



# **Proposal to rollout the PNG National GBV Database Management System**

**Ensuring GBV data from Papua New Guinea is available**

**2021**

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# OUR MANDATE

## Mission

To identify hindrances to development in Papua New Guinea and through the use of research and technology, provide solutions that make use of streamlined and seamless data processing capabilities.

## Vision

To be a leader in delivering key projects impacting and advancing Papua New Guinea.

## Affirmation

We are committed to achieving the results as outlined in this proposal.



**John Kuri**

Team Leader

Port Moresby

17<sup>th</sup> June, 2021

## Project Summary

<b>1. Title</b>	Gender Based Violence Database Management System			
<b>2. Country benefiting from the action/location</b>	The action shall be carried out in the 22 provinces of Papua New Guinea.			
<b>3. Programming document</b>	Papua New Guinea National Strategy to Reduce and Prevent Gender Based Violence 2016-2025			
<b>4. SDGs</b>	SDG 5			
<b>5. Sector of intervention/thematic area</b>	Social Sector	Gender		
<b>6. Amounts concerned</b>	Total estimated cost: PGK1, 364, 396.00			
<b>7. Implementation modality</b>	The project will be managed through grant financed and implemented via indirect management.			
<b>8. Duration</b>	24 months			
<b>9. Markers</b>	<b>General policy objective</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Participation development/good governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aid to environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and Women's and Girl's Empowerment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trade Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, Maternal, New born and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>RIO Convention markers</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Biological diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 1. Overview

Papua New Guinea (PNG) is made up of 600 islands where the mainland is the eastern half of the island of New Guinea. PNG belongs to the group of low income countries. Its Human Development Index has not improved greatly since the mid-1970s. It ranks second lowest in the Asia-Pacific region, where many countries with a much lower per capita income score far better. Almost two thirds of the population has no sustainable access to safe water and PNG has one of the lowest per capita densities of doctors.

Life expectancy is the second lowest in the region. The road network is very limited, which not only hampers export-driven economic development, but also creates serious challenges for basic services delivery. Dependency on air freight or transport over water in remote areas results in high unit costs for virtually every activity, whether it is infrastructure development or distribution of medical supplies to remote communities. The fact that there are some 800 distinctive languages spoken is another challenge.

PNG has an average population growth of 2.7 % with nearly half of the population of 8 million under the age of 20. As such, demands for education and other services like health in the social sector continue to grow. The challenges to development are numerous and include but not limited to; high corruption perception index, geographical barriers, language and cultural diversity, weak institutional capacity of government systems, continuous changes in political leadership, increasing law and order issues and high unemployment rate.

Papua New Guinea has enjoyed unprecedented economic growth over the last 10 years spurred by the extractive industries. Despite being an agriculture based nation, the country tends to prioritize its focus on the oil and gas sector. However, this has not translated to an increase in the socio-economic status of ordinary Papua New Guineans and still ranks poorly against its neighbors in the Pacific.

Availability of reliable data and qualitative information for use in policy making and monitoring activities still remains a weakness.

## 2. Background

The regular occurrence of Gender Based Violence in Papua New Guinea is a result of many overarching circumstances. Although GBV is not exclusive to PNG, its prevalence is alarming and exceeds rates experienced in most countries. A lot of resources have been funneled specifically to address GBV involving a variety of stakeholders. However, results have not been promising nor have they had any impact on GBV prevalence rates. If any, the incidence of GBV seems to have been more pronounced with the emergence of high profile cases.

Addressing GBV is a challenge like all other aspects of development in PNG and cannot be done in isolation without first understanding the overbearing environment of a country with 600 islands, 800 different languages and traditions and challenging geography. Getting basic services to 80 % of the

population who are based in rural areas is a daily struggle. This scenario seems to have provided a setting where GBV has taken a foot hold.

GBV is one indicator of the gender disparity in PNG amongst many. There are no women elected members of Parliament in the current government (2017-2022). In the last parliament (2012-2017), three women were elected out of the 111 MPs, but they failed to return. Many women contested for seats for the current parliament but none made it through and that has been the general picture ever since the first parliament. That alone is a reflection of the socio-economic constructs that exists in PNG. Women make up most of the labor involved in subsistence farming, are the prime income generators for rural farmers (nearly 90% of rural market vendors are women) and are not entitled to inherit traditional land. Ever since GBV became an issue in PNG, stakeholders including government have tried to restrain its persistence but a true description of the occurrence of GBV is not available yet due to the unavailability of reliable data.

Initiatives to reduce and prevent GBV has taken many forms. With the assistance of the Australian Federal Police (AFP), Family Sexual Violence Units (FSVU) have been instituted into 19 of 22 provinces around the country<sup>1</sup>. There is a Family Sexual Violence Action Committee Secretariat (FSVACS) which is the coordinating committee for all stakeholders in PNG. The private sector have picked up the pace with business leaders being vocal and supporting actions addressing GBV. Development Partners (DP) like the Department of Foreign Affairs and Trade (DFAT) of Australia, European Union (EU), and Ministry of Foreign Affairs and Trade (MFAT) of New Zealand and the United Nations system have been targeting Gender Equality issues as a means to address GBV. The biggest envelope of Development Assistance targeting GBV in PNG is through the SPOTLIGHT initiative of PGK75m which was recently announced. Gender is crosscutting and is mainstreamed in all efforts supported by DPs.

The Government of Papua New Guinea (GoPNG) places the responsibility of addressing GBV with the Department of Community Development and Religion. With the recent high profile cases resulting in deaths from GBV, a special parliamentary committee has been set up and led by a group of MPs, who have been vocal about GBV. Community groups and faith based organizations are also doing their part in bringing awareness to rural communities. They also act as links for survivors of GBV to seek counsel and redress. In addition, many referral organizations have emerged due to the number of GBV cases occurring.

Despite the substantial resources spent on addressing GBV by the various stakeholders, including GoPNG, it is difficult to know if these interventions have found their mark or made any impact.

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<sup>1</sup> In 2015 GHD conducted an evaluation of the DFAT funded FSVU and the capacity building of the unit. It was established that the quality of GBV data varied and there was a general need to disaggregate the data to show the demographics of GBV incidence.

This is due to the fact that there is no unified, institutionalized and systemized way of collecting GBV data. The data that exists is sparse and unreliable. Most of the data is from the cities of Port Moresby and Lae. Other centers like Goroka and Wewak are providing some data. Rural towns and districts do not provide any data because there is no medium to provide GBV data. All data coming in is paper based, which exposes the data collection exercise to errors rendering the data unreliable.

The absence of GBV data is highly documented by various research papers, reports, and even GoPNG policy documents. However, as of the writing of this action document, there has been no concerted effort to unify the way in which GBV data can be collected systematically. This is highlighted by the fact that different institutions and organizations collect GBV data to fulfil their own mandates. Consolidating data from these different entities is difficult and any effort to do so, reduces the reliability of the data drastically. This difficulty is based on the premise that different entities may use different data collection tools and have varying definitions of GBV. Hence the focus of this action document is to provide a solution to this quagmire.

### 3. Policy Framework

The policy framework for Gender Equality and all issues related to gender including Gender Based Violence is quite elaborate and diverse in Papua New Guinea. These policies hinge on global commitments of which PNG is a signatory to including but not limited to;

- Sustainable Development Goals (SDG 5)
- United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- The Beijing Platform for Action
- UN Declaration on the Elimination of Violence against Women (1993)

The GoPNG has come out strongly advocating against GBV, particularly in its policy documents. The framework of delivering actions aimed at addressing GBV is underpinned by the Papua New Guinea National Strategy to Reduce and Prevent Gender Based Violence 2016-2025 (PNGNSRPGBV), of which DFCDR is the custodian. The policy has four objectives. Object number 2 specifically relates to the implementation of a GBV database strategy. Without going into too much detail, some of these documents (but not limited to) are listed here because they all have some form of interconnection;

- National Goals and Directive Principles ( Goal One and Two)
- Papua New Guinea Vision 2050 (Pillar One)
- Papua New Guinea Development Strategic Plan (PNGDSP) 2010-2030 (Part Six)
- Medium Term Development Plan 3
- National Policy for Women and Gender Equality 2011-2015 (First Priority Action Area)



- Government of Papua New Guinea Public Service Gender Equality and Social Inclusion Policy (GESI) 2013
- Papua New Guinea National Security Policy 2013
- Gender Equity in Education Policy (2002) (Reprinted 2009)
- National Health Plan 2010-2020
- The Papua New Guinea National HIV and AIDs Strategy 2011-2015
- Papua New Guinea National Youth Policy 2007-2017

All other policies related to GBV and Gender Equality in a broad sense, derive themselves from these overarching policies. As far as policy is concerned, PNG has covered a lot of ground. Technical expertise from DPs have supported in developing these policy documents and have been a guide to implementing strategies to address GBV.

## 4. Stakeholders

GoPNG considers GBV to be an issue in PNG. The various policy documents it has attests to the government's recognition that GBV is an impediment to development. Many government leaders have taken the stand publicly to speak out against GBV. After a series of public cases which led to death as a result of GBV, the Special Parliamentary Committee on GBV was formed. The committee included the Hon. Gary Juffa (Northern Province), Hon. Alan Bird (East Sepik Province and Hon Powes Parkop (National Capital District), and Hon Charles Abel (Alotau Open). They have been consulting with stakeholders including to UN to chart a way forward.

The GBV space has a multitude of actors who take part in their capacity and mandate. However, it is difficult to ascertain if all these efforts are coordinated well. The DFCD is the main government entity entrusted to oversight implementation and achievement of the deliverables and results outlined in the PNGNSRPGVBV. Despite being vocal about GBV, government funding is still lacking at the intensity and frequency required to have any meaningful impact as per the plan. Furthermore the department still lacks the technical capacity and expertise to develop strategies and manage implementation.

Official Development Assistance (ODA) from DPs targets many different sectors and Gender Equality is mainstreamed as a cross cutting theme. The support is aimed at contributing to the development and implementation of national policies in a way which is consistent with commitments both at international and national levels. Mutual recognition of national systems has been paramount which encourages efficiency and equity in training, capacity building, reporting and up skilling of the technical capacity needed to address Gender Equality. Other actions are more specific including capacity building with the law and justice sector (DFAT) and SPOTLIGHT initiative (EU).

Non-Government Organizations (NGO), International Non-Government Organisations (INGO), Faith Based Organisations (FBO) and Community Based Organisations (CBO) are crucial players in the redress of GBV. These organisations are well placed to conduct awareness and trainings for beneficiaries. Most have now naturally evolved into care centres or are part of a referral system in



providing safety and security for survivors of GBV. Other organisations provide guidance on seeking legal remedies. Locally based organisations are usually under staffed and lack the resources. Their main source funding comes from GoPNG and DPs.

The first point of call for all survivors is the FSVU. The AFP provided the technical expertise to set up the FSVU in 18 of the 22 provinces in PNG. They have also been involved in training the FSVU to collect and report GBV data. The only locale where the FSVU is connected to a central system is Port Moresby. All other FSVU have to collect their data on paper and send it to the FSVU Directorate in Port Moresby which compiles and consolidates the data. To date there has not been any report of the incoming data in terms of showing what type of GBV is prevalent and where. No form of data disaggregation is produced. It is highly probable that the FSVU still needs to be resourced and capacitated to deal with data. Most GBV cases in PNG still remain unreported.

Another government institution at the forefront is the health system. It is understood that sometimes GBV survivors go to clinics before bringing the matter to the FSVU. There is an obvious disconnect with between health institutions and the FSVU. No mechanism of referral or data sharing is available between these two government agencies.

The private sector has also responded to the GBV prevalence in the workplace. They have funded organisations to carry awareness and training for employees. These organisations also provide counselling and referral services for survivors of GBV.

## 5. Problem Analysis

Amidst all the support and funding that has been made available to address GBV, there is no concerted effort to develop and deploy a unified, institutionalised and systematic GBV database management system. Objective 2 of the Papua New Guinea National Strategy to Reduce and Prevent Gender Based Violence 2016 – 2025 states;

‘To standardize and institutionalize data collection, and facilitate ongoing in-depth research to support evidence-based planning, budgeting and programming to end gender-based violence.’

*[page 13, Papua New Guinea National Strategy to Prevent and Respond to Gender Based Violence 2016-2025]*

However, to date, there is no data collection mechanism that standardizes and institutionalizes GBV data. Objective 2 has not been addressed sufficiently during the implementation of the 10 year plan. The three other objectives have been receiving attention and some tangible progress has been made. It is Objective 2 that has been a point of concern for all stakeholders. DPs like UNDP tried to address this issue but faced many hurdles. The main problem was that the design documentation didn’t understand the beneficiaries and the people who would be using such a system. The effort was shelved since 2016 and no effort or interest was generated to re-engage in such an initiative until now.

The GBV data that exists is unreliable and collected in an ad hoc manner. Some organisations conduct baseline studies and that data is used and cited as a basis for making programming decisions. However, there is no effort to collect GBV data in a consistent and comprehensive manner. The data that is collected by these baseline studies is referenced in other research documents and reports but is rarely consolidated by other organisations because it lacks the two

attributes of being standardized and institutionalized. As described earlier, different organisations have different mandates and these organisations use different methods of collecting GBV data. Furthermore, the definitions of what constitutes GBV differ slightly from organisation to organisation. This was a major hindrance in developing the different classifications of GBV.

The unavailability of reliable data has contributed to the type of activities being programmed. It is clear that these activities may have achieved in terms of outputs, but outcomes have yet to be realised as GBV incidences continue to persist to a greater extent. Many reports and research papers allude to the fact that GBV data is unavailable, scattered and unreported in PNG.

## 6. Risks and Assumptions

Risks	Level (H/M /L)	Mitigating measures
Lack of political and government support.	L	There is political will with the formation of the Special Parliamentary Committee on GBV. The project will reach out to this committee for an information sharing session to highlight current situation and showcase the benefits of the proposed action
Lack of capacity of front line users	M	Training will be delivered through a variety of cost effective mediums.
Doubts of the action by key stakeholders	H	The project will reach out by engaging in an information sharing session to highlight current situation and showcase the benefits of the proposed action.
<b>Assumptions</b>		
For the project /action to be a success, of key stakeholders need to understand the importance of data in making informed decisions. It is well known and reported that Papua New Guinea still struggles with having reliable data management systems in place. The proposed project would generate sustained interest and attract resources, technical expertise and more awareness on GBV. Political will which was lacking is now formally established through the Special Parliamentary Committee on GBV. This alone prepares the project in terms of sustainability. The MPs in the committee are vocal against all forms of GBV. It is in the interest of the beneficiaries that the committee leads on such critical issues as the GBV database management		

strategy. The project/considers the socio-economic status of the beneficiaries of the project. This has been the determining factor in design and deploying the project. The ease at which the front liners and beneficiaries use the GBV database application is tantamount to the impact of the data that will be generated. The project outcomes also considers that most stakeholders are aware of the dire need of GBV data in PNG, which has been documented for some time now.

## 7. Complementarity

The greatest synergy the project presents between itself and other actions is the opportunity to collect other vital information. The platform on which the PNG National Database Management System is built on allows stakeholders to gather other types of data. With the established network being created by the database project, the collection of data related to other issues is possible. This is a major step towards the collection of reliable data in a timely manner.

The COVID-19 pandemic is being addressed currently and is the center stage of attention in this country and the globe. But it is difficult to say when PNG and the world will fully recover from its impacts. If the current signs are an indication, COVID-19 will still be a threat to human lives and the way of living for some time to come. Such a project could provide a medium to collect data related to COVID-19 to assist decision makers and policy makers to plan and implement actions that will curtail the advance and spread of the pandemic.

## 8. Project Description

### Objective

**‘To rollout the deployment of the PNG National GBV Database Management System.’**

### Key Result Areas

1. A National Gender Based Violence database is established and operational
2. GBV data is used by research institutions to determine and develop strategic interventions aimed at reducing and preventing GBV
3. Evidence based planning is assured through research and data analysis from the GBV database
4. The PNG National GBV database is managed effectively and efficiently

The Papua New Guinea National Gender Based Violence Database Management System is an online database application developed and deployed by OPTIMAX Consultants, in response to the GoPNGs need to address the GBV data void. This concern is raised in Objective 2 of the Papua New Guinea National Strategy to Prevent and Respond to Gender Based Violence 2016-2025.

The database has features relevant to PNG and takes into account the socio-economic status of the populace. The online application is compatible with any device and can be accessed on; mobile

phones, lap top, desktop and tablet. An important facet of the design of the application was to align with the five attributes of data.

- Accuracy-the application makes use of drop down menus, radio buttons and look up functions. Quality control measures have also been introduced into each data field to make it absolutely certain that no error arises from the process of data entry. The only input requiring some form of typing is when entering the name of the survivor. This ensures the information is correct in every detail
- Completeness-all aspects of a GBV Information Management System have been incorporated into the application, which include; survivor intake, GBV data and case management. Furthermore, the application allows the different types of institutions to collect specific information relevant to their mandate. For instance, hospitals and health centers may want to document the injuries the survivors have sustained and the medical treatment employed. This is catered for by the application
- Reliability-the integrity of the application has been developed so that there are various levels of access rights to the data set. A front line GBV case worker will only enter data but will not have the ability to edit the data once submitted. Managers will have rights to access the data and request editing only through a written request by the head of the organization justifying why data should be edited. The Administrator (i.e., the developer) is the only account that has full rights to the data and can be co-held by an authority appointed by the PSC. The data is secured in the cloud and the platform owners is party to the Global Data Protection Regulation (GDPR) which is the gold standard in data protection which makes it nearly impossible for the data to be tampered with
- Relevance-integration of the classification of GBV into the application is one of the main reasons justifying the GBV data being collected. This is the accepted classification as agreed to at the global level which justifies the relevance of the database. Other important features giving relevance to the application is the customization to suite the socio economic context of PNG which include; the option to record survivors verbal account , take a picture of the survivors injuries and data entry fields that include polygamous relationships, amongst others (rural settings).
- Timeliness-at the instant when GBV data is submitted using the application, the records are updated. Linked tables or graphs adjust with the entry of data showing results in real time. Each submission is time stamped with the possibility to activate the geo-location feature

There are three attributes of quality that the application promotes;

- Institutionalization-means making it possible for any organization, whether it be directly involved with GBV or not, to have access to the application. For instance, the private sector

may not be directly involved with GBV but they are concerned about GBV and can enter GBV data into the application by simply accessing it from where ever they are. Institutionalization also means that the application makes allowance for certain entities to collect data specific to their mandates, while collecting the main GBV dataset

- Standardization-refers to the (i) methodology in which GBV data is collected, (ii) the type of GBV data collected and (iii) the means to which GBV data is collected. Using this application assures consistency in the methodology being used. Consolidating GBV data from different sources used to be complicated. This is no longer the case. Different organizations have slightly different definitions of the types of GBV. The application uses the agreed classification at the global level which ensures there is no question on the definitions of the different types of GBV. All data entry is electronic, including data encoding, decoding and analysis. All GBV data is updated onto the cloud directly from the device used. No more paper based methods and no more time delays from when the data was collected to the consolidation of data
- Comprehensiveness- the application provides an overview of every case that has been entered. Each entry has a unique reference number and the progress of the case can be tracked and monitored. The application has three sections; (i) intake form (ii) GBV data and demographics and (iii) case management. While collecting the main body of data ( i.e., GBV data and demographics ) , data specific to the institution can be collected in a standard way

Given the backdrop of the cultural and geographical context of Papua New Guinea, setting up such a system was challenging. All that has now been accounted for already by the design of the database application through rigorous testing. A system of such magnitude and complexity requires the proper design and technical specification to deliver a smooth and seamless application without any hassle to the person entering the data.

The Developer understands the country context and has incorporated the following technical and design specifications;

#### **On-Demand features**

- Accessibility-around 90% of personnel entering data will have an android mobile phone. Without the hassle of setting up a laptop or desk top, a mobile phone can access the application and data entered immediately. Remote locations will really benefit immensely from the compatibility of the application because 80% of the population live in rural areas or remote locations, where it highly likely that GBV is unreported

- Ease of use-the application has been tested and nearly all responded that the application was really easy to use and didn't require much experience to fully understand what was happening.

### **Design Specification**

- PNG Context-aspects of customization reflecting PNG have been discussed earlier
- GBV data protocols and standards-can be implemented and activated at any juncture
- Optimum data fields-the applications collecting the basic standard GBV data. The Developer understands that the level of sophistication must suite the needs of the exercise. It is likely that having a highly sophisticated application can deter the actual users from using the application<sup>2</sup>
- Online/offline data entry-data update to the cloud can be delayed if the device doesn't have internet access. Once the internet connection is restored , data will be update and synchronized automatically to the cloud
- Data secure in the cloud
- Privacy issues can be addressed-all data that is exported and accessed will not show any personal details. These will be hidden from the public's view
- Data exported in varying formats

### **Technical Specifications**

- Requires internet connection to update records in the cloud
- Compatibility-application can be accessed on any device like lap top, desk top. tablet and android mobile phone

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<sup>2</sup> The developer received positive acclamation by one of the participants during a presentation, for simplifying the whole process. The participant made reference to an initiative sponsored by UNDP which faced many hurdles because the users refused to use the application due to its complexity and level of sophistication. Participants said the application being developed by OPTIMMAX reflected the PNG context.

- Low resource consumption-Simple coding in deluge script with optimum graphics make the application user friendly and low demand for resources
- Application Programming Interface (API)--the application can communicate with other applications by other developers. If there is a need to migrate data from other applications, share or consolidate data from other sources, API allows for integration, exchange and communication between different platforms
- Sandbox-no downtime where the application is being updated or upgraded. All data fields and formats will be migrated with the recent changes to the latest version without causing any stoppages to the process of data entry
- GDPR standards (General Data Protection Regulation)-the highest data protect standards employed by corporations around the world.

### **Using the Application**

Step 1: Send email in

Step 2: Follow the prompts from the link sent to email

Step 3: Create account and start entering data

Normal login procedures apply (username, password) when accessing the application after creating the account.

Technical backup will be available to support.

## **Key Result Area 1**

### **Activity 1**

- 1.1. Design features of National GBV Database Management System relevant to context of Papua New Guinea
- 1.2. Conduct information sharing session to solicit views to further refine the GBV database conducted
- 1.3. Incorporate relevant comments and opinions into design of GBV database
- 1.4. Prepare PNG National GBV Database Management System for deployment and rollout to the 22 provinces of Papua New Guinea
- 1.5. Appointment of Project Steering Committee



- 1.6. Training package for the use of the application developed
- 1.7. Training of Trainers conducted for provincial trainers
- 1.8. Ethical , privacy , security and ownership issues related to GBV data clarified and endorsed by GoPNG through DFCD
- 1.9. PNG National GBV Database Management System is launched
- 1.10. Provincial GBV Secretariats and District GBV Secretariats conduct awareness on the roll out of the PNG National GBV Database Management System
- 1.11. Stakeholders in provinces are trained on the use of the database by the provincial trainers
- 1.12. Quarterly incidence reports generated summarized by social demographics which include but not limited to; province, district , age range , gender, occupation, level of education, number of times involved in GBV related incidence, marital status, polygamy
- 1.13. Case management history monitored and reported at regular intervals
- 1.14. All stakeholders involved in addressing GBV use the database to enter , store and retrieve GBV data

**Output: GBV data from 22 provinces of Papua New Guinea is collected in a timely manner**

Activities 1.1., 1.2, 1.3 and 1.4 have already been completed. You can see the video here; <https://www.youtube.com/watch?v=dJRRYdaKcKQ> The PNG National GBV Database Management System was presented to a wide variety of stakeholders including UNICEF, DFAT and Department of Health. Comments from the panel have been incorporated into the database.

A Project Steering Committee (PSC) will be appointed to oversight the progress and reporting of the project. The PSC will comprise representatives from the donor (financing entity), DFCD, Department of Health (DoH), FSVU, FSVAC, Council of Churches, Safe Houses, Department of Attorney General and DPs. The project team will provide quarterly reports to the PSC for endorsement before releasing it out for public consumption. Once the PSC is endorsed all stakeholders at the national level will be invited to an information sharing session where the application will be showcased among other things like, detailing the project timeline and milestones. The PNG National GBV Database Management System is an opportunity to bring all stakeholders involved in GBV together. Important issues like ethical concerns, privacy, data security and data ownership will be clarified during the information sharing session. Provincial trainers will be invited to attend a two (2) day Training of Trainers, who will in turn train all stakeholders in their provinces. Training material will be provided in the form of pamphlets and a video given to each participant on memory cards. Awarding of Certificate of Attendance to the Provincial Trainers will coincide with launching of the PNG National GBV Database Management System. Details of each organization who will use the database will be registered. As part of the training, participants at the provincial level will have hands on experience in using the application and experiencing its various modalities. Provincial and District GBV Secretariats will lead the awareness on GBV and the GBV database application in the provinces.

The project will be responsible for sending quarterly updates to all stakeholders both at the provincial and national level.

**Input: Technical Assistance, Logistics, Project Administration, DFCD liaison, FSVU, FSVAC, Department of Health**

## **Key Result Area 2**

### **Activity 2**

- 2.1 Research Institutions and other stakeholders are introduced to the PNG National GBV Database Management System
- 2.2 Focal points for each research institution identified and trained on the use of the data fields
- 2.3 Monthly update of data exported to relevant research institutions
- 2.4 Research papers and reports cite the PNG National GBV Database Management System as the source of GBV data
- 2.5 Develop case studies of cases peculiar to Papua New Guinea

**Output: Research institutions produce GBV research papers using data from the PNG National GBV Database Management System**

Key Result Area 2 will involve consultations with research organizations to inform how data from the database can be accessed. There are standard protocol to access the data and these will be made known to the research organizations such National Research Institute (NRI), Medical Research Institute (MRI), Institute of National Affairs and other regional research organizations who have a presence in the country. Other stakeholder like DPs who need to access such data will also be involved in the consultations.

**Input: Technical Assistance, Logistics, Project Administration, DFCD liaison, DPs, NRI, INA, MRI**

## **Key Result Area 3**

### **Activity 3**

- 3.1 Quarterly updates of GBV data provide to all stakeholders
- 3.2 Research and data from the use of National PNG GBV Database is used to develop programs aimed at reducing and preventing GBV
- 3.3 GoPNG endorses PNG National GBV Database Management Systems as the only GBV data collection ,storage and retrieval repository for Papua New Guinea

**Output: Programmes are planned based on evidence through GBV research done using data from the PNG National GBV Database Management System**

A sector wide approach to programming and planning for activities aimed at reducing and preventing GBV will be led by GoPNG. It is foreseen that research conducted using data from the

PNG National GBV Database Management System will determine the strategies that are developed to address GBV in PNG.

**Input: Technical Assistance, Logistics, Project Administration, DFCD liaison, DPs, NRI, INA, MRI**

## **Key Result Area 4**

### **Activity 4**

- 4.1 Review of client satisfaction , comments, opinions and problems encountered in the first 6 months of operations conducted
- 4.2 First update of application conducted after 12 months of operations
- 4.3 First upgrade of application after 18 ,months of operations
- 4.4 Hotline via , social media , email , and mobile phone activated and available daily
- 4.5 Scheduled exception reports run , queried and consolidated
- 4.6 Monthly pending cases report consolidated
- 4.7 Random sampling of case management progress conducted
- 4.8 Every Ward Councilor to appoint a GBV focal point (work with churches)

## **Intervention Logic**

Disparate data has been the source of making decisions in planning, budgeting and implementation of activities to address GBV for quite a while now. It may not be the only reason why such actions to reduce and prevent GBV have not had an impact, nonetheless, there is no such database on a national scale. Furthermore, it is difficult to track and monitor the impact of activities without a consistent database. Monitoring and Evaluations of programmes are done during the life pf the programme only and the data generated is specific to that programme. It does not give a complete overview of the current trends in GBV, which is normally the case in PNG. Thus planning post programme activities or follow up programmes may be short-sighted and lack the depth to make a real impact in addressing GBV. It is evident that despite the huge amount of resources spent on awareness training and capacity building, GBV still persists in PNG. What is lacking, amongst other things is a central GBV database that is consistent and comprehensive. Such a database will influence the type of programmes that are developed so that long term benefits are realized and captured.

The project intends that all stakeholders, including GoPNG, DPs, NGOs, INGOs, FBOs, CBOS, churches and the private sector will have access to one GBV database. This allows for standardization and institutionalization of GBV data that is being entered, accessed, and used. Having a GVB database that is accessible nationwide will allow policy planners both at national and subnational level to see the actual prevalence rates and its associated demographics, thereby influencing the type interventions being planned. Accurate data is needed to make such decisions which will have impact. Another feature of this unified database is that definitions of the

classifications of GBV will be the same right across the board. This has already been resolved at the global level by UNFPA, International Rescue Committee (IRC), and UNHCR<sup>3</sup>.

This level of consistency will harness the full strength of the various players at the different stages of addressing GBV. Furthermore it allows, stakeholders to concentrate and focus their efforts and resources on what matters most without worrying about where they will get data to plot and chart their plans. By having reliable data in place consistently, DPs, GoPNG and stakeholders can plan and develop programmes with a long term view. In addition, the consistent supply of data will allow interpolation, extrapolation, trending and, useful data analytics.

## **Mainstreaming**

The rollout of the PNG National GBV Database Management System provides opportunities to mainstream cross cutting issues.

- Gender-the project itself is targeting Gender Equality
- Climate change-planned activities do not have any impact on the environment. During the training , trainers will advocate for care of the environment

## **Contribution to SDGs**

This intervention is relevant for the 2030 Agenda. It contributes primarily to the progressive achievement of SDG(s) 5. It is also related to SDG 16.

# **9. Implementation**

## **Financing**

In order to implement this action, it is foreseen to conclude a financing agreement with the proposing entity by June 2021.

## **Indicative Implementation Period**

The indicative operational implementation period of this action, during which the activities described will be carried out, is 24 months from the date of when the agreement to finance the action is signed.

Extensions of the implementation period may be agreed between the funding entity and the management entity.

## **Implementation Modality**

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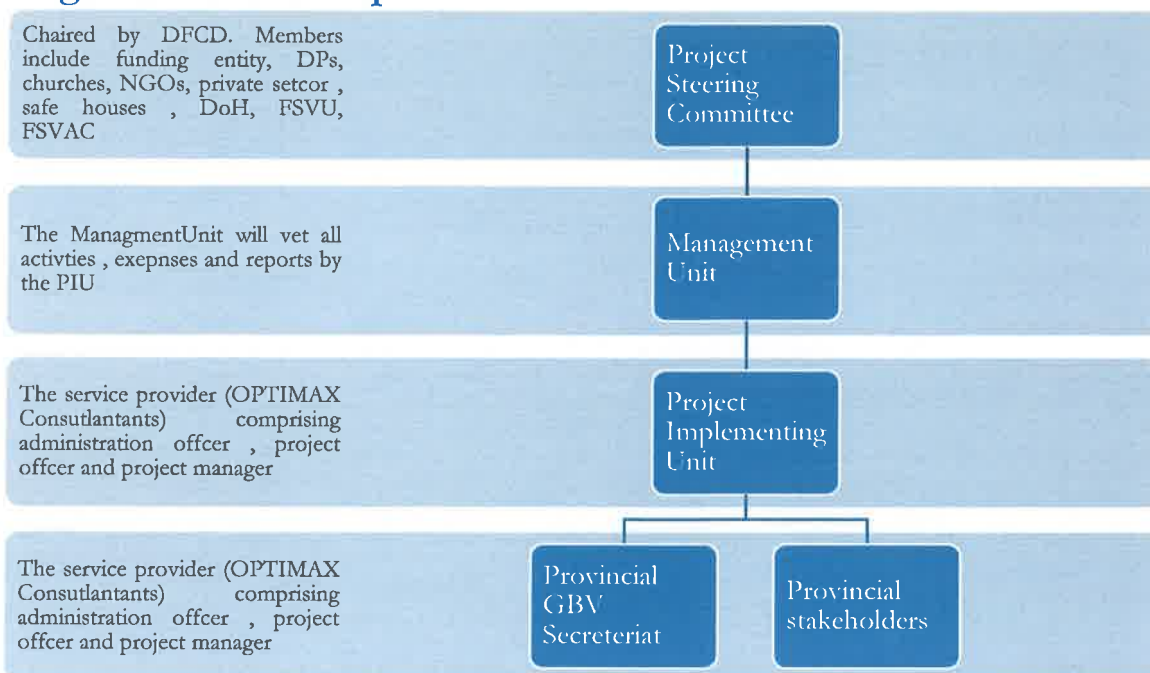
<sup>3</sup> <http://gbvims.com/wp/wp-content/uploads/Annex-B-Classification-Tool.pdf>

The intervention will be implemented via project modality. Rules and procedures related to procurement will be guided by PNG law, unless expressed otherwise by the funding entity.

## Indicative Budget

Indicative budget for the Rollout of the PNG GBV Database Management System					
Ref	Item	Description	Unit cost	No. of Units	Cost(PGK)
<b>1</b>	<b>Administration</b>				
1.1	Staff	Administration officer, Project Officer, Project Manager	11,000	24	264,000
1.4	Stationery	Printing and publishing	100	24	12,000
1.5	Transport	Transport within Port Moresby	1,500	24	36,000
1.7	Communication	Internet and mobile phone	200	24	4,800
1.8	User Access Fees	The database user access fees	22,000	24	528,000
1.9	Audit	Costs for Independent auditor	5,000	1	5,000
<i>sub-total</i>					<b>840,200</b>
<b>2</b>	<b>Logistics</b>				
2.1	Venue hire	Meetings/Consultations/Trainings	3,500	28	98,000
2.2	Airfare for provincial trainers	Return trip to attend ToT in POM	1,500	22	33,000
2.3	Accommodation	Accommodation in POM for ToT	800	22	17,600
2.4	Per diems	During ToT in POM	400	22	8,800
2.5	Accommodation	In the provinces during training of stakeholders	600	22	13,200
2.6	Per diems	During training in the provinces	400	22	8,800
2.7	Per diems	Participants attending training in the provinces	400	220	88,000
<i>sub-total</i>					<b>267,400</b>
<b>3</b>	<b>Visibility</b>				
3.1	TV ad	Adverts on two networks	5,000	1	5,000
3.2	Newspaper ad	Adverts in the two newspapers	5,000	1	5,000
3.4	Social media ad	Daily social media updates	-	-	-
3.5	Radio ad	National radio stations	3,000	1	3,000
3.6	Radio talk back show	With NRI and INA	-	-	-
3.6	Promotional material	T-shirts, and Posters + banners	7,000	1	7,000
<i>sub-total</i>					<b>20,000</b>
4	<b>Total</b>				<b>1,127,600</b>
5	<b>Contingency</b>				<b>112,760</b>
6	<b>Tax</b>				<b>124,036</b>
7	<b>Grand Total</b>				<b>1,364,396</b>

## Organizational Setup



The diagram depicts a hierarchical structure of the flow of information for the purpose of the project only.

## Performance and results monitoring and reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and the Project Implementing Units (PIU) responsibilities. To this aim, the PIU shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the Logframe matrix.. SDGs indicators and, if applicable, any jointly agreed indicators as for instance per Joint Programming document should be taken into account.

## Auditing

Without prejudice to the obligations applicable to this action, an independent audits or expenditure verification is foreseen and will be made available no less than three months after the action has ended.

## **Communication & Visibility**

This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, to be elaborated at the start of implementation.

In terms of legal obligations on communication and visibility, the measures shall be implemented by the PIU.



## APPENDIX - INDICATIVE LOGFRAME MATRIX

On the basis of this indicative logframe matrix, a more detailed logframe(s) might be developed at contracting stage. The indicative logframe matrix will evolve during the lifetime of the Intervention. The activities, the expected outputs and related indicators are indicative and may be updated during the implementation of the Intervention.

The logframe matrix must be used for monitoring and reporting purposes. At the latest in the first progress report, the PIU, will include the complete logframe. Each progress report will provide the most up to date version of the logframe as agreed by the parties. The final report should enclose the logframe with baseline and final values for each indicator.

Indicators to be presented, when possible, disaggregated by sex, age, urban/rural, disability, any disadvantaged group, income quintile etc.

*Additional notes:* The term "results" refers to the outputs, outcome(s) and impact of the Action. Assumptions should reflect risks and related management strategies identified in the Risk analysis.

Impact Objective)	Main expected results	Indicators	Sources of data	Assumptions
<b>Overall</b>	GBV prevalence in PNG is reduced and prevented significantly	# of GBV reported cases	FSVU monthly reports	None
<b>Outcome(s)</b>	<p>1. A National Gender Based Violence database is established and operational</p> <p>2. GBV data is used by research institutions to determine and develop strategic interventions aimed at reducing and preventing GBV</p> <p>3. Evidence based planning is assured</p>	<p># of provincial FSVU units using the database</p> <p># of research papers citing the PNG National GBV Database as the source of data</p> <p># of budgeted activities from GoPNG, DPs and</p>	<p>Monthly reports from the PNG National GBV Database Management System</p> <p>Reports from research institutions (NRI, MRI, INA)</p> <p>Development plans and Annual action plans from GoPNG, DPs and stakeholders</p>	<p>GoPNG , DPs and stakeholders understand the importance of a GBV database</p>

	<p>through research and data analysis from the GBV database</p> <p>4. The PNG National GBV database is managed effectively and efficiently</p>	<p>other stakeholders implemented as a result of using data and research from the PNG National GBV Database</p> <p>#number of versions and upgrades of the database application during the implementation period</p>	<p>Quarterly reports from the PIU</p>	
<p><b>Outputs</b></p> <p>1.1. Features of National GBV Database Management System relevant to context of Papua New Guinea designed</p> <p>1.2. Information sharing session to solicit views to further refine the GBV database conducted</p> <p>1.3. Relevant comments and opinions on design of GBV database incorporated</p> <p>1.4. PNG National GBV Database Management System prepared for deployment</p>		<p>1<sup>st</sup> presentation conducted</p> <p># of people present at the presentation</p> <p># of comments made</p>	<p>Report of 1<sup>st</sup> presentation</p>	

and rollout to the 22 provinces of Papua New Guinea				Minutes of 1 <sup>st</sup> PSC meeting
1.5. Appointment of Project Steering Committee			1 <sup>st</sup> PSC meeting conducted	Quarterly report from PIU
1.6. Training package for the use of the application developed			Training package approved by PSC	
1.7. Training of provincial trainers			# of males and females who attended training	
1.8. Ethical , privacy , security and ownership issues related to GBV data clarified and endorsed by GoPNG through DFCD			# of stakeholders invited to the information sharing session	
1.9. PNG National GBV Database Management System is launched			# of stakeholders invited to the launch	
1.10. Provincial GBV Secretariats and District GBV Secretariats conduct awareness on the roll out			# of provinces involved in the awareness	

	<p>of the PNG National GBV Database Management System</p> <p>1.11. Stakeholders in provinces are trained on the use of the database by the provincial trainers</p> <p>1.12. Quarterly incidence reports generated summarized by social demographics which include but not limited to; province, district , age range , gender, occupation, level of education, number of times involved in GBV related incidence, marital status, polygamy</p> <p>1.13. Case management history monitored and reported at regular intervals</p> <p>1.14. All stakeholders involved in addressing GBV use the database to enter , store and retrieve GBV data</p>	<p># of male and female participants in the training</p> <p># of quarterly reports approved by the PSC</p> <p># of cases resolved</p> <p># of registered users</p>		
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<p>2.1 Research Institutions and other stakeholders are introduced to the PNG National GBV Database Management System</p> <p>2.2 Focal points for each research institution identified and trained on the use of the data fields</p> <p>2.3 Monthly update of data exported to relevant research institutions</p> <p>2.4 Research papers and reports cite the PNG National GBV Database Management System as the source of GBV data</p> <p>2.5 Develop case</p>	<p># of research institutions attending information sharing session</p> <p># of research institutions appointing a focal point for the database</p> <p># of monthly updates</p> <p># of research papers citing the database</p>		
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	<p>studies of cases peculiar to Papua New Guinea</p> <p>3.1 Quarterly updates of GBV data provide to all stakeholders</p> <p>3.2 Research and data from the use of National PNG GBV Database is used to develop programs aimed at reducing and preventing GBV</p> <p>3.3 GoPNG endorses PNG National GBV Database Management Systems as the only GBV data collection, storage and retrieval repository for Papua New Guinea</p> <p>4.1 Review of client satisfaction, comments, opinions and problems encountered in the first 6 months of operations conducted</p> <p>4.2 First update of</p>	<p># of cases studies developed</p> <p># of updates</p> <p># of projects and programmes responding to data sourced</p> <p>Announcement by GoPNG</p> <p># of reviews received</p>		
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	<p>application conducted after 12 months of operations</p> <p>4.3 First upgrade of application after 18 ,months of operations</p> <p>4.4 Hotline via , social media , email , and mobile phone activated and available daily</p> <p>4.5 Scheduled exception reports run , queried and consolidated</p> <p>4.6 Monthly pending cases report consolidated</p> <p>4.7 Random sampling of case management progress conducted</p> <p>4.8 Every Ward Councilor to appoint a GBV focal point (work with churches)</p>	<p>Announcement of the updates</p> <p>Announcement of the upgrade</p> <p># calls received through the hotline # social media comments # emails received # of exception reports</p> <p># of monthly pending reports</p> <p># of random cases sampled</p> <p># of appointed personnel appointed by ward councilors to be GBV focal point</p>		
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## Contact Information



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OPTIMAX Consultants

Optimum Solutions

Maximum Gains

# Legal Information

INDEPENDENT STATE OF  
PAPUA NEW GUINEA

*Business Names Act*

Act, Sec. 8(4),(5)

Form 2

**Certificate of Registration of  
Business Name**

**OPTIMAX CONSULTANTS  
6-258156**

I certify that  
**OPTIMAX CONSULTANTS**

was registered under the *Business Names Act*  
on 1 October 2019

Given under my hand and seal on 1 December 2020.



A handwritten signature in black ink, appearing to be "H. Kukiva".

**Harriet Kukiva**  
Acting Registrar of Companies

This registration expires on 31 October 2021.

The validation code for this Certificate of Registration is BUSINESS-NAME-9127095. To check the validity of this certificate enter  
<https://www.sbs.gov.pg/eng/businessnames/validate-2281549615094205-NAME-9127095.html> in your browser.  
Certificate generated 01 December 2020 10:09 AM PGT

