with the impact report for circulation to partners, CARE International, donors and other stakeholders.

CARE agrees with the broad findings of impact in the two areas of gender equality and inclusive governance which have been the pillars of CARE's work in PNG over the past 5 years. We are proud of these achievements, in particular the strengthening of relationships and accountability within and between communities, government and service providers, and the progress made towards changing attitudes, behaviour and norms that are damaging to women and girls. The recommendations outlined in the report provide an opportunity to strengthen our work in these two areas and achieve greater impact at scale.

CARE believes that an understanding of the PNG context is crucial when drawing conclusions and formulating recommendations for ways of working in the future. While the impact report demonstrates a strong general understanding of gender and governance issues in PNG, some of the findings and recommendations could be more useful if they were informed by some of the nuanced or specific details regarding culture and government systems and processes. For example, the discussions and recommendations regarding GBV could be strengthened by considering the mandated roles and responsibilities of Village Magistrates, District Police and Courts and traditional justice processes in remote communities where there are no referral pathways or services for survivors of violence.

From a PNG perspective, some of the findings in the report read as an observation of the current situation, rather than an analysis of CARE's work based on evidence and context. CARE acknowledges the limitations and challenges that the reviewers had to contend with which may be a contributing factor for missing some contextual nuancing in the findings and recommendations. While these observations are of interest, in themselves they do not represent new information. Based on experience that CARE has had in its programming and operations in PNG, some elements of the recommendations and other suggestions cannot be taken forward.

As identified in the report, the methodology used by the evaluation team in-country to assess CARE's programs in PNG enabled a snapshot of local perspectives in parts of the Eastern Highlands Province to complement the in-depth desk analysis. However, some of the findings and recommendations presented in the report are predominantly based on the in-country field work. There are limitations with drawing conclusions about *impact* and formulating recommendations from less than 2 weeks in PNG. While there were unexpected challenges with logistics that prevented the team from visiting more locations, future evaluations of a similar nature should plan to spend a more appropriate length of time in-country. Acknowledging the high cost and amount of time needed for travel in PNG, a visit to CARE's work in Bougainville would be helpful in future reviews.

The snapshot approach allowed for a comparison of gender equality and inclusive governance challenges and opportunities between locations where field work was conducted. As identified in the report, there were limitations with this approach due to the different histories of CARE's engagement in those locations, and that locations are culturally and geographically very different. Nevertheless, some findings discussed in the report appear to be the result of a comparative analysis between sites rather than a consideration of change within a particular location; the historical and contextual differences between sites do not appear to have been considered when drawing some conclusions. This comparative analysis is less useful for understanding the impact of CARE's work or the efficacy and appropriateness of different tools and approaches that have been used by CARE in those locations.

CARE looks forward to working in partnership with the citizens of PNG, project participants, the PNG Government, staff, partner organisations and donors to strengthen its work in inclusive governance and gender equality. CARE is committed to a process of ongoing learning to further contribute to sustainable, inclusive and equitable development outcomes for PNG. This impact report and the recommendations contained within will help guide this process.

Yours sincerely

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Emma Tiaree  
Principal Executive, International  
Programs  
CARE Australia

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Country Director  
CARE International in PNG

## Response to PNG Impact Report Recommendations

Report Recommendation	CARE PNG Response	Actions to be taken by CARE PNG
<b>Gender Equality</b>		
Continue to design, implement, expand and improve programs that promote gender equality at multiple levels: women's individual agency, social relations, and social and political structures.	Accepted	CARE PNG will continue to draw on CARE International's Gender Equality and Women's Voice Guidance Note, including the Gender Equality Framework, in the design, implementation and evaluation of projects. Annual project reflection and planning will consider how to expand or take to scale proven approaches that support gender equality. The Country Director, Program Directors and Project Managers will be responsible for this.
Continue to focus on changing attitudes and practices that are harmful to women and develop approaches to ensure these are central to all projects, as well as providing training for women and including women in programs; and develop approaches to ensure this is central to project development.	Accepted	CARE PNG will continue to provide training and support for women and girls across all projects. It is equally important that we continue to engage men and boys on issues relating to gender equality to change attitudes and practices that are harmful to women and girls.
Conduct a systematic analysis of GBV and the Do No Harm approach across all programs.	Partially Accepted	<p>During annual project reflections and planning CARE PNG will include sessions which discuss GBV to ensure approaches to Do No Harm are understood and integrated into projects.</p> <p>To conduct a systematic analysis of GBV across projects, additional funding or resources will be required.</p> <p>It is also important that a level of understanding and behaviour consistent with CARE's approaches and values to gender equality and GBV is achieved within CARE PNG first. This is important for the credibility and integrity of the organisation and should be considered a prerequisite for addressing GBV through our programs. CARE PNG continues to work with staff on addressing GBV.</p>
Investigate, develop and adapt tools for the multitude of cultural practices that structure different households (such as polygamous marriage) that impact on gender	Accepted	CARE PNG will review the Family Business Management Training during the next CISP reflection and planning exercise to better address a range of family structures and cultural practices, in particular polygamous households.

<p>programs in the Highlands, particularly for household level-approaches such as Family Business Management Training.</p>		<p>However, it will not be possible to adapt all tools and approaches for the full range of cultural practices due to the significant diversity across the country and areas in which CARE works. CARE PNG has found FBMT to be successful because it is an approach that is appropriate for the majority of households and the facilitators are skilled at adapting FBMT approaches and activities to different situations and contexts.</p>
<p><b>Inclusive Governance</b></p>		
<p>Continue to work with communities to investigate the reasons for exclusion of some people from community governance processes (for example women on Ward Development Committees), and how greater inclusion could be achieved.</p>	<p>Accepted</p>	<p>CARE PNG believes it has a good understanding of the reasons for exclusion of some people from community governance structures. The challenge to achieving genuine inclusions lies in the deeply embedded and accepted cultural norms and practices that often promote exclusion. CARE PNG understands that achieving inclusion for all people is a long process that requires significant presence, time and investment, in addition to working within, and countering, accepted cultural norms and practices.</p>
<p>Focus on identifying, supporting and strengthening existing women's groups, and social and economic networks, and explore how existing women's groups or networks could work with new mechanisms or structures that may be promoted through CARE activities. Village Savings and Loan Associations (VSLA) are an example of such a mechanism currently being piloted by CARE.</p>	<p>Accepted</p>	<p>CARE PNG is already considering working more closely with women's groups and incorporating mapping of women's social networks in future governance programming.</p> <p>Once the VSLA pilot has concluded, CARE PNG will review the appropriateness of rolling it out at scale and how the methodology could be introduced to existing women's groups and other structures through CISP and other projects.</p>
<p>For any continuing work on law and justice regarding GBV in remote locations, continue to ensure that Village Court officers have ongoing training or information on their options and legal constraints for responding to rape and family violence complaints; and explore other opportunities for shifting local law and justice norms and practice in reducing GBV.</p>	<p>Partially Accepted</p>	<p>CARE PNG does not currently work within the law and justice space. However, any future work in this space will consider this recommendation.</p> <p>However, CARE PNG understands that it is necessary to work within mandated structures and processes to achieve sustainable outcomes. Most GBV cases are considered criminal matters which requires them to be referred to the District Police and Courts. Village Magistrates do not have the jurisdiction to preside over most GBV and domestic violence incidents, therefore encouraging their engagement in such cases could be counter-productive and result in a lack of</p>



		<p>trust and respect in CARE by communities and government.</p> <p>CARE PNG believes the most appropriate way to respond to GBV in remote communities where there are no referral pathways or services for survivors of violence, is to support families and communities to prevent violence by understanding the benefits of, and adopting behaviours that are consistent with, gender equality. CARE PNG will continue to work in this way and will look for opportunities to scale-up this work and engage Village Court Magistrates and others stakeholders, such as Community Health Workers, in addressing GBV when appropriate.</p>
Support women to renegotiate household work where they are taking up volunteer roles in the community.	Accepted	CARE PNG has already committed to rolling-out the FBMT with Village Health Volunteers and their spouses as part of the Mamayo project. The FBMT allows participants to understand the importance of equitable workloads and shared decision-making. This action will be overseen by the Mamayo Manager and Program Directors.
<b>Monitoring and Evaluation</b>		
Monitor incidences of violence and unintended harmful impacts of the program.	Partially Accepted	<p>During annual project reflections and planning CARE PNG will include sessions on GBV to ensure approaches to Do No Harm are understood and integrated into projects. This can include a consideration of how project monitoring tools and approaches can be strengthened to better monitor unintended harmful outcomes. Future projects will include gender analyses during design or mobilisation phases to understand risks of violence and inform Do No Harm approaches.</p> <p>However, CARE works in many remote locations where there are no referral pathways or services for survivors of violence. Monitoring violence can be intrusive and unethical in the absence of such services. Further, with such extremely high rates of violence in almost all communities in PNG, it will be very difficult to determine in an ethical way whether or how CARE's work may have contributed to violence or unintended harmful impacts.</p>
Across projects, consistently focus monitoring and evaluation on changes in attitudes and behaviours of men and women.	Accepted	CARE PNG is currently doing this in a number of projects and will further review all project MEL frameworks over the coming year and consider how to better include tools and approaches that enable monitoring of changes in attitudes and behaviours of

		men and women. CARE PNG's MEL Advisor will lead this work with Project Managers.
Improve gender equality monitoring and apply it to programs more broadly.	Accepted	CARE PNG places gender equality and women's voice at the centre of every single project and agrees to review MEL frameworks and approaches in the next 12 months to ensure appropriate gender equality monitoring is taking place. CARE PNG is already committed to ensuring at least one of CARE International's global gender equality indicators are included in each project MEL framework and is being monitored. PNG's MEL Advisor is leading this work with Project Managers and MEL Officers.
Disseminate this review and its approach within CARE International for learning purposes.	Accepted	CARE PNG agrees that the report should be shared within the CI network to enhance learning.





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It starts with equal