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Evaluation of New Zealand's Country Programme in PNG

Part V: Supporting Gender Equality in PNG

New Zealand Ministry of Foreign Affairs and Trade

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6. Supporting Gender Equality

Papua New Guinea has high levels of gender inequality and gender-based violence. New Zealand has supported a range of activities that aim to address pressing challenges in these areas. This Part will explore how effective New Zealand's support for gender equality has been, the various barriers to promoting gender equality in PNG, and the ways gender equality can be further promoted through the aid programme. While gender is not an explicit pillar of the Joint Commitment for Development between New Zealand and PNG it is an important cross-cutting issue and one that - due to the high levels of gender inequality in PNG - deserves particular attention in this evaluation.

6.1 The context

PNG faces significant society-wide challenges in the area of gender equality. PNG presently ranks 154 from 188 countries on the Gender Inequality Index (GII)¹, one place above Zimbabwe. The GI measures inequality in three areas: economic status, human development and empowerment. PNG performs poorly in each of these areas. With regards to women's economic status, PNG ranks 125 of the 128 countries on this index. Gross National Income (GNI) per capita for women is US\$ 2,362 compared to US\$ 3,047 for men². On Human development, only 8.8 per cent of women over the age of 25 have any secondary education (compared to 14.7 per cent for men). There are fewer girls than boys in all levels of the education system, and this disparity increases dramatically with age³. With regards to empowerment, there are presently no female MPs in the 111 seat parliament⁴.

While there are formal protections for women in areas such as family protection, equal inheritance, the right to vote, and eligibility for political representation, socio-cultural and customary issues militate against the realisation of these rights. Customary marriages are common across the country and can involve child brides taken as wives in polygamous relationships – 21.3 per cent of women are married by the age of 18, and 2 per cent are married by the age of 15⁵. The government of PNG faces significant challenges in enforcing protections in this area⁶. Gender based violence (GBV) is committed with impunity across the country. Approximately two-thirds of women have been subjected to domestic violence – a figure that reaches almost 100 per cent in parts of the Highlands⁷. A UNDP study found that 62 per cent of male Papua New Guineans reported committing rape against a woman or girl during their lifetime⁸. As domestic violence matters are seen as private affairs issues are usually settled through local customary channels and typically involve the payment of compensation to the male relatives of victims. There is very little support for women who have been subjected to domestic violence.

In response to these significant challenges there has been increasing momentum within GoPNG and society more generally to address GBV and broader gender equality issues. Addressing GBV is identified as a priority in the PNG Vision 2050 and the government established the Family and Sexual Violence Action Committee (FSVAC) in 2002 to assist with addressing GBV issues in a more coordinated and strategic manner. As a result of the FSVAC's efforts the Department of Health has established 15 Family Support Centres (FSCs) in thirteen provinces⁹. The Royal PNG Constabulary has also established 24 Family and Sexual Violence Units across the country. Over 150 government

¹ <http://hdr.undp.org/en/composite/GII>

² (2011 PPP\$)

³ Edwards, J. (2015) Gender and Education Assessment, Papua New Guinea: A review of the literature on girls and education. Report prepared for the Australian High Commission, Papua New Guinea and the Education Capacity Development Facility (managed by GRM International)

⁴ This is down from three in the previous parliament. 167 women contested seats in the recent election compared to 3000 men.

⁵ https://www.unicef.org/infobycountry/papuang_statistics.html

⁶ US Department of State (2013), p.6

⁷ Amnesty International (2010)

⁸ UNDP, UNFPA, UN Women, UN Volunteers (2013), p.2

⁹ UNICEF PNG (2016) Evaluation of Family Support Centres in PNG

and non-government services providers now support survivors of GBV¹⁰. However, little is known about the quality of these services. The recent death of the high-profile journalist Rosalyn Albaniel Evara has sparked a national debate around the issue of violence against women¹¹.

In the Joint Commitment for Development (JCfD) between New Zealand and PNG the issue of gender equality is touched upon lightly and is not one of the stated priorities of the country programme. The priorities of the aid programme are: agriculture, energy, Bougainville, scholarships and training, public sector strengthening and partnerships. The JCfD does however state that one of the purposes of the programme is to support gender as a cross cutting issue to ensure good outcomes. Reducing GBV is also mentioned as a focus of the law and justice sector support in Bougainville.

6.2. Detailed Activity Assessment – Strengthening Services for Survivors of Gender-based Violence

Relevance	Efficiency	Effectiveness	Sustainability	Impact
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6.2.1 Overview and Objectives

The *Strengthening Services for Survivors of Gender-Based Violence in PNG* project is MFAT's major gender equality-related investment in the country. Child Fund PNG in partnership with Child Fund New Zealand, the FSVAC and FHi360¹² have been implementing the above project with support from MFAT since July 2014. MFAT is providing NZ\$ 2,637,025 between 2014 and 2019 from the Partnerships Fund. The total amount of funding over the life of the project is NZ\$ 3,296,282. The project operates out of Child Fund's office in Port Moresby. The project supports survivors of GBV through a Hotline service that provides counselling and referral services. The *1-Tok Kaunselin Helpim Lain* was launched in August 2015. The hotline provides immediate support that includes access to information, confidential counselling and referral to service providers in three languages: English, Tok Pisin and Hiri Motu.

The goal of the activity is *“that services available to survivors of gender-based violence are coordinated and communicated effectively through a telephone counselling service, a comprehensive referral network and advocacy for change”*¹³.

The four outputs of the project that support this goal are:

1. Referral and information network of service providers developed and continually expanded;
2. Infrastructure established and hotline operational;
3. Counselling and support staff recruited and trained; and,
4. Hotline promoted through information campaign.

Together these four outputs are designed to lead to the achievement of the following four short-term outcomes:

1. Evidence base supports service providers to improve coverage and services;
2. Service providers refer people to the hotline;
3. People use the hotline to access information, counselling and referral services; and,
4. Hotline improved through service users and referral networks.

According the Activity Design Document¹⁴, these short-term outcomes are designed to lead to the achievement of two medium term outcomes, namely:

¹⁰ Child Fund – Family and Sexual Violence Service Provider Directory for Papua New Guinea

¹¹ <https://www.theguardian.com/world/2017/oct/25/death-of-papua-new-guinea-journalist-sparks-national-debate-about-domestic-violence>

¹² FHi360 is a family health focused NGO implementing family health project in PNG

¹³ Strengthening Services for Survivors of Gender-Based Violence in PNG, Activity Design Document, New Zealand Ministry of Foreign Affairs and Trade, July 2014

¹⁴ Strengthening Services for Survivors of Gender-Based Violence in PNG, Activity Design Document, New Zealand Ministry of Foreign Affairs and Trade, July 2014

1. Child Fund advocates through the FSVAC to government and stakeholders to address GBV;
2. Hotline users benefit from the service and an expanded referral network.

These medium-term outcomes are designed to lead to the long-term outcome of the project, which is “The socio-political environment in PNG is more supportive for survivors of GBV”. The logic of this M&E framework will be discussed further below.

6.2.2 Activity Performance

A midterm review¹⁵ (MTR) of the project was conducted in February 2017. This review assessed progress over the first two years of the activity. The MTR focused on the extent to which the four outputs and the short-term outcomes were on track and made a number of practical recommendations to improve the effectiveness of the project. A summary of performance at the output level is provided in Table 6.1.

Table 6.1 - Activity performance - outputs

Output	Indicator	Target	Result
Referral and information network of service providers developed and continually expanded	No. of provinces with a referral network developed	4 in Year 1	4
Infrastructure established and hotline operational	No. of phone lines staffed	At least 3 in Year 2	6
Counselling and support staff recruited and trained	No. of people trained in tele-counselling	At least 8 in Year 2	24
	No. of volunteers supporting capacity building	1 in Year 2	1
	No. of languages the team of counsellors are fluent in	At least 3 in Year 3	3
Hotline promoted through an information campaign	No. of provinces with an information campaign	3 in Year 2	3

As the data in Table 6.1 suggests, the project is clearly on track in this early stage of implementation.

With regards to Output 1, significant effort at the early stage went into mapping service provider networks across the country. This was the first time such an exercise had been undertaken in PNG. This resulted in the publication of the Family and Sexual Violence Service Provider Directory and the development of a database of service providers across the country. As noted in the MTR it will be necessary to continue to dedicate resources to the updating of the directory and database to ensure the information contained therein remains current. Visits by counsellors to service providers to obtain the most up to date information assists in this regard. These visits raise awareness of the hotline, increase counsellor’s knowledge of service providers and strengthen relationships between service providers and Child Fund. This is a very important issue, because as noted in the MTR, it affects the quality of the service provided by Child Fund counsellors. Without up-to-date and relevant information on service providers counsellors feel they cannot provide the support survivors require. The MTR makes a number of recommendations designed to address this issue, including scheduling frequent visits between counsellors and service providers, employing social media tools and engaging a consultant to review the service provider database. In response to these recommendations Child

¹⁵ Child Fund (2017) Midterm Evaluation of the “Strengthening Services for Survivors of Gender-Based Violence in PNG project”, February 2017

Fund is instigating a series of service provider visits. In May 2017 teams of counsellors visited 64 service providers across the country obtaining up-to-date information and helping raise awareness of the hotline¹⁶.

With regards to Output 2, the hotline was launched on the 20th August 2015 and currently includes six staffed phone lines operating between the hours of 7am and 7pm. The MTR noted that service providers and partners identified a preference for a 24-hour Hotline service, as anecdotal evidence suggests that GBV is most likely to occur between the hours of 7pm and 7am. Child Fund is presently assessing whether this is a plausible option and is investigating how to deal with demand outside of hotline hours. Concerns have also been raised by counsellors about existing transportation arrangements, safety and security and travel expenses. This raises a range of resourcing and safety issues that are presently being assessed by Child Fund off the back of the recommendations contained in the MTR.

With regards to Output 3, twenty-four staff (18 females and 6 males) completed training by the end of year two. Child Fund worked with the PNG Counsellors Association and an Australian tele-counselling service to develop a three-month training programme focusing on crisis and trauma counselling in the family and domestic violence space. These are the first ever counsellors in PNG to be qualified as tele-counsellors. The current number of staff is sufficient to operate the six phone lines in shifts in the three languages. The pool of additional trained staff is important from a sustainability perspective. The MTR noted that counsellors require ongoing professional development and training to develop new skills that can enable the provision of a higher quality service, these include: child counselling skills, grief and trauma counselling, conflict resolution, relationship counselling and anger management skills. Child Fund have formulated professional development plans for counsellors and senior counsellors and are exploring funding options for further study opportunities in Australia and New Zealand.

Child Fund managers are working with the PNG Counsellors Association and other bodies to develop accredited courses in counselling. They are also working with tertiary bodies to see if counselling curriculum can be developed as part of undergraduate degrees (e.g. in a Social Work degree). This would assist greatly with the sustainability of human resource provision and help mainstream counselling within the higher education system.

With regards to Output 4, the information campaign was initially conducted in three provinces: NCD, Chimbu and Morobe but has subsequently been rolled out nationwide. Communication strategies have included: the provision of business cards, posters, bumper stickers, SMS blasts, radio and newspaper advertisements. Service providers have also assisted with the promotion of the hotline through their own communications channels. The project is actively looking for opportunities to complement its activities with other actors in this space including the EU funded anti-GBV project which began in 2017, and other Child Fund activities. As noted in the MTR consideration needs to be given to the best way to reach those in remote and rural communities who have no access to radio and limited mobile phone coverage. The MTR highlighted the need for further work in the strategic communications space and called for the review and strengthening of the existing Communications and Visibility Plan. Child Fund have acted on the recommendations contained in the MTR by employing the services of a strategic communications specialist who worked with staff to update the Communications Plan. Recent events have included promotion on the national TV broadcaster NBC, hosting workshops with PNG journalists to promote the work of the hotline and 70,000 SMS blasts across the country.

While there has been some proactive work in the communications space, there is a need to modify the indicators and target for this output to ensure sufficient data is captured to measure hotline promotion. The indicator "No. of provinces with an information campaign" is not sufficient in that regard. Data captured under this indicator say nothing about the depth or breadth of the information campaign or its impact. Child Fund should develop more suitable indicators and associated targets

¹⁶ Child Fund (2017) An overview of the service and updates on recent events

that better capture this information. This should include indicators around the number of provinces, but also the number of promotional streams in each province and targets for each stream. This should align to the activities in the Communications Plan at the highest level.

The MTR also assessed progress towards the projects short term outcomes, of which there are four:

1. Evidence base supports service providers to improve coverage and services;
2. Service providers refer people to the hotline;
3. People use the hotline to access information, counselling and referral services; and
4. Hotline improved through service users and referral network.

The indicator for Short Term Outcome 1 is “annual report published with analysis of gender-based violence situation and trends”. The logic is that these data will assist service providers make decisions about service provision. It can also be used for advocacy purposes. As yet this has not been delivered as it is a target for years 3, 4 and 5 of the project. While data is being shared with service providers through regular forums and will be aggregated up in the annual report, there is a need to adopt a much more nuanced approach to the collection and communication of GBV data. The calls received by the service to date provide a rich vein of information on GBV in PNG, the likes of which have not been seen before. These data can be used to influence the provision of services but to do so it needs to be more granular and disaggregated in nature. As noted in the MTR service providers require data that is relevant to their geographical context. Trends in GBV need to be identified at local levels if possible and data on whether callers are survivors or perpetrators need to be collected.

The data collected by the service is fundamentally important for the achievement of Medium Term Outcome 1 – advocacy to address GBV. A range of trends need to be effectively communicated to government and stakeholders through a variety of means. The data collected by the service is the foundation for this advocacy. Trends in call volumes, gender ratios, survivor versus perpetrator ratios, use of the service, geographical location, repeat users etc. are all important for advocacy purposes. Child Fund is working to ensure more granular data is collected while not affecting the counselling experience, but more needs to be done as explained below.

Documenting the experience of users with service providers is also important. As noted in the MTR it is outside the scope of the project to evaluate the experience of the client with service providers. While that may be the case it is vitally important that empirical data on this be captured somehow, whether that be by the service providers themselves or some other stakeholder. If the hotline is referring survivors to service providers who cannot help them, who provide sub-optimal services, or who make the situation worse, then the reasons for this need to be understood so reforms can be undertaken and change advocated.

The indicator for Short Term Outcome 2 is the “proportion of referral partners that report they have referred clients to the hotline”. The target for this is 40 per cent in year 3, 50 per cent in year 4 and 60 per cent in year 5. As noted in the MTR, there is insufficient data to report against this outcome at the present time, and service providers do not presently provide these data to Child Fund on a consistent basis. The MTR noted that without some changes to data collection processes and strengthened relationships with service providers it will be very difficult to collect data against this indicator over the course of the project. Child Fund have initiated a series of face to face meetings with service providers which are intended to strengthen relationships and data sharing.

There are two indicators for Short Term Outcome Three which are designed to measure use of the hotline, these are the number of calls received annually and the proportion of referral partners who have referred client to the hotline. Significant progress has been made under the first indicator. In the first year 3,258 calls were received, of these 2,030 were valid calls and 1,771 were new callers. Of the 1,771 new callers 52 per cent were female and 48 per cent were male. The majority of callers were the 26-40 year age group. The highest number of calls were from Central Province, followed in turn by Southern Highlands, East Sepik, Chimbu and Eastern Highlands. Male callers were seeking advice

on how not to harm their partners and how to get wives to come back to the relationship after abuse has taken place. The high proportion of calls from males was a surprise to many stakeholders and highlights the need to tailor advice to men and to ensure there are a pool of male counsellors and male and perpetrator-focused counselling strategies.

An update on progress in June 2017, noted that 6,142 calls had been received by the hotline since its inception across the whole country. Important and useful data on trends in GBV are being collected including the most pressing issues and the cause of abuse. The most pressing issues dealt with by counsellors on the hotline include: relationship counselling, family and sexual violence, child welfare, immediate safety, legal issues, child abuse and family planning. This is important information for policy makers and service providers. Key informants were of the view that the geographical distribution of calls did not align to those localities with the highest known rates of GBV, which suggests that more needs to be done to promote the service in remote places with very high rates of GBV. As with Short Term Outcome Two more needs to be done to work with service providers to collect data on points of referral.

Short Term Outcome 4 focuses on improvements to the hotline service through suggestions by service providers and the referral network. The indicator is the development of a report that details improvements. This was completed in year 2 and is planned for year 4. At present there is no formal mechanism for receiving feedback from hotline users of service providers aside from the visits to service providers mentioned above. Adhoc feedback from callers has been received but this is not systematic. Changes to the client intake form have been made to ensure more detailed information can be collected prior to a counselling session but this does not shed light on how improve the service. Child Fund is investigating how to adopt a more systematic approach to collecting feedback from service providers including through face-to-face visits, the use of social media and telephone calls in line with recommendations from the MTR.

6.2.3 Improving Sustainability and Maximising Impact

As the above discussion suggests, the objectives of this project are highly relevant and the programme is largely achieving its objectives in line with expectations. In a difficult and challenging environment, the Child Fund project is making a difference. Having said that, the project does face some challenging sustainability issues which require addressing. Ways to maximise impact also need to be thought through carefully and considered within the broader enabling environment and the challenges faced by service providers. Both these issues are discussed below.

One of the key constraints to improving sustainability, maximising impact and achieving the long-term objectives of the project is the paucity of data collection and analysis. This project is the first of its kind in PNG. A key outcome of the project is to generate an evidence base that will improve services. At present there are a number of weaknesses in the area of data collection and analysis that need to be addressed in order to achieve this outcome.

There is a need to strengthen the M&E framework and insert indicators that are better suited to the output or outcome in question. One example is the collection of data on the information campaign. As noted above in the discussion under Output 4, the collection of data on the information campaign is inadequate and needs to be strengthened. More granular data needs to be collected that can measure the impact of the campaign and the performance of the different communications strategies. These data can then be used to continually refine and improve information campaigns in an iterative fashion.

The strengthening of the M&E framework should also include designing better indicators for the Medium Term Outcomes, which are “Child Fund advocates through the FSVAC to government and stakeholders to address GBV” and “Hotline users benefit from the service and an expanded referral network”. The indicators for the ‘advocacy’ outcome include the number of events led by FSVAC and attendees at workshops. While this indicator does measure advocacy in very simple terms, it says nothing about the quality of advocacy or the outcomes of that advocacy. It may well be the case that such advocacy leads to no qualitative improvement in the provision of GBV-related services in the country. Indicators need to be developed that can measure the extent to which advocacy is leading to

some improvement. This is of fundamental importance to the sustainability of this initiative. If an evidence-based is developed and is used for advocacy purposes and if this does make a difference to service provision (or some aspect of the enabling environment) then this needs to be documented.

Further, the indicator for the 'benefits' outcome is the development of case studies that highlight the benefits of the service to users. While this provides some very useful qualitative information, significantly more effort needs to be expended to collect data on benefits at a much larger scale. It is these data that will quantify the impact, assist with advocacy and ultimately justify the project investment. The collection of data on benefits is both a threat and an opportunity for the project. If these data are not collected then it will be difficult for Child Fund to quantify how effective its project has been in achieving its overall objective, and this is a threat. But, there are also a plethora of opportunities associated with the more quantitative and systematic collection of data, these include:

- › The opportunity to provide an evidence base to policy makers, service providers and donors on the benefits of a referral service, which may improve sustainability
- › The opportunity to provide more granular data on user experience with the hotline, which can be used to improve service provision
- › The opportunity to collect granular data on users experience with service provision which can assist with service provision across the country.

While it may be beyond the scope of this project to document users experience with service providers, it is difficult to understand how the project can achieve its objectives without this as a key element. After all the project is called '*Strengthening services for survivors of GBV in PNG*'. The hotline seems to be doing an effective job referring people to service providers but very little is known about the outcomes of these referrals. Did these vulnerable people receive the support they required? Was the service provided of a high quality? How could service provision be improved? None of these questions can be addressed at present with any great confidence. The lack of a case management approach means that once clients are referred to service providers the job of the hotline counsellor is finished. However, implicit in the provision of a counselling and referral service is some element of confidence in the service providers. Ultimately the hotline and the service providers are part of the same system, and the lack of quality in one affects the efficacy of the other. Vulnerable people who are in need of information will assume that the service providers they are referred to by the hotline can help them, otherwise why are they being referred in the first place? If that is not happening it undermines the whole enterprise. This is a key issue for the project.

There is a need for much more systematic and closer cooperation between service providers and the hotline, over and above that actioned by Child Fund since the release of the MTR. Further, there is the need to adopt more of a case management approach, collect data on users experience with service providers, and strengthen the provision of services based on that experience. This is central to the sustainability and impact of services in this area. While these activities may be outside the scope of the present project, it is clear that without additional investment in strengthening M&E and data collection and working more systematically with service providers, then the impact of the project will not be maximised. This project has the potential to make a significant impact in a complex and challenging space and with additional investment the impact can be maximised significantly. As such the evaluation team makes the following recommendations in addition to those included in the MTR:

1. New Zealand/Child Fund should prioritise the recruitment of an M&E/data adviser who can strengthen the M&E framework and work with a broader range of service provider stakeholders to address the various M&E issues mentioned above and in the MTR. This should involve the refinement of the M&E framework at the outcomes level, the development of more suitable indicators and targets, and data collection processes for these. It should also include mechanisms for the systematic collection of data from service providers. This should then lead to the refinement of activities in the advocacy space in particular.
2. New Zealand MFAT should fund an additional project, either solely or in cooperation with the EU or USAID, or other donors active in this space, that focuses exclusively on assessing service provision in the GBV space and strengthening such provision. This project should

focus on assessing the experience of users referred by the hotline and the outcomes of service provision. It should work in cooperation with the Child Fund project in an iterative fashion to improve the quality of both the referral service and the service providers. The project should seek to develop a case management approach to service delivery in GBV in PNG.

The “Strengthening Services for Survivors of Gender-based Violence” project is an effective and potentially high impact activity that could make a real difference in PNG and position New Zealand as a leader in directly tackling GBV. The activity is highly relevant, reasonably efficient and effective. The provision of a ‘hotline’ service for victims (and it so happens perpetrators) of domestic violence is the first of its kind in PNG. The project faces some challenges with sustainability and demonstrating impact but it could be an entry point for a more ambitious and impactful systematic approach to tackling what is one the biggest, if not the biggest development challenge in PNG. New Zealand could have significant influence and leverage in this important area if it did the following:

- Employ forthwith a gender/strategic communications adviser who can work with Child Fund to develop a strategic communications plan to promote the work of the hotline through all of New Zealand’s activities, e.g. BHCP, policing, elections, energy, agriculture etc. This adviser could also work closely with MFAT and its partners to further mainstream gender issues across MFAT’s programmes.
- Provide funding for a new activity that seeks to develop a case management approach to gender-based violence in PNG. This could build on similar approaches in New Zealand. One of the aims would be to strengthen the capacity of service providers, who the hotline refers clients to. There would be a range of activities associated with that that would have significant impacts.
- Provide funding for the Family and Sexual Violence Action Committee and work closely with that committee to help improve the enabling environment for GBV and FSV activities, while also harmonising donor funding.

6.3 Furthering Gender Equality Outcomes across the Programme

The evaluation found that across the programme the issue of gender was not accorded the priority it should be noting the significant gender inequality issues in the country. While there was a commitment in the JCFD to supporting gender outcomes, there was no guidance on how this should be achieved at a program level. A discussion of New Zealand’s broader efforts in this area follows.

New Zealand is funding a number of activities that have significant gender equality aspects. As the discussion in Part III (Agriculture) suggested MFAT’s partners need to significantly strengthen their gender data disaggregation efforts and activity implementation as it relates to gender issues more generally. There are a number of agricultural projects that fail to sufficiently measure results at output and outcome levels including the Tininga, NKW, and Regional Fairtrade initiatives. It is impossible for MFAT at present to ascertain the impact (whether positive or negative) of its agricultural activities on gender outcomes in PNG. For example, as noted in the assessment of the NKW activity, there is anecdotal evidence that the project may be contributing to a reduction in domestic violence in target communities. If this is the case then it has significant implications for MFAT’s work in PNG (and indeed the work of other donors). This has the potential to scale up the impact of this project significantly by improving women’s economic empowerment and gender-based violence outcomes. Noting the ubiquity of gender-based violence in PNG it is imperative that as much effort as possible goes into understanding the conditions for a reduction in violence against women. Understanding this is highly complex and situational.


The lack of mainstreaming of gender issues into designs and M&E frameworks means that any negative impacts cannot be sufficiently addressed and measured. Due to the high female participation rates in agriculture and the fact that over 75% of agricultural tasks are undertaken by women, all of

MFAT's agricultural investments must prioritise gender first and foremost. Prioritising female participation in agricultural initiatives in PNG without being aware of the potential and real outcomes of such prioritisation is risky.

It is very important that MFAT understand the impact on women of the different approaches to linking farmers to markets. For example, as noted in Part III, it may well be the case that 'lead firm' activities actually increase inequality between men and women and the poor and relatively non-poor because it is more likely that the 'professional' farmers sought by Tininga are more likely to be men than women. Understanding the effect different approaches to agricultural development have on gender outcomes within specific cultural contexts is of the utmost importance particularly in PNG.

There are similar deficiencies with the treatment of gender issues in the energy sector investments. As noted in Part IV, gender has not been a focus of these investments and there is relatively little understanding of the gendered impacts of energy provision at the household level. As noted in Part IV, the literature suggests that there are positive gender equality outcomes from the provision of electricity but there is no way at present that MFATs M&E system can assess these impacts due to a lack of gender disaggregated data.

In order to ensure that gender inequality is addressed systematically across the programme, MFAT should consider developing a Gender Strategy specifically for PNG that links directly to the new Country Strategy and the framing principles discussed in Part 1. Gender inequality is such a significant issue in PNG that this issue must be treated with the highest priority and mainstreamed across all aspects of the program. This gender strategy should outline not just the reasons for the mainstreaming of gender issues in PNG, with associated priorities, but articulate exactly how that will occur through the Country Strategy, JCFD and project design processes. Further it should provide guidelines and a pathway to improve the monitoring and evaluation of gender issues, including the collection of gender disaggregated data and the review and strategic assessment of such data across the program to identify constraints and performance against key indicators.



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