

FINAL EVALUATION REPORT (REVISED)

Goroka Outpost – Femili PNG

EVALUATION PERIOD: FEBRUARY 2021 – JANUARY 2025



Photo 1: Femili PNG Outreach Volunteers during the Goroka Outpost Evaluation. YC Hall, EHP. Credit, Kate Nyhan

(Revised version incorporating consolidated recommendations and structural edits)

DECEMBER 2025

Contents

ACRONYMS	iv
1. EXECUTIVE SUMMARY	5
1.1. Purpose and Context	5
1.2. Methodology and Scope	5
1.3. Key Findings	5
1.3.1. Impact of Services Provided to Survivors	5
1.3.2. Effectiveness of Work with Partners and Referral Pathways	6
1.3.3. Effectiveness of Outreach and Awareness Programs	6
1.3.4. Assessment of the Low-Cost Case Management Model	6
1.4. Overall Conclusions	7
1.5. Summary of Recommendations	7
2. INTRODUCTION	9
2.1. Purpose and Rational for Evaluation	9
2.2. Evaluation Objectives	9
2.3. About Femili PNG	9
2.4. About FemiliPNG Australia	9
2.5. The Goroka Outpost	10
2.6. Context of FSV and SARV in Papua New Guinea	10
2.7. Scope and Intended Use	11
2.8. Evaluation questions	11
2.9. Project Strategic Framework and Theory of Change	12
3. METHODOLOGY	13
3.1. Evaluation Design and Approach	13
3.2. Data Collection Methods	13
3.3. Sampling and Participant Profiles	13
3.4. Data Analysis	14
3.5. Ethical Considerations	14
3.6. Limitations	14
4. FINDINGS BY EVALUATION OBJECTIVE	16
4.1. IMPACT OF SERVICES PROVIDED TO SURVIVORS	16
4.1.1. Types of Support Accessed – Service Delivery	16

4.1.2.	<i>Survivors Profile and Referral Patterns</i>	16
4.1.3.	<i>Volume and Range of Services Delivered</i>	17
4.1.4.	<i>Accessibility and Barriers</i>	19
4.1.5.	<i>Outcomes and Impact for Survivors</i>	22
4.1.6.	<i>Summary of Impact of Services Provided to Survivors</i>	25
4.1.7.	<i>Implications for Service Delivery</i>	26
4.2.	EFFECTIVENESS OF WORK WITH PARTNERS AND REFERRAL PATHWAYS	26
4.2.1.	<i>Referral Patterns and Strength of Institutional Partnerships</i>	26
4.2.2.	<i>Gaps and Challenges</i>	29
4.2.3.	<i>Summary of Effectiveness of Work with Partners and Referral Pathways</i>	30
4.2.4.	<i>Implications for Referral Pathways and Partnership Effectiveness</i>	31
4.3.	EFFECTIVENESS OF OUTREACH AND AWARENESS PROGRAMS	32
4.3.1.	<i>Reach and Visibility of Outreach Activities</i>	32
4.3.2.	<i>Impact of Outreach and Community Awareness</i>	32
4.3.3.	<i>Program Challenges</i>	33
4.3.4.	<i>Volunteer Program Sustainability</i>	34
4.3.5.	<i>Summary of Outreach and Awareness Findings</i>	35
4.3.6.	<i>Implications for Outreach and Volunteer Engagement</i>	35
4.4.	ASSESSMENT OF LOW-COST CASE MANAGEMENT MODEL	36
4.4.1.	<i>Operational Challenges</i>	36
4.4.2.	<i>Staff Wellbeing and Support</i>	38
4.4.3.	<i>Cost-Efficiency and Sustainability</i>	39
4.4.4.	<i>Model Adaptation and Response to Preliminary Evaluation Findings</i>	40
4.4.5.	<i>Governance and Operational Readiness for Scale-Up</i>	41
4.4.6.	<i>Summary of Findings: Low-Cost Case Management Model</i>	42
4.4.7.	<i>Implications for Model Sustainability and Replication</i>	42
5.	CONCLUSIONS	43
5.1.	Summary of Achievements Against Objectives	43
5.2.	Overall, Strengths and Areas for Improvement	44
5.3.	Overall Evaluation Conclusion	45
6.	RECOMMENDATIONS	46
7.	REFERENCE	50
8.	ANNEXES	51

ACRONYMS

ACRONYM	FULL TERM
ANCP	Australian NGO Cooperation Program
CBO	Community-Based Organization
CMC	Case Management Centre
CMS	Case Management System
DJAG	Department of Justice and Attorney General
EU–UN	European Union–United Nations
FGD	Focus Group Discussion
FPNG	Femili PNG
FSC	Family Support Centre
FSV	Family and Sexual Violence
FSVU	Family and Sexual Violence Unit
GBV	Gender-Based Violence
IEC	Information, Education, and Communication
IPO	Interim Protection Order
IPV	Intimate Partner Violence
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NRI	National Research Institute
PNG	Papua New Guinea
PO	Protection Order
PSEAH	Protection from Sexual Exploitation, Abuse and Harassment
RPNGC	Royal Papua New Guinea Constabulary
SARV	Sorcery Accusation-Related Violence
SCMP	South China Morning Post (used in citation context)
SOP	Standard Operating Procedure
SV	Sexual Violence
UN	United Nations
UNDP	United Nations Development Programme

NOTE ON THIS VERSION

This report is a revised version of the Final Evaluation Report, updated to consolidate and streamline recommendations in line with agreed scope. No new findings or analysis have been introduced.

1. EXECUTIVE SUMMARY

1.1. Purpose and Context

This evaluation was conducted to assess the effectiveness, accessibility, and sustainability of Femili PNG's Goroka Outpost, which provides survivor-centred support to individuals affected by family and sexual violence (FSV) and sorcery accusation-related violence (SARV) in Eastern Highlands Province. The evaluation reviewed Outpost operations from February 2021 to January 2025 and aimed to inform future programming, strategic planning, and the potential replication of the low-cost case management model. Particular attention was given to how survivors access services, the barriers they face, and the systems supporting coordinated responses in the provincial context.

Papua New Guinea (PNG) has some of the highest rates of gender-based violence globally. In this context, the Goroka Outpost was established as a low-cost, community-embedded model to expand access to survivor-centred case management services in under-resourced areas of Eastern Highlands Province. Initially funded under the European Union – United Nations (EU–UN) Spotlight Initiative and later supported by the Australian NGO Cooperation Program (ANCP), the Outpost has become a critical service provider and coordination hub for complex family and sexual violence (FSV) and sorcery accusation-related violence (SARV) cases.

1.2. Methodology and Scope

The evaluation employed a participatory, mixed-methods design and was guided by five objectives: (1) assess service outcomes; (2) evaluate partnerships; (3) analyse outreach; (4) review the operational model; and (5) provide forward-looking recommendations. Data were collected through 16 key informant interviews (KIIs), four focus group discussions (FGDs), document reviews, and analysis of service records for 419 clients. Forty-seven stakeholders participated, including survivors, staff, volunteers, partners, and community members from Goroka, Daulo, and Lufa districts in Eastern Highlands Province.

1.3. Key Findings

1.3.1. *Impact of Services Provided to Survivors*

The evaluation finds that the Goroka Outpost has delivered substantial and high-quality survivor-centred services over the evaluation period. A total of 419 survivors (81% female; 11.2% persons with disabilities) accessed services, with over 6,470 service instances delivered across information and referral, basic needs support, legal assistance, and transport support. The Outpost referred 118 survivors to eight community-based safe houses and supported survivors to obtain 171 Interim Protection Orders (IPOs) and 53 Protection Orders (POs). Survivor satisfaction was consistently high, with an average rating of 4.8 out of 5, including improved access for survivors with disabilities and other vulnerable groups.

Sustained follow-up and reintegration and livelihood support contributed to improved survivor safety, wellbeing, and empowerment, with high case closure rates and strong engagement beyond the initial crisis phase. At the same time, rising caseloads and increasing case complexity placed sustained pressure on staffing, documentation, infrastructure, and staff wellbeing. Gaps were also identified in physical accessibility, survivor feedback mechanisms, and longer-term reintegration support, highlighting the need for targeted investment

in staffing, infrastructure, survivor accountability systems, and trauma-informed capacity to sustain service quality.

1.3.2. Effectiveness of Work with Partners and Referral Pathways

The Goroka Outpost has established strong and trusted partnerships with police, welfare, health services, the judiciary, safe houses, and community actors. Police accounted for 42% of all referrals, and joint case conferencing and follow-up practices supported coordinated responses in complex and high-risk cases, particularly those involving sorcery accusation-related violence (SARV). Femili PNG is widely recognised as a central coordination and technical support hub within the provincial referral system.

However, referral pathways remain heavily reliant on informal communication among partners, with limited use of standardised referral tools, shared documentation, and consistently applied Standard Operating Procedures (SOPs). Increasing institutional dependency on Femili PNG for legal processing, logistics, and follow-up reflects both trust in the organisation and uneven capacity across statutory partners. These gaps constrain shared ownership, accountability, and long-term system sustainability.

1.3.3. Effectiveness of Outreach and Awareness Programs

Between Q4 2023 and Q2 2025, outreach activities reached over 9,000 individuals across three districts. Volunteers delivered culturally sensitive awareness sessions, and positive behavioural shifts were observed, including improved help-seeking behaviour, reduced corporal punishment, and survivor-led outreach initiatives.

The outreach program generated important positive impacts for volunteers themselves. Volunteers reported increased knowledge of gender-based violence, legal rights, and referral processes, as well as improved confidence, leadership skills, and capacity to act as advocates and first points of contact within their communities. Several volunteers described personal attitude change, stronger commitment to non-violence, and enhanced credibility and respect within their families and communities, highlighting the program's contribution to broader community change and local leadership development.

Nevertheless, outreach delivery remains dependent on short-term funding and logistical availability. Volunteer roles, reporting expectations, and documentation practices are inconsistent across settings, and existing IEC materials are not accessible to low-literacy and non-literate audiences. Volunteer supervision, wellbeing, and recognition systems are emerging but not yet institutionalised, posing risks to the sustainability and quality of outreach programming.

1.3.4. Assessment of the Low-Cost Case Management Model

The Goroka Outpost has successfully transitioned from a pilot initiative to a fully operational Case Management Centre, delivering strong survivor outcomes under a lean, community-embedded model. Adaptive learning informed by the preliminary evaluation, together with Board oversight and donor investment, strengthened systems, coordination, and quality assurance.

However, the model is now operating beyond its original “low-cost” design assumptions. Rising caseloads, documentation backlogs, staff workload pressures, and emerging wellbeing risks indicate that the model can no longer be considered low-cost in operational terms. Sustainability, government ownership pathways, and

minimum operational standards for replication remain under-developed and require strategic consolidation before any future scale-up.

1.4. Overall Conclusions

The evaluation concludes that Femili PNG’s Goroka Outpost represents a highly effective, trusted, and contextually relevant survivor-centred case management model, delivering strong outcomes for survivors of family and sexual violence (FSV) and sorcery accusation-related violence (SARV) under challenging conditions.

At the same time, the model is now at a critical transition point. Its continued effectiveness and sustainability depend on targeted investment in staffing and workload management; improved infrastructure and accessibility; inclusive systems that respond to the needs of all survivors, including persons with disabilities and other vulnerable groups; reintegration and livelihood pathways for longer-term recovery; strengthened survivor feedback and accountability systems; formalised referral coordination mechanisms; more inclusive and sustainable outreach and volunteer systems; and consolidated sustainability and government ownership pathways.

These priorities are reflected in the five strategic recommendation areas outlined below, which focus on strengthening service delivery quality, referral system functionality, outreach effectiveness, volunteer sustainability, and long-term governance and scale-up readiness.

1.5. Summary of Recommendations

The evaluation’s recommendations are derived directly from the findings across the four core assessment areas: (i) impact of services provided to survivors, (ii) effectiveness of partnerships and referral pathways, (iii) effectiveness of outreach and awareness programs, and (iv) assessment of the low-cost case management model.

The recommendations are grouped into five strategic areas that together address the key operational, system, outreach, and sustainability risks identified in the evaluation. Collectively, these actions are intended to strengthen service quality, system coordination, inclusiveness, staff and volunteer wellbeing, and the long-term viability of the Goroka Outpost, while positioning the model for responsible replication and government ownership.

Table 1: Summary of Key Evaluation findings and Recommendations by Strategic Area

Strategic Area	Section reference	Recommendations
Service Delivery	4.1	<ul style="list-style-type: none"> R1. Strengthen staffing and workload planning to ensure timely case management, documentation, and staff wellbeing during periods of increased demand.
	4.1	<ul style="list-style-type: none"> R2. Improve the physical accessibility, privacy, and functionality of the Goroka Outpost to better support survivors, including persons with disabilities and children.

	4.1	<ul style="list-style-type: none"> R3. Strengthen survivor feedback and accountability mechanisms, including accessible and confidential options suited to youth and low-literacy clients.
	4.1	<ul style="list-style-type: none"> R4. Continue to strengthen trauma-informed service delivery, including capacity to respond to complex SARV cases and high-risk survivor needs through appropriate referral pathways.
Partnerships and Referral Pathways	4.2	<ul style="list-style-type: none"> R5. Support provincial efforts to strengthen and formalise referral coordination mechanisms, including clearer documentation, agreed processes, and shared understanding of roles at the provincial level.
	4.2	<ul style="list-style-type: none"> R6. Strengthen the consistency of multi-agency coordination practices, including case conferencing and information sharing, to support continuity of care for complex cases.
	4.2	<ul style="list-style-type: none"> R7. Continue targeted capacity-building with referral partners to strengthen understanding of SARV legislation, protection order processes, child protection, and inclusive practices.
Outreach Strategies & Volunteer Engagement	4.3	<ul style="list-style-type: none"> R8. Strengthen outreach planning and resourcing to support consistent delivery of awareness activities, particularly in rural and underserved communities, subject to available funding.
	4.3	<ul style="list-style-type: none"> R9. Improve the accessibility and inclusiveness of outreach and IEC materials, including greater use of Tok Pisin, visual, and low-literacy formats.
	4.3	<ul style="list-style-type: none"> R10. Strengthen consistency in documenting volunteer roles, responsibilities, and reporting expectations across different outreach contexts.
	4.3	<ul style="list-style-type: none"> R11. Continue to support volunteer wellbeing, supervision, and recognition to sustain engagement and manage potential emotional burden associated with outreach activities.
Governance and Sustainability of Case Management Centre	4.4	<ul style="list-style-type: none"> R12. Consolidate sustainability and readiness planning for the Goroka Outpost, including government engagement, risk management, and minimum operational standards to inform any future replication.

2. INTRODUCTION

2.1. Purpose and Rationale for Evaluation

The purpose of this evaluation is to assess the effectiveness, accessibility, and sustainability of the Goroka Outpost in delivering survivor-centred support services to individuals affected by family and sexual violence (FSV) and sorcery accusation-related violence (SARV). The evaluation examines what has worked well, the challenges encountered, and opportunities to strengthen service delivery and systems over time.

A central focus of the evaluation is to assess whether the low-cost case management model implemented at the Goroka Outpost is efficient, effective, and sustainable in the current operating context, and to consider its potential for replication in other settings. The evaluation also reviews the effectiveness of outreach and volunteer engagement, the strength of referral pathways, and overall operational performance.

With the 5-year Australian NGO Cooperation Program (ANCP) funded project cycle concluding in June 2025, the evaluation provides a timely opportunity for Femili PNG and FemiliPNG Australia to reflect on achievements, identify priority areas for improvement, and inform future strategic planning, funding decisions, and sustainability pathways, for the next 5-year cycle.

2.2. Evaluation Objectives

The evaluation was guided by the following objectives:

- To assess service delivery outcomes for survivors of FSV and SARV.
- To evaluate the effectiveness of partnerships and referral pathways.
- To assess the reach and impact of community outreach and awareness activities.
- To examine the operational strengths and limitations of the case management model.
- To provide evidence-based recommendations for future programming, sustainability, and replication.

2.3. About Femili PNG

As part of its 2020–2025 Strategic Plan, Femili PNG prioritises:

- Providing effective, coordinated case management for FSV survivors.
- Strengthening partnerships with government and civil society actors.
- Undertaking research and advocacy to improve the national gender-based violence (GBV) response.
- Operating as a sustainable, well-run Papua New Guinean NGO.

2.4. About FemiliPNG Australia

FemiliPNG Australia (FPNGA) is an Australian not-for-profit organisation that works in partnership with local and international organisations to prevent and respond to family and sexual violence in Papua New Guinea. FPNGA is a key funder of the Goroka Outpost through the Australian Government-funded Australian NGO Cooperation Program (ANCP). While Femili PNG operates Case Management Centres

(CMCs) in Lae, Port Moresby, and Goroka, the Goroka Outpost has been directly supported by FPNGA under the ANCP mechanism.

2.5. The Goroka Outpost

The Goroka Outpost was established in February 2021 in response to the increasing number of complex family and sexual violence (FSV) and sorcery accusation-related violence (SARV) cases in the Highlands region. Co-located with the Eastern Highlands Provincial Community Development Office, the Outpost was designed to decentralise access to survivor-centred case management services and reduce the need for survivors to travel to urban centres such as Lae or Port Moresby. Initially funded through the EU–UN Spotlight Initiative (via UN Women), the Outpost adopted a low-cost, community-embedded model characterised by lean staffing and strong partnerships with police, welfare, health services, the courts, and safe houses, and expanded in 2023 to include volunteer-led outreach.

Between February 2021 and January 2025, the Goroka Outpost managed 10.5% of Femili PNG’s national caseload and handled the highest proportion of SARV cases across all Femili PNG centres, accounting for 45.7% of all SARV-related clients. In its first year, the Outpost supported 98 survivors, with demand increasing steadily to a cumulative total of 419 survivors by January 2025.

Ongoing support from FemiliPNG Australia (through ANCP and Mundango Abroad Foundation funding), together with significant direct funding to Femili PNG from K92 PNG and the Government of PNG, and collaboration with the World Gold Council’s Strength in Partnership Program, enabled key operational enhancements from 2022 onwards. These included the recruitment of a dedicated Outreach Officer and Project Manager, improved transport and logistics (including donated vehicles), expanded school and community-based outreach, and strengthened disability inclusion through the use of the Washington Group Questions. As a result, the Outpost reached over 9,300 individuals across Goroka, Daulo, and Lufa districts in 2024 alone.

The Outpost also strengthened services for children and survivors with disabilities, enhanced staff training in protection frameworks and FSV/SARV legislation, and introduced more structured partner coordination practices, including joint case conferencing. A preliminary evaluation in 2022 informed many of these adaptations, contributing to improved operational capacity, community engagement, and the Outpost’s ability to manage complex and high-risk cases.

2.6. Context of FSV and SARV in Papua New Guinea

Papua New Guinea experiences among the highest rates of gender-based violence globally, with estimates indicating that around two-thirds of women have experienced physical or sexual violence in their lifetime. This is driven by entrenched gender inequality, social norms that normalise violence, and limited access to justice and survivor support services.

Sorcery accusation-related violence (SARV) remains a critical concern, particularly in the Highlands. Accusations linked to beliefs in sorcery (*sanguma*) disproportionately target women and other vulnerable individuals, often resulting in severe violence, displacement, or death. Research identifies poverty, social exclusion, jealousy, and the weakening of traditional conflict resolution mechanisms as key drivers of SARV. The involvement of *glasman* or *glasmeri*, individuals who claim to identify sorcerers, has been linked to false accusations motivated by financial gain (PNG NRI, 2022).

In response, PNG has enacted legislative reforms, including the Family Protection Act 2013, which criminalises domestic violence and enables protection orders, and the Glasman Act (2022), which criminalises sorcery accusations with penalties of up to 10 years’ imprisonment Parliament of Papua New Guinea (2022). The first conviction under the Glasman Act in 2025 marked an important milestone in addressing SARV-related impunity South China Morning Post (2025).

Despite these reforms, enforcement remains uneven due to limited resources, cultural resistance, and low awareness of legal protections. Within this context, community-embedded initiatives such as Femili PNG’s Goroka Outpost play a critical role in delivering survivor-centred case management, strengthening referral pathways, and supporting community awareness to address both FSV and SARV.

2.7. Scope and Intended Use

This evaluation examines the operations of Femili PNG’s Goroka Outpost over the period February 2021 to January 2025. It focuses on five core areas: survivor-centred case management; coordination and capacity-building with referral partners; community outreach and awareness activities; monitoring, evaluation and learning; and governance and implementation of the low-cost operational model.

The geographic scope covers Goroka, Daulo, and Lufa districts in Eastern Highlands Province, which represent the primary catchment areas for the Outpost’s services and outreach activities.

The primary intended users of this evaluation are Femili PNG’s Executive Management Committee and Board, and FemiliPNG Australia’s program team and Board. Findings are intended to inform strategic planning, resource mobilisation, and decisions related to sustainability and potential replication of the model. The report will also be shared with donors, government counterparts, and GBV sector stakeholders, and published online to support transparency and sector learning.

The evaluation does not include a financial cost analysis or comparative assessment of alternative case management models.

2.8. Evaluation questions

The evaluation was guided by a streamlined set of core questions, finalised following the literature review and prior to fieldwork. These questions focus on effectiveness, accessibility, sustainability, and system strengthening in line with OECD-DAC evaluation standards.

Table 2: Consolidated Evaluation Questions – Goroka Outpost

Evaluation Focus	Core Evaluation Questions
1. Service Delivery and Survivor Outcomes	<ul style="list-style-type: none"> • To what extent are Femili PNG’s case management services accessible, survivor-centred, and responsive to the needs of FSV and SARV survivors? • What outcomes have survivors experienced as a result of accessing services, and how satisfied are they with the support received? • Are staffing levels, skills, and support mechanisms sufficient to deliver quality services while maintaining staff wellbeing?
2. Partnerships and Referral Pathways	<ul style="list-style-type: none"> • How effective are referral pathways and coordination mechanisms between Femili PNG and key service providers (police, welfare, health, NGOs)?

	<ul style="list-style-type: none"> • What strengths, gaps, and capacity constraints exist within the current referral and response system? • To what extent has Femili PNG contributed to strengthening partner capacity and multi-agency coordination?
3. Outreach, Awareness, and Volunteer Engagement	<ul style="list-style-type: none"> • To what extent have outreach and awareness activities reached intended audience and contributed to increased awareness and help-seeking behaviour? • How effective and sustainable is the volunteer outreach model, and what support do volunteers require to perform their roles safely and confidently?
4. Case Management Model and Sustainability	<ul style="list-style-type: none"> • How effective and efficient is the low-cost case management model in delivering quality outcomes? • What operational, staffing, and governance factors affect the sustainability and potential replication of the Goroka Outpost model?

2.9. Project Strategic Framework and Theory of Change

The Goroka Outpost was established in 2021 as a low-cost, community-based intervention to improve access to survivor-centred case management for individuals affected by family and sexual violence (FSV) and sorcery accusation-related violence (SARV) in Eastern Highlands Province. The model is built around three interlinked pillars: (i) survivor-centred case management, (ii) strengthened referral coordination, and (iii) community outreach and awareness.

A Theory of Change developed during early implementation has guided program design and this evaluation. It articulates how targeted investments in staffing, partnerships, outreach, and coordination contribute to improved survivor safety and wellbeing, increased access to services, and more responsive local systems. The model also seeks to demonstrate that locally led, cost-effective approaches can deliver quality outcomes in high-risk and resource-constrained settings.

Table 3. Theory of Change Summary: Goroka Outpost

Theory of Change Element	Summary
High-Level Outcome	Survivors of FSV and SARV in Eastern Highlands Province have access to safe, accessible, acceptable, and quality support services.
Intermediate Outcomes	<ul style="list-style-type: none"> • Survivor-centred case management services are available and responsive to the needs of women, girls, and other vulnerable groups. • Police, welfare, health services, courts, and shelters demonstrate improved coordination and capacity to respond to FSV and SARV. • Community members show increased awareness of rights, relevant laws (including the Family Protection Act), and available support services. • Survivors, including children and persons with disabilities, access services earlier and with reduced risk.

3. METHODOLOGY

3.1. Evaluation Design and Approach

This evaluation employed a participatory, mixed-methods design combining both qualitative and quantitative data to assess the effectiveness, accessibility, and sustainability of the Goroka Outpost’s service delivery and coordination mechanisms. The design was survivor-informed and context-specific, ensuring that local realities and the perspectives of vulnerable groups shaped the analysis.

The evaluation was structured around five core objectives aligned with the Outpost’s Theory of Change:

- Assess the impact of service delivery on survivors.
- Evaluate the effectiveness of partnerships and referral mechanisms.
- Examine the reach and effectiveness of outreach activities.
- Analyse the case management and operational model; and
- Identify lessons learned and opportunities for strengthening the model.

3.2. Data Collection Methods

Qualitative data were collected through 16 Key Informant Interviews (KIIs) and 4 Focus Group Discussions (FGDs) conducted between 28 April and 2 May 2025. Participants included survivors of FSV and SARV, Femili PNG staff and management, Board members, outreach volunteers, partner organisations across health, justice, child protection, and disability sectors, and community members from outreach areas.

Quantitative data were drawn from a desk review of organisational documents and de-identified service records for 419 clients (February 2021–January 2025), covering intimate partner violence, child abuse, SARV, and non-intimate partner sexual violence. Outreach records and internal reports were also reviewed.

Femili PNG and FemiliPNG Australia supported the evaluation through tool development, stakeholder identification, interview facilitation, and debriefing. Findings were triangulated across data sources to strengthen validity and ensure balanced interpretation.

3.3. Sampling and Participant Profiles

A purposive sampling strategy was used to ensure diverse representation across stakeholder groups within the Outpost’s operational areas. Forty-seven individuals participated in total, including 25 women (52%) and 22 men (48%), aged 17 to 70. Participants represented five stakeholder categories as per the table below: survivors, staff and board members, outreach volunteers, partner and service providers, and community members.

Table 4. Participant Profile Summary

Participant Type	Total	Female	Male	Age Range	Notes
Survivors (FSV/SARV/PWD/Youth)	12	7	5	17–60+	Includes IPV, SARV, GBV, persons with disability, and youth survivors
Femili PNG Staff & Board	5	3	2	32–60+	Case workers, outreach officers, management, and board members

Outreach Volunteers	10	3	7	34–60+	Includes long-term and new volunteers
Partner/Service Providers	10	6	4	36–70	Police, Family Voice, Family Support Centre (FSC), Department of Justice and Attorney General (DJAG), University of Goroka (UOG), and disability orgs
Community Members (Ufeto)	10	6	4	23–60	Local residents of Efeto community
Total	47	25	22	17–70	16 KIIs and 4 FGDs conducted over six days

3.4. Data Analysis

Qualitative data were analysed using thematic analysis, with coding aligned to the evaluation objectives and Theory of Change. Quantitative data were analysed descriptively to identify patterns in service utilisation, referral pathways, and outreach reach. Findings were triangulated across data sources and participant groups to strengthen validity and ensure balanced interpretation.

3.5. Ethical Considerations

The evaluation adhered to ethical principles of informed consent, confidentiality, and participant safety. All participants were informed of their rights, including voluntary participation and the option to withdraw. Survivor interviews were conducted privately using a trauma-informed approach. One participant aged 17 was interviewed with proxy consent from a welfare officer and personal assent, in line with child protection protocols, with all identifying information anonymised.

3.6. Limitations

While the evaluation applied a rigorous mixed-methods design, several limitations should be noted. The sample included a relatively high proportion of outreach volunteers and community members from Ufeto, which may have weighted findings toward outreach-related experiences. Survivor participation was more limited, with 12 survivors interviewed, including several from the same safe house, constraining the diversity of survivor perspectives.

- Geographic coverage was restricted, as focus group discussions were conducted at a single site due to logistical and time constraints, limiting engagement with more remote communities. Representation from some service provider groups was also uneven, with certain FGDs drawing participants from a single organisation, and key justice sector actors, such as magistrates, public solicitors, and village courts, not included.
- Fieldwork was conducted over five days, which limited the depth of engagement in some discussions. Survivor narratives were retrospective and may have been influenced by trauma-related recall challenges. In addition, incomplete or inconsistent records on outreach training for volunteers and partners limited the evaluation’s ability to fully assess the reach and effectiveness

of capacity-building efforts, although documentation of outreach activities themselves was strong.

- The inclusion of one minor survivor, while handled ethically through proxy consent and assent, highlights the need for clearer child-specific evaluation protocols in future assessments.

Despite these limitations, the findings are considered credible and robust due to the triangulation of multiple data sources, strong stakeholder participation, balanced gender representation, and the application of a clear ethical and trauma-informed framework.



Photo 2: K92 Mining Inc. presenting K100,000 funding support to Femili PNG. Source: Post-Courier, “K92 gives K100,000 to Femili PNG”, [2021].

4. FINDINGS BY EVALUATION OBJECTIVE

4.1. IMPACT OF SERVICES PROVIDED TO SURVIVORS.

This section presents findings related to the first evaluation objective: assessing the outcomes of case management and support services provided to survivors of family and sexual violence (FSV) and sorcery accusation-related violence (SARV). It examines the reach, quality, and effectiveness of services delivered by the Goroka Outpost, including survivor satisfaction, referral outcomes, and the range of assistance provided. Findings are drawn from survivor interviews, case management system (CMS) data, focus group discussions, and document review.

4.1.1. Types of Support Accessed – Service Delivery

This subsection describes the scope and nature of services delivered by Femili PNG’s Goroka Outpost between February 2021 and January 2025. Drawing on quantitative service records and qualitative data from survivor interviews, it illustrates the holistic, survivor-centred approach underpinning the Outpost’s case management model.

During the evaluation period, the Goroka Outpost supported 419 unique survivors, the majority of whom were women and girls (81%). Persons with disabilities accounted for 11.2% of all clients. A total of 118 survivors (72% female) were referred to eight partner safe houses for temporary protection and crisis support. In relation to legal protection, the Outpost assisted survivors to lodge 171 Interim Protection Orders (IPOs), of which 115 were granted and 50 were served. In addition, 53 Protection Orders (POs) were granted, with 12 successfully served during the evaluation period.

4.1.2. Survivors Profile and Referral Patterns

Table 5: Client Cases by Type of Violence

Type of violence	Total Case
Intimate partner violence (IPV),	309
Sorcery accusation-related violence	74
Non-intimate partner sexual violence.	18
Child abuse	18

Note: Of the 419 survivors supported, 339 were adult women, 22 were female children, 53 were adult men, and 5 were male children. A total of 47 survivors identified as persons with disabilities across all case types.

The Goroka Outpost supported 419 unique survivors during the evaluation period. The majority of cases involved intimate partner violence (IPV) (309 cases, 74%), reaffirming IPV as the most prevalent form of violence addressed by the Outpost. Sorcery accusation-related violence (SARV) accounted for 74 cases (18%), while child abuse and non-intimate partner sexual violence each accounted for 18 cases (4% each). These patterns reflect the diverse and complex forms of violence experienced by survivors in Eastern Highlands Province and highlight the importance of multi-sectoral coordination, particularly in SARV and child protection cases where survivors often require legal, welfare, and relocation support.

Women and girls constituted the majority of clients (86%), including 339 adult women and 22 female children. Male survivors included 53 adult men and 5 male children, many of whom were supported in the context of SARV or other forms of community-based violence. As one survivor described, “From the

moment I entered the Femili PNG office, I felt at home... that alone gave me strength," reflecting the accessibility and trust associated with the Outpost among those seeking support.

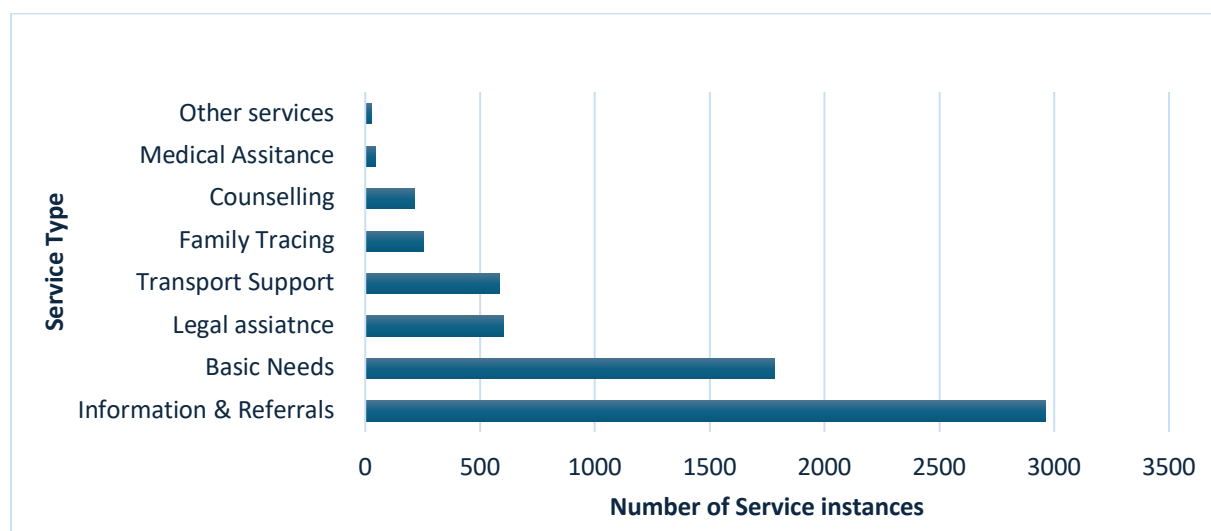
4.1.3. Volume and Range of Services Delivered

Over the evaluation period, Femili PNG's Goroka Outpost delivered a total of 6,470 service instances to 419 survivors, with each survivor receiving a customised package of support aligned to their individual needs under the Outpost's survivor-centred case management model.

The most frequently accessed services were information and referral (2,964 instances), basic needs support such as food, clothing, and shelter items (1,780), legal assistance (604), and transport support (584). These services were typically provided at or shortly after intake, reflecting the Outpost's capacity to respond rapidly to survivors' immediate protection, safety, and legal needs. This approach aligns with Femili PNG's practice of prioritising stabilisation in the early stages of case management before transitioning survivors to more specialised psychosocial or reintegration¹ support.

Overall, this distribution illustrates the Outpost's ability to deliver multi-dimensional and flexible assistance, particularly for survivors facing high-risk or complex situations, including cases involving sorcery accusation-related violence (SARV) and survivors with disabilities.

Figure 1: Distribution of service types accessed by survivors (February 2021 – January 2025).



Note: Many clients accessed multiple types of support across different visits, and some informal or undocumented assistance may not be captured in these figures.

i. Legal, Transport, and Psychosocial Support

¹ Please see 4.1.3.4 for repatriation data.

The Goroka Outpost provided legal assistance in over 600 service instances, supporting survivors to obtain Interim Protection Orders (IPOs), Protection Orders (POs), affidavits, and other legal documentation.

Caseworkers also provided guidance and direct support throughout legal processes. Survivors described this assistance as both empowering and reassuring. As one survivor explained, staff *“helped with affidavits, Protection Orders, and made it easy to understand what to do,”* while another SARV survivor shared that *“Femili PNG stood with us all the way through court,”* reflecting the Outpost’s trusted role in navigating complex legal pathways.

In addition to legal services, the Outpost provided complementary support to address survivors’ broader safety, access, and recovery needs, as outlined in Table 5.

Table 6: Types of Support Provided and Number of Service Instances (February 2021 – January 2025)

Types of Support	Sessions /instances	Description
Transport assistance	584	Court attendance, hospital visits, and relocation to safe houses
Family tracing	255	Particularly for SARV survivors and children in need of reunification or alternative care (but also provided to IPV cases)
Psychosocial counselling	213	Provide trauma-informed support to aid emotional healing and mental health recovery

These services illustrate the Outpost’s holistic case management approach, integrating legal, practical, and psychosocial support to address survivors’ immediate and longer-term needs.

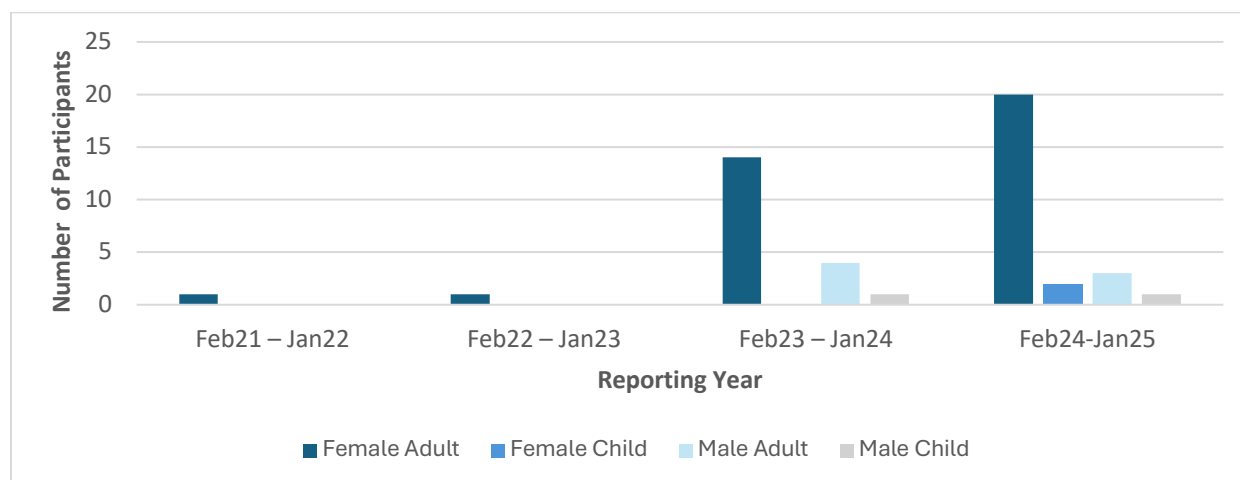
ii. Inclusive Support for Vulnerable Groups

Femili PNG’s Goroka Outpost implemented targeted measures to improve accessibility for survivors with disabilities and those with low literacy. Caseworkers provided direct support with legal statements, documentation, and decision-making processes, ensuring that literacy barriers did not prevent survivors from accessing justice. As one staff member noted, some survivors *“cannot read or write,”* requiring caseworkers to assist with the preparation and explanation of statements and forms.

In 44 cases, the Outpost also facilitated medical referrals and supported survivors to access health facilities, which was particularly important for individuals with mobility limitations or urgent medical needs. One male SARV survivor described this support, recalling how staff *“arranged transport and took me to the hospital for treatment.”*

Over the evaluation period, a total of 47 survivors identifying as persons with disabilities accessed support at the Goroka Outpost, 81 per cent of whom were women and girls. As illustrated in the figure below, the number of survivors with disabilities accessing services increased steadily year on year, indicating improved reach and accessibility for persons with disabilities. This trend reflects improved identification through the use of Washington Group Questions, as well as strengthened efforts to promote inclusive and accessible service delivery, including disability inclusion capacity development supported by Femili PNG Australia.

Figure 2: Survivors with Disability Accessing services (February 2021 -January 2025)



iii. Safe House Support

Between February 2021 and January 2025, the Goroka Outpost referred 118 survivors to eight community-based safe houses for emergency accommodation and protection. Operated by local organisations and volunteers, these facilities play a critical role in crisis response in a context where formal state-run shelters are limited or unavailable.

The majority of referrals were to Honepe Meri Safe House (61 admissions) and Kongi Safe House (30 admissions), reflecting both the scale of immediate protection needs and the strength of Femili PNG’s partnerships with local service providers. Safe house support was particularly important for survivors of sorcery accusation-related violence (SARV), as well as for women and children facing imminent safety risks.

Referrals included 70 adult women, 21 female children, 23 male children, and 4 adult men, illustrating the diverse protection needs addressed through safe house support. Beyond providing shelter, safe houses offered a stabilising environment where survivors could access ongoing case management and plan next steps in safety. Femili PNG’s coordination with these community-based facilities highlights the importance of locally led survivor-centred crisis response mechanisms within the broader referral system.

4.1.4. Accessibility and Barriers

This section examines the factors that enabled or constrained survivors’ access to services at the Goroka Outpost between February 2021 and January 2025. Drawing on survivor testimony and stakeholder interviews, it outlines key access enablers alongside ongoing systemic, geographic, and socio-cultural barriers influencing service reach and utilisation.

4.1.4.1. Access Enablers

Despite ongoing access challenges, several factors supported survivors’ ability to reach and engage with services at the Goroka Outpost between 2021 and 2025. These enablers highlight the importance of location, trust, coordination, and community-based support in facilitating access.

Table 7: Enablers of Survivor Access to Services at the Goroka Outpost

Access Enabler	Description
Strategic Location	The Outpost’s central location near police, courts, and the Family Support Centre facilitated walk-in access and timely referrals. Its visibility within a government compound supported survivors navigating multiple service points.
Survivor-Centred, Trauma-Informed Environment	Over 90% of survivors interviewed described the Outpost as safe, welcoming, and non-judgmental. As one IPV survivor shared, <i>“From the moment I entered Femili PNG, I felt at home.”</i> This trauma-informed approach contributed to trust-building and continued engagement.
Trusted Referrals from Police and Health Workers	Referrals from frontline responders, particularly police, Family Support Centre staff, and health workers, helped reduce fear and uncertainty for survivors. One female survivor explained, <i>“I didn’t know about FPNG; it was the police officer who brought me.”</i>
Volunteer Support	Outreach volunteers supported access, particularly for survivors in rural areas, by facilitating transport arrangements and communication with staff. Their local presence and community connections helped bridge logistical and trust-related barriers.
Reintegration Assistance	Some survivors received livelihood and reintegration support following case closure, including roofing materials, bedding, medical assistance, and small-scale business start-up kits. As one male SARV survivor noted, <i>“FPNG provided business start-up kits, a roof for our house, bedding, and medical support.”</i>

Survivors’ access to services was supported by the Outpost’s location, trauma-informed practice, trusted referrals from frontline actors, volunteer engagement, and targeted reintegration assistance. However, while these enablers facilitated access for many survivors, significant barriers, particularly for those in rural, marginalised, or high-risk contexts continued to limit equitable access, as discussed in the following section.

4.1.4.2. Barriers to Accessing Survivor Services

i. Geographic and Financial Barriers

Survivors from rural and remote areas, particularly districts such as Obura-Wonenara, faced significant challenges in accessing the Goroka Outpost. Poor road conditions, long travel distances, and high transport costs limited timely help-seeking and follow-up. As one IPV survivor explained, *“Transport was difficult. I had to travel back and forth to Goroka for court and case follow-up, incurring high costs.”*

Limited access to bus fare and phone credit further constrained survivors’ ability to maintain contact with caseworkers or attend scheduled appointments. These financial and logistical barriers also affected the outreach capacity, with limited transport resources and high caseloads restricting regular follow-up in hard-to-reach communities.

ii. Cultural, Religious, and Safety-Related Barriers

Cultural norms, religious beliefs, and community expectations continued to discourage survivors, particularly women, from seeking formal support. Survivors reported stigma associated with separation

from abusive partners and engagement with the justice system. As one survivor explained, *“I faced stigma at work because divorce was not encouraged.”*

In cases of sorcery accusation-related violence (SARV), survivors were frequently pressured to resolve incidents through informal settlements or compensation rather than legal processes. One survivor recalled being told to pay *“K50,000 to the perpetrators’ families to make peace.”* Fear of retaliation further limited help-seeking, particularly where perpetrators were intimate partners or family providers. Survivors expressed concern about personal safety, social visibility, and the consequences of reporting violence.

Religious and community leaders also influenced survivors’ decisions, with some encouraging reconciliation or internal resolution over referral to formal services. As one survivor noted, *“The church often wants to resolve cases through spiritual counselling, but that’s not the same as trauma-informed support.”* Together, these factors significantly constrained survivors’ access to protection and justice.

iii. Disability-Related Access Barriers

Survivors with disabilities faced specific challenges in accessing services at the Goroka Outpost, particularly related to mobility, transport, and physical accessibility. As one blind survivor explained, *“I needed support to access the Outpost’s services because of my disability,”* highlighting the importance of guided assistance and reliable transport. While caseworkers often assisted survivors with statements and referrals, physical accessibility and mobility support remained limited.

Femili PNG took steps to strengthen disability inclusion during the evaluation period, including the use of Washington Group Questions to identify survivors with disabilities and targeted disability inclusion training supported by Femili PNG Australia². Despite these efforts, gaps remained in infrastructure, staff capacity, and coordination with organisations of persons with disabilities (OPDs), which continued to affect consistent and inclusive access to services.

iv. Literacy-Related Access Barriers

Low literacy levels presented a barrier to accessing services, particularly for survivors and community members who could not read English or Tok Pisin. Outreach volunteers reported that many information materials were text-based and not accessible to non-literate audiences. As one volunteer noted, *“Many materials are in English or Tok Pisin. They are not understood by non-literate people.”* This reduced the effectiveness of awareness and information-sharing efforts, especially in remote communities.

While caseworkers often supported survivors by reading documents aloud and assisting with the preparation of statements, these individual measures did not fully address broader communication barriers. As a result, limited literacy continued to constrain survivors’ understanding of available services and their ability to engage with formal support pathways.

v. Low Awareness and Visibility of Services

² Noting that during this time there was a significant growth in the number of clients identifying as disabled from 2023.

Awareness of Femili PNG’s services remained limited during the evaluation period, particularly in rural and peri-urban communities. Many survivors reported learning about the Goroka Outpost only after referral from police, health workers, or community leaders. As one survivor noted, *“I lived here for nearly 20 years and didn’t know Femili PNG existed.”*

Limited visibility contributed to delayed help-seeking and reduced early access to protection and support, particularly for first-time or isolated survivors. This gap in awareness constrained the reach of services beyond those already connected to formal referral pathways.

vi. Interagency Coordination Barriers

Weak interagency coordination and unclear partner roles constrained survivors’ access to integrated support, with some cases bypassing Femili PNG or the Community Development Office altogether. These gaps disrupted case continuity and reduced the effectiveness of multi-sectoral responses. The absence of consistently applied Standard Operating Procedures (SOPs) contributed to variation in case handling across agencies. Partners, including police, welfare, and community-based actors, also highlighted resource constraints, particularly limited staffing, transport, and logistical capacity, which affected timely referrals and follow-up. As one police officer noted, *“We arrested 18 people... but we don’t have enough vehicles or staff for such operations.”*

Delays in formalising key partnerships further affected coordination. For example, the Memorandum of Understanding with the Community Development Office was signed several years after operations began, limiting early role clarity and joint working arrangements. As one staff member observed, *“We need clarity on who does what and how we work together as a team.”*

vii. Gaps in Reintegration Support and Staff Capacity

While some survivors received post-crisis assistance such as livelihood kits or medical support, others reported limited follow-up after completing court processes or exiting safe houses. One survivor noted, *“We need help to return to our villages after court,”* highlighting gaps in longer-term reintegration and protection planning that affected sustained access to support.

Staff capacity also influenced continuity of care. Caseworkers described managing high caseloads, extended working hours, and repeated exposure to traumatic cases, with limited access to structured debriefing or psychosocial support. As one caseworker explained, *“We work overtime and during weekends... without proper debriefing, it takes a toll on us emotionally.”* These pressures affected the consistency of follow-up and the ability to provide sustained support to survivors over time.

4.1.5. Outcomes and Impact for Survivors

This section summarises the key outcomes experienced by survivors supported by the Goroka Outpost between February 2021 and January 2025. Drawing on follow-up consultations, survivor and stakeholder interviews, case tracking, and service records, it focuses on changes in survivor safety, wellbeing, access to legal protection, reintegration, and perceived empowerment over time.

4.1.5.1. Case Closure and Continued Engagement

A key outcome of the Goroka Outpost’s support model was the high rate of case closure alongside sustained engagement with survivors over time. Of the 419 cases managed between February 2021 and

January 2025, 325 cases (78%) were closed³, indicating effective case resolution. In addition, the Outpost conducted 3,979 follow-up consultations, demonstrating a sustained investment in survivor support beyond the initial crisis phase.

The majority of follow-up consultations involved adult female survivors, followed by adult men and children. Survivors consistently described ongoing contact and emotional check-ins as important to their recovery and sense of safety. One IPV survivor reflected, *“For 19 years I longed for that... but Femili PNG became my family,”* while a SARV survivor noted that Femili PNG *“never abandoned me”* and *“kept checking on me even after the court case ended.”*

These experiences illustrate how sustained engagement and follow-up contributed to trust, emotional recovery, and continuity of care, reinforcing the importance of survivor-centred case management in supporting longer-term outcomes for survivors of family and sexual violence (FSV) and sorcery accusation-related violence (SARV).

4.1.5.2. Legal and Protection Outcomes

Between February 2021 and January 2025, legal support provided through the Goroka Outpost contributed to tangible protection and justice outcomes for survivors navigating the formal justice system. Survivors were supported to lodge 171 Interim Protection Orders (IPOs), of which 115 were granted and 50 were served, as well as 53 Protection Orders (POs), with 12 successfully served. Legal assistance also contributed to formal justice processes, including one conviction, four arrest warrants, and two cases committed to the National Court.

While enforcement of court orders remained a broader systemic challenge, survivors consistently reported increased feelings of safety and confidence associated with legal documentation and sustained caseworker support. One survivor noted that *“the affidavit and Protection Order gave me safety and confidence,”* while a SARV survivor shared that Femili PNG *“stood with us all the way through court,”* highlighting the importance of consistent accompaniment through complex legal processes.

Overall, these outcomes demonstrate that legal support, when delivered alongside survivor-centred case management, strengthened survivors’ access to protection and accountability mechanisms, even within a constrained law enforcement environment.

4.1.5.3. Health, Police, and Welfare Engagement

Between February 2021 and January 2025, Femili PNG’s Goroka Outpost supported survivors through coordinated engagement with health, police, and welfare services, contributing to improved safety, access to justice, and continuity of care beyond the initial crisis phase.

In the health sector, 22 survivors accessed critical medical treatment, and 16 medico-legal reports were obtained to support court proceedings. Survivors highlighted the importance of facilitated access to health services, particularly where transport, mobility, or financial barriers existed. As one survivor of

³ Noting that not all cases have been successfully closed, some cases are closed because Femili PNG have lost contact with the client, or the client has changed their mind.

sorcery accusation-related violence (SARV) shared, *“Femili PNG arranged transport and took me to the hospital for treatment.”*

Engagement with law enforcement resulted in 26 police investigations and 13 arrests, supported through collaboration with the Royal Papua New Guinea Constabulary. Survivors reported greater confidence in legal processes where police action was combined with consistent caseworker support, reinforcing the role of coordinated justice responses in enhancing survivor safety.

Welfare and reintegration support reached 21 survivors, including 9 adults and 12 children, through coordinated assistance with repatriation, relocation, and protection-related processes. This included three formal repatriations and six search or removal orders facilitated in collaboration with the Welfare Office. Survivors described this support as critical to rebuilding their lives in safer environments. As one survivor explained, *“We need help to return to our villages after court. FPNG arranged everything.”*

Overall, these outcomes demonstrate the Outpost’s capacity to deliver multi-sectoral support that extends beyond immediate crisis response, supporting survivors’ longer-term safety, dignity, and recovery in Eastern Highlands Province.

4.1.5.4. Reintegration and Economic Recovery

Between February 2021 and January 2025, Femili PNG supported 21 survivors to reintegrate safely into their home communities or alternative living arrangements following court proceedings or safe house stays. This support was delivered in close coordination with the Welfare Office and included family tracing, relocation assistance, and follow-up to support longer-term safety and stability.

In addition, 19 livelihood start-up kits were distributed to survivors to support economic recovery and reduce vulnerability to further violence. These included poultry kits, bilum-making supplies, and small canteen stock, and were provided primarily to women. Recipients included 16 adult women, one female child, and two adult men. Livelihood support aimed to strengthen survivors’ economic independence as part of broader reintegration and recovery efforts.

Survivors described the positive impact of this assistance on their ability to rebuild their lives. One woman shared, *“I was able to pay for my child’s school fees from the income I earned,”* while another noted, *“I felt proud to support myself and my baby.”* A male survivor of sorcery accusation-related violence reflected that Femili PNG supported him *“with roofing and poultry to rebuild our lives.”*

These reintegration and livelihood outcomes indicate that the Goroka Outpost’s support extended beyond immediate crisis response to include longer-term, survivor-led recovery. By linking protection, welfare coordination, and economic support, the Outpost contributed to improved resilience and self-reliance among survivors navigating post-crisis recovery in Eastern Highlands Province.

4.1.5.5. Safe House Outcomes

Between February 2021 and January 2025, 118 survivors were referred by the Goroka Outpost to eight community-based safe houses for emergency accommodation and protection.

Safe house support provided survivors with immediate safety as well as a stabilising environment to rest, reflect, and plan next steps. Survivors described these spaces as critical to regaining a sense of control and emotional stability following periods of acute risk. One female survivor of intimate partner violence

shared, *“I felt safe staying at the safe house. It gave me time to rest and think clearly.”* This sense of safety enabled survivors to engage more effectively in case management, access additional services, and make informed decisions regarding legal action or reintegration.

Coordination between Femili PNG and local safe house partners played an important role in ensuring timely and trauma-informed protection, particularly for high-risk cases such as sorcery accusation-related violence. Overall, safe house referrals contributed to survivors’ recovery by providing essential protection and a foundation for longer-term support and decision-making.

4.1.5.6. Empowerment, Satisfaction, and Survivor Voice

Survivors supported by Femili PNG’s Goroka Outpost described meaningful changes in their wellbeing, confidence, and sense of agency. Beyond improved safety and legal protection, many survivors reported emotional healing, increased self-worth, and greater participation in family and community life. Several women described moving from positions of isolation and vulnerability to becoming role models or informal advocates within their communities.

Of the 37 survivors interviewed as part of the client satisfaction process, 35 reported high levels of satisfaction with Femili PNG’s services, with an average rating of 4.8 out of 5, compared to 4.1 for other service providers such as police, health, and welfare. Survivors consistently highlighted respectful treatment, clear explanations, emotional support, and practical assistance as defining features of the Outpost’s survivor-centred approach.

Survivor testimonies illustrate the depth of these outcomes. One survivor reflected, *“I am now strong and stay as a role model,”* while another explained, *“We want to build a safe space for others, so they have somewhere to go if another case happens.”* Others described improvements in emotional and mental wellbeing, noting experiences of healing and stability, as well as feeling listened to and supported without judgment. Survivors also emphasised the value of practical assistance combined with clear communication, particularly in navigating legal and court processes.

Overall, these findings indicate that the Goroka Outpost functioned not only as a crisis response mechanism, but also as a space that supported survivor empowerment, voice, and longer-term recovery.

4.1.6. Summary of Impact of Services Provided to Survivors

Between February 2021 and January 2025, the Goroka Outpost supported 419 survivors of family and sexual violence (FSV) and sorcery accusation-related violence (SARV) through a trauma-informed, survivor-centred case management model. Findings show that survivors experienced improved safety, greater engagement with legal, health, and welfare services, and stronger emotional wellbeing through coordinated case management, protection, psychosocial support, and reintegration assistance.

At the same time, service delivery took place in a challenging context. While sustained follow-up was a key strength of the model, access and continuity of care were uneven due to geographic distance, transport and financial barriers, disability and literacy constraints, cultural and safety concerns, and increasing caseloads. Overall, the findings show that the Goroka Outpost effectively supported survivor recovery, while ongoing operational and contextual factors continue to influence service reach and quality.

4.1.7. Implications for Service Delivery

Findings from Section 4.1, as summarised above, point to a set of service delivery implications that are critical to sustaining survivor outcomes within the Goroka Outpost model.

- I. First, the increasing volume and complexity of cases managed over the evaluation period highlight the importance of proactive workload planning and investment in staff wellbeing. Sustaining timely documentation, consistent follow-up, and trauma-informed engagement requires adequate staffing levels, supportive supervision, and mechanisms to prevent burnout as demand continues to rise. (see R1).
- II. Second, the outpost physical environment directly influences privacy, accessibility, and survivor comfort. Strengthening infrastructure particularly for persons with disabilities, children, and survivors disclosing high-risk cases is essential to safe, confidential and inclusive service delivery. (see R2).
- III. Third, while survivor feedback mechanisms exists, the findings highlight for more accessible and confidential options. Tailored approaches for survivors with low literacy, disabilities, or safety concerns will strengthen accountability, amplify survivor voice and embed survivor perspective more effectively into service improvement (see R3).
- IV. Finally, the prevalence of complex and high-risk cases, including sorcery accusation-related violence (SARV), highlights the importance of maintaining strong trauma-informed practice. Staff must be equipped with the capacity, skills and functional referral pathways to respond effectively beyond routine case management, ensuring survivors receive comprehensive protection and support (see R4).

These implications are addressed through the consolidated Service Delivery Recommendations (R1–R4) presented in Section 6, ensuring clear alignment between findings, implications, and recommendations, and avoiding duplication across the report.

4.2. EFFECTIVENESS OF WORK WITH PARTNERS AND REFERRAL PATHWAYS

This section presents findings related to the second evaluation objective, which examines the effectiveness of the Goroka Outpost’s collaboration with police, health services, welfare, the judiciary, and community-based partners in supporting survivors. Drawing on interviews, document review, and partner reflections, the section analyses how coordination and referral pathways function in practice, focusing on strengths and weaknesses in coordination, gaps within referral systems, and the outcomes of capacity-building efforts.

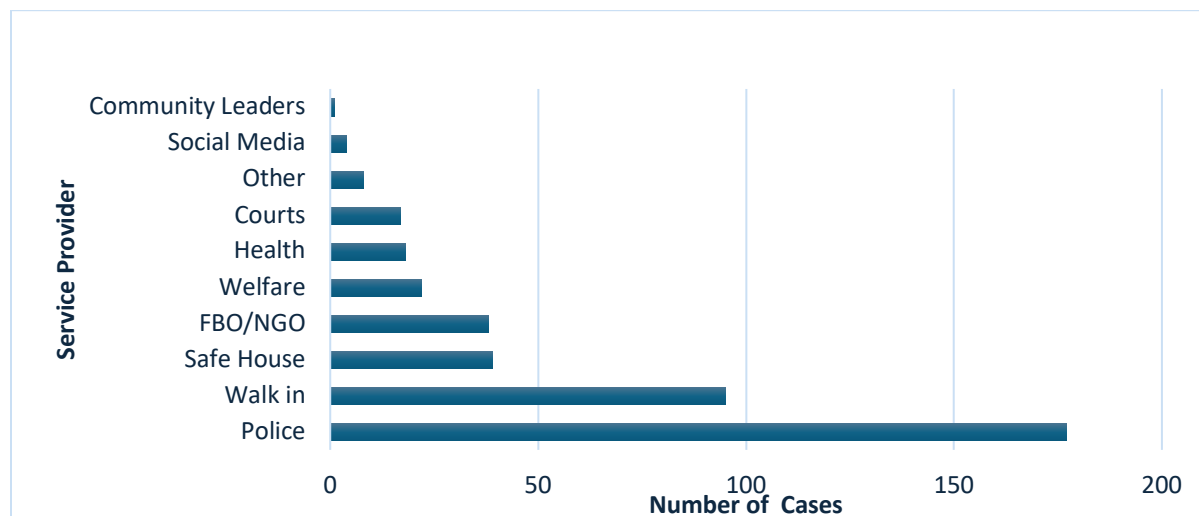
4.2.1. Referral Patterns and Strength of Institutional Partnerships

Femili PNG’s Goroka Outpost has established strong working relationships with key actors across the police, welfare, health, judiciary, and community-based sectors. These partnerships have been central to the Outpost’s ability to deliver integrated, survivor-centred support and to facilitate timely access to protection and referral services.

Police were the most significant referral partner throughout the evaluation period, accounting for 177 of the 419 cases (42%) supported by the Outpost. This reflects the role of police as primary first responders

to family and sexual violence and sorcery accusation-related violence, as well as the strength of operational coordination between the Goroka Outpost and law enforcement. In addition to police referrals, a substantial proportion of survivors accessed services through self-referral, with 95 cases (23%) presenting as walk-in clients. This pattern indicates a growing level of community awareness and trust in Femili PNG’s services, supported by informal networks and outreach efforts.

Figure 3: Referral Sources to Goroka Outpost (February 2021 -January 2025)



Referrals were also received from a range of institutional and community partners, including safe houses (39 cases), welfare services (22 cases), health providers (18 cases), and faith-based or community organisations such as Family Voice and churches (38 cases). Together, these referral pathways demonstrate the breadth of Femili PNG’s partnerships and the Outpost’s role as a recognised entry point within the broader survivor support system.

4.2.1.1. Coordination Mechanisms and Partnership Practices

Femili PNG maintained active collaboration with core service providers through coordination meetings and joint case management practices. Between 2021 and 2025, four documented interagency coordination meetings were convened in February 2021, May 2021, April 2022, and January 2025, with participation from police, prosecutors, welfare officers, the FSC, safe houses, and civil society organisations. These forums provided space for shared problem-solving, case planning, and discussion of survivor-centred responses, particularly in complex cases.

Table 8: Goroka Outpost Meeting Logs

Date of Coordination Meeting	Notable Attendees	Purpose / Outcome
Feb 2021	Police, Welfare, FPNG	Initial coordination
May 2021	Safe houses, Police	Case-specific
Apr 2022	Multi-sector (3 events)	Complex SARV case, planning
Jan 2025	Prosecutors, CSOs, FPNG	Review & planning

Coordination practices were largely case driven rather than routine, with meetings typically convened in response to high-risk or complex matters rather than following a regular schedule. While this flexible,

responsive approach enabled timely action when urgent issues arose, it also limited opportunities for systematic planning, structured follow-up, and routine accountability across partners.

In addition to formal meetings, the Goroka Outpost facilitated joint case conferencing, particularly in high-risk sorcery accusation-related violence (SARV) cases. This enabled coordinated safety planning, relocation, and follow-up, with partners contributing complementary roles, for example, the FSC supporting medical referrals, police providing escorts, and Femili PNG caseworkers coordinating logistics and case tracking. Partners consistently recognised Femili PNG's role in information sharing and follow-up, with one health worker noting, *"FPNG always gives feedback on referred cases, so we know the client has been assisted."*

Overall, these findings indicate that Femili PNG played a central coordinating role within the local referral system, combining responsive collaboration with hands-on case coordination. At the same time, reliance on mechanisms shaped how consistently coordination could support longer-term planning and multi-agency accountability.

4.2.1.2. Strengths in Collaboration and Trust

The evaluation found a high level of trust and collaboration between Femili PNG and local partners. Police, welfare, and health services consistently described the Goroka Outpost as a reliable coordination hub for survivor referrals and follow-up, particularly in sorcery accusation-related violence (SARV) and sexual violence cases, where timely and survivor-centred responses were critical.

Partners highlighted Femili PNG's practice of providing regular feedback and updates on referred cases, which distinguished the Outpost from other organisations and strengthened coordination. As one community development partner explained, *"Compared to other NGOs, we get updates and follow-ups from Femili PNG, which builds trust and improves coordination."*

Partners also noted that the Outpost played an important role in preventing survivors from being lost between services, supporting continuity of care and maintaining survivor safety across multiple referral points. These practices contributed to strong working relationships and reinforced Femili PNG's role as a trusted actor within the local referral network.

4.2.1.3. Capacity Building Outcomes

Femili PNG supported partner capacity building primarily through ongoing mentorship, joint casework, and informal skills transfer, particularly in relation to Interim and Protection Order (IPO/PO) procedures, survivor referral processes, and survivor-centred case management. Interviews with partners confirmed that frontline workers, including police, welfare officers, health staff, and safe house personnel acquired practical skills through regular collaboration with the Goroka Outpost.

Partners described Femili PNG as both a technical and emotional support resource, especially when managing complex or high-risk cases. A police officer noted that, *"After the training, I now know how to help survivors access IPOs without making them wait,"* while a welfare officer shared that the support improved their ability to communicate with survivors in a more sensitive and trauma-informed manner. Some partners reported adopting new tools and approaches introduced through collaboration with Femili PNG, including screening formats, referral templates, and disability-sensitive questioning. However, capacity-building outcomes were uneven across sectors and locations. Partners identified gaps in training

standardisation, limited inclusion of disability-focused content, and inconsistent reach to rural-based actors. High staff turnover further constrained the retention of skills, highlighting reliance on informal knowledge transfer rather than structured induction or refresher processes.

Overall, the findings indicate that Femili PNG's approach to capacity building contributed positively to partner practice through hands-on support and mentorship, while also revealing limitations associated with informal delivery models in the absence of standardised training frameworks and systematic orientation for new personnel.

4.2.1.4. Role of Community Networks and Volunteer Referrals

The evaluation findings highlight the important role of community-based actors, particularly outreach volunteers and local safe house operators, in enabling access to support services. These actors functioned as trusted intermediaries, assisting survivors from remote and underserved areas to navigate referral pathways and reach Femili PNG's Goroka Outpost. Their standing within communities supported trust-building and facilitated safe disclosure, particularly for survivors reluctant to approach formal services. As one outreach volunteer explained, *"We go into the community and talk to people. Sometimes they do not come forward until they see someone they trust."*

Volunteers contributed to identifying cases, arranging transport, and accompanying survivors to the Outpost, often drawing on personal time and resources. At the same time, their broader leadership and family responsibilities within communities limited their availability for outreach activities on a consistent basis. These dynamics shaped the reach and reliability of volunteer-supported referrals, particularly in rural settings.

Overall, the findings indicate that community networks played a critical role in extending the referral system beyond formal institutions, supporting access for survivors who might otherwise remain isolated. At the same time, reliance on voluntary and informal engagement influenced the consistency and sustainability of referral support across different locations.

4.2.2. Gaps and Challenges

4.2.2.1. Gaps in Referral Systems

Despite strong interpersonal relationships and day-to-day collaboration between Femili PNG and partner organisations, the evaluation identified several gaps in the formal structure, documentation, and consistency of referral pathways. These gaps affected the predictability of survivor journeys, contributed to duplication of effort, and, in some cases, delayed access to coordinated support.

Referrals were frequently initiated through informal channels, including phone calls, WhatsApp messages, or verbal communication, rather than through standardised documentation. While this reflected high levels of trust between individual actors, it limited systematic tracking and follow-up. As one service provider noted, *"There's strong informal trust with Family PNG, but formal communication channels are lacking."* The absence of shared Standard Operating Procedures (SOPs) and formal referral protocols across agencies further contributed to variation in how cases were handled, with partners reporting

uncertainty about roles, expectations, and processes. One stakeholder observed, *“We are not yet working under agreed SOPs. Everyone does their own thing.”*

Inconsistent feedback and case tracking also affected referral effectiveness. Some referring agencies reported not receiving confirmation that survivors had reached Femili PNG or that follow-up had occurred, while others described variability in referral quality within the same institution.

4.2.2.2. Institutional Dependency and Resource Limitations

While gaps in formal referral systems affected consistency and documentation (Section 4.2.2.1), the evaluation also identified structural capacity constraints that influenced how referral responsibilities were distributed in practice. Although Femili PNG’s coordination role has been central to effective survivor support, this role has also contributed to increasing institutional dependency among some referral partners. In practice, Femili PNG was frequently relied upon for logistical support, legal processing (including Interim Protection Order applications), administrative assistance (such as stationery and printing), survivor accompaniment, and case follow-up. Partners also depended on Femili PNG to lead community awareness activities, facilitate referrals, and provide ongoing capacity-building on SARV legislation, trauma-informed care, and case management.

Several stakeholders noted that this reliance extended beyond coordination into functions typically expected of statutory agencies. As one staff member observed, *“We’ve noticed some partners now rely on us entirely, like the police who no longer assist with IPOs and refer clients to us instead.”* While this reflects trust in Femili PNG’s technical competence, it also points to uneven distribution of responsibility within the referral system.

Resource constraints across partner agencies further compounded these dynamics. Limited access to vehicles, staffing, and office infrastructure restricted partners’ ability to respond independently and consistently to survivor needs. A police partner illustrated this challenge, stating, *“One case involved arresting 18 people... we don’t have enough vehicles or staff.”* Together, institutional dependency and resource limitations constrained shared ownership of referral pathways and reinforced pressure on Femili PNG to fill systemic gaps beyond its intended role.

4.2.3. Summary of Effectiveness of Work with Partners and Referral Pathways

Femili PNG’s Goroka Outpost has played a central coordinating role within the provincial response to family and sexual violence (FSV) and sorcery accusation-related violence (SARV), working closely with police, welfare, health services, the judiciary, community-based organisations, and volunteers. These partnerships enabled timely referrals, joint case planning, and continuity of care across sectors, with police serving as the primary referral source and a substantial proportion of survivors also accessing services through self-referral. Together, these patterns reflect both strong institutional collaboration and growing community trust in the Outpost.

Coordination was most effective where it was supported by active follow-up, information sharing, and hands-on case management. Partners consistently recognised Femili PNG’s role in ensuring survivors were not lost between services, particularly in complex or high-risk cases such as SARV. Informal mentorship,

joint casework, and on-the-job learning contributed to improved partner confidence in survivor-centred practice, including legal processes and trauma-informed engagement.

At the same time, the evaluation identified systemic weaknesses that constrained referral effectiveness. Referral pathways relied heavily on informal communication, with limited use of shared documentation, standardised procedures, or consistent feedback mechanisms. Delays in formalising institutional agreements and uneven partner capacity contributed to variation in referral quality and continuity of care. Resource constraints across partner agencies further reinforced reliance on Femili PNG to perform coordination, logistical, and legal support functions beyond its intended role. While community networks and volunteers played a critical role in extending access particularly in rural areas, dependence on voluntary engagement also affected the consistency and sustainability of referral support.

4.2.4. Implications for Referral Pathways and Partnership Effectiveness

Findings from Section 4.2 point to several implications that are central to strengthening referral pathways and sustaining effective multi-sectoral collaboration.

- I. First, the evaluation shows that while interpersonal trust is a key strength of the referral system, effective coordination requires stronger formalisation at the provincial level. Consistency, accountability, and continuity of care depend on clearer documentation, agreed processes, and shared understanding of roles across agencies, rather than reliance on informal or relationship-based practices alone (see R5).
- II. Second, variation in multi-agency coordination practices across cases reflects capacity, resourcing, and contextual constraints within the referral network. Strengthening consistency in case conferencing, information sharing, and joint planning is critical to ensuring coordinated responses for complex and high-risk cases, including SARV (see R6).
- III. Third, although informal mentorship and joint casework have contributed to improved partner practice, capacity gaps remain in areas such as SARV legislation, protection order processes, child protection, and inclusive practice. These gaps are exacerbated by staff turnover and uneven reach to rural-based and disability-focused actors, highlighting the need for continued, targeted capacity-building across the referral network (see R7).
- IV. Finally, the findings highlight the importance of institutional resilience and shared ownership of referral pathways. Femili PNG's strong coordination role has enabled effective survivor support but has also revealed uneven distribution of responsibility across the system. Strengthening institutional readiness, clarifying roles, and supporting longer-term planning are critical to reducing over-reliance on the Outpost and sustaining referral effectiveness over time (see R12).

These implications are addressed through the consolidated Partnerships and Referral Pathways Recommendations (R5–R7) and Governance and Sustainability Recommendation (R12) presented in Section 6, ensuring clear alignment between findings and recommendations and avoiding duplication across the report.

4.3. EFFECTIVENESS OF OUTREACH AND AWARENESS PROGRAMS

This section presents findings related to the third evaluation objective, which examines the reach and effectiveness of Femili PNG's outreach and awareness activities. Since 2021, the Goroka Outpost has implemented a range of targeted outreach initiatives, led primarily by trained community volunteers, including community forums, school visits, media engagement, and public events. These activities contributed to increased awareness of family and sexual violence (FSV) and sorcery accusation-related violence (SARV), improved understanding of legal protections and available services, and shifts in attitudes toward help-seeking.

The section draws on evidence from key informant interviews, focus group discussions, outreach records, and stakeholder reflections to assess how outreach activities supported community engagement, strengthened referral pathways, and enabled survivors, particularly in underserved areas to access support services.

4.3.1. Reach and Visibility of Outreach Activities

Between the fourth quarter of 2023 and the second quarter of 2025, Femili PNG's Goroka Outpost reached a total of 9,033 individuals through targeted outreach and awareness activities, comprising 4,430 males and 4,603 females. Outreach activities included sensitisation sessions in schools and communities, awareness campaigns conducted during major public events such as the Goroka Show (reaching 2,485 people), and engagement through annual initiatives including the 20 Days of Activism and International Women's Day.

Activities were implemented across both urban and peri-urban areas, reflecting balanced gender engagement and increasing visibility of Femili PNG's services within the region. The combination of large-scale public events, targeted community sessions, and coordination with volunteer and stakeholder networks contributed to a strong outreach footprint.

Overall, these efforts enhanced community awareness of family and sexual violence (FSV) and sorcery accusation-related violence (SARV) and supported growing recognition of Femili PNG as an accessible entry point for survivor support.

4.3.2. Impact of Outreach and Community Awareness

Femili PNG's outreach and awareness activities contributed to measurable changes in community understanding, attitudes, and help-seeking behaviour related to family and sexual violence (FSV) and sorcery accusation-related violence (SARV). Through sustained engagement in schools, churches, public forums, and remote communities, trained volunteers and staff supported greater legal literacy, increased recognition of survivor rights, and improved awareness of available support services.

Interviews and focus group discussions indicated improved understanding of legal protections and referral pathways among community members exposed to repeated outreach sessions. Volunteers reported that outreach activities helped normalise conversations about violence and safety, particularly in settings where such topics were previously considered taboo. This increased familiarity with survivor rights and services was reflected in changes in community practice, including reduced tolerance for informal mediation of violence and greater willingness to refer survivors to formal support services.

Outreach activities also influenced help-seeking behaviour. Survivors reported feeling more confident to disclose violence and seek assistance, often approaching volunteers they had met through outreach sessions. Volunteers were widely recognised as accessible and trusted entry points within communities, particularly in rural and high-risk areas. As one volunteer reflected, *“We are proud when someone we spoke to comes for help and finds safety,”* underscoring the trust built through consistent engagement.

Culturally relevant messaging emerged as a key factor in outreach effectiveness. Volunteers adapted content to local contexts using storytelling, drama, and faith-based references, which helped foster engagement in conservative or religious communities. One volunteer explained, *“We usually begin with prayer and a message from the Bible; it helps calm people and opens their hearts.”* These approaches supported community acceptance of messages related to survivor safety and legal accountability.

Volunteers also played a broader role as frontline responders and community leaders. Many were youth advocates, respected community members, or survivors themselves, enabling outreach in remote areas and supporting timely referrals. In some instances, volunteers provided immediate assistance such as accompanying survivors or facilitating temporary safety arrangements. Partners described the outreach model as highly participatory, noting that volunteers were actively engaged rather than simply delivering messages.

Finally, the evaluation identified emerging examples of survivor-led outreach and peer support. Several survivors transitioned into outreach roles, using their experiences to support others and promote community change. As one SARV survivor shared, *“What we went through has inspired us to build a safe place for others.”* These experiences highlight the role of outreach not only in prevention and awareness, but also in fostering survivor empowerment and community leadership.

4.3.3. Program Challenges

Despite strong reach and community trust, the evaluation identified several challenges affecting the consistency and inclusiveness of outreach activities, particularly in remote and resource-constrained settings. These challenges related primarily to logistical constraints, inclusive communication, volunteer capacity, and clarity of volunteer roles within communities.

i. Logistical Barriers and Resource Constraints

Volunteers consistently reported limited access to basic resources such as transport, mobile phones, printed materials, and loudhailers. These constraints reduced their ability to reach remote communities, engage larger audiences, and document outreach activities or referrals. One volunteer noted that *“even one phone per district would help us coordinate and collect evidence.”* Others highlighted cultural expectations associated with outreach engagement, explaining that *“people expect a token like betel nut or smoke as part of the PNG way to open conversations,”* which was difficult to manage without minimal operational support.

ii. Inclusive Outreach for Marginalised Groups

The evaluation identified gaps in the inclusiveness of outreach approaches, particularly for persons with disabilities and individuals with low literacy. Volunteers noted that many outreach materials relied heavily on written formats, limiting accessibility for some community members. As one volunteer explained,

“people don’t read much; videos in Tok Pisin would be more effective,” while another added, *“for those who can’t read, maybe an app or audio awareness they can listen to.”* These findings indicate that current outreach modalities do not consistently reach all intended audiences.

iii. Capacity-Building Needs and Structured Support

Volunteers expressed the need for ongoing capacity-building, particularly on domestic violence, Interim Protection Order (IPO) procedures, and trauma-informed engagement. Several volunteers also highlighted the absence of structured reporting tools, regular feedback mechanisms, and clear role definitions. As one outreach worker shared, *“we need more capacity-building, especially on domestic violence and IPO processes.”* These gaps affected confidence, consistency, and accountability across outreach activities.

iv. Stigma, Misunderstanding, and Role Misidentification

Despite being respected community members, some volunteers *experienced* resistance and stigma, particularly when addressing sorcery accusation-related violence (SARV). Community members sometimes questioned their authority, asking, *“are you a lawyer or police?”* In more extreme cases, volunteers reported being accused of supporting sorcery for advocating human rights and survivor protection. As one volunteer explained, *“we’re not supporting sorcerers, we’re supporting life and human rights.”* These reactions reflect persistent fear and misinformation surrounding SARV and, in some cases, undermined volunteer credibility and personal safety during outreach activities.

4.3.4. Volunteer Program Sustainability

Femili PNG’s volunteer outreach model has been instrumental in expanding access to services and raising community awareness on family and sexual violence (FSV) and sorcery accusation-related violence (SARV). The evaluation found strong commitment among volunteers, many of whom viewed their roles as a form of community service and social responsibility. At the same time, the findings indicate that the long-term sustainability of the volunteer program is increasingly constrained by structural and resource limitations.

Volunteers reported challenges associated with limited logistical support, including lack of transport, communication tools, printed materials, and structured supervision, particularly in rural and remote areas. One outreach worker shared, *“It’s hard to keep doing this with no transport or allowance; we do it because we care, but we are also struggling.”* These constraints affected the frequency, reach, and consistency of outreach activities.

Unclear role expectations and limited feedback mechanisms also shaped volunteer experience. Several volunteers expressed uncertainty about their responsibilities following outreach sessions and noted limited visibility of referral outcomes. As one volunteer explained, *“We don’t know what happens after sessions; there’s no follow-up tool to see if people came for help.”* This lack of integration into referral tracking and case follow-up affected motivation and accountability.

Gaps in capacity-building further influenced sustainability. While volunteers valued initial training, many highlighted the absence of regular refresher sessions, particularly for newer volunteers and those engaging with complex issues such as SARV. A volunteer noted, *“We’re passionate, but we need more*

training.” In addition, volunteers identified limited recognition and acknowledgement of their contributions as affecting morale over time.

Overall, the findings indicate that while the volunteer outreach model remains a critical strength of Femili PNG’s community engagement approach, its sustainability depends on the extent to which volunteers are supported through clear role definition, consistent supervision, opportunities for skill development, and mechanisms that acknowledge and value their contribution within the broader service delivery system.

4.3.5. Summary of Outreach and Awareness Findings

Femili PNG’s outreach and awareness activities reached 9,033 community members (4,430 males and 4,603 females) between late 2023 and mid-2025 through volunteer-led engagement in schools, churches, public forums, and community events. These activities played a significant role in increasing community awareness of family and sexual violence (FSV) and sorcery accusation-related violence (SARV), improving understanding of legal rights and available services, and supporting help-seeking behaviour.

Volunteer-led outreach extended the reach of the Goroka Outpost into communities that are less accessible to formal services, helping to normalise conversations about violence, safety, and survivor support. Community feedback and qualitative evidence indicate visible changes associated with outreach efforts, including increased referrals through informal networks, greater engagement of schools, churches, and village courts in prevention messaging, and the emergence of survivor-led peer support and advocacy initiatives. Culturally responsive approaches such as storytelling, drama, and faith-based messaging strengthened community engagement, particularly in conservative settings.

At the same time, the findings highlight constraints affecting the consistency and sustainability of outreach. Volunteers often operated with limited logistical support, unclear role expectations, and minimal feedback on referral outcomes. Gaps in inclusive communication tools limited accessibility for persons with disabilities and low-literacy audiences, while the absence of simple monitoring mechanisms reduced the ability to track outreach reach and outcomes over time. Together, these factors shaped both the strengths and limitations of the outreach program during the evaluation period.

4.3.6. Implications for Outreach and Volunteer Engagement

Findings from Section 4.3 highlight several implications that are central to strengthening outreach effectiveness and sustaining volunteer engagement.

- I. First, while outreach activities demonstrated strong reach and community trust, their consistency and coverage were influenced by logistical constraints and reliance on available funding, particularly in rural and underserved areas. Sustaining regular and predictable outreach requires strengthened planning and resourcing to support ongoing awareness activities beyond periodic campaigns (see R8).
- II. Second, the effectiveness of outreach was shaped by the accessibility of communication materials. Continued reliance on text-based IEC tools limited engagement with low-literacy audiences and persons with disabilities, underscoring the importance of more inclusive, visual, and audio-based outreach approaches tailored to diverse community contexts (see R9).
- III. Third, volunteers played a central role in delivering outreach but experienced variation in role clarity, reporting expectations, and feedback mechanisms. These inconsistencies affected

accountability, motivation, and integration with referral pathways, highlighting the need for clearer documentation of volunteer roles and expectations across outreach settings (see R10).

- IV. Finally, sustaining volunteer engagement requires attention to wellbeing, supervision, and recognition. Emotional strain, safety concerns, particularly in SARV contexts and limited acknowledgement of volunteer contributions affected morale over time. Ongoing support for volunteer wellbeing and supervision is therefore critical to maintaining this frontline workforce (see R11).

These implications are addressed through the consolidated Outreach and Volunteer Engagement Recommendations (R8–R11) presented in Section 6, ensuring clear alignment between findings and recommendations and avoiding duplication within the report.

4.4. ASSESSMENT OF LOW-COST CASE MANAGEMENT MODEL

This section addresses the fourth evaluation objective: assessing the strengths and limitations of Femili PNG’s low-cost case management model. Implemented through the Goroka Outpost, the model is grounded in trauma-informed, survivor-centred practice and coordinates legal, psychosocial, health, shelter, and livelihood support through a lean operational structure.

While designed as a cost-efficient approach, the model has proven effective in delivering meaningful outcomes for survivors. However, rising caseloads, infrastructure limitations, and logistical challenges have increased pressure on staff and systems. These constraints highlight the need for sustained investment to maintain service quality, staff wellbeing, and long-term sustainability.

4.4.1. Operational Challenges

i. Rising Caseloads and Staff Capacity

The Goroka Outpost is operating well beyond its original design capacity. On average in 2024-25, the Outpost records 14 new intakes and 81 follow-up consultations per month, compared to initial targets of 8 new cases and 161 follow-ups⁴. While this reflects strong community trust and demand for services, it has placed recent pressure on a small team. As one caseworker explained, *“We are seeing double the monthly target. Some weeks we handle up to 12 clients each.”*

Staff reported that these workload pressures have resulted in delays in documentation and reduced time available for follow-up, particularly during peak periods. The caseworker also noted that *“documentation is delayed, and follow-up sometimes comes days late.”* The growing volume of cases, especially complex SARV matters involving multiple survivors and perpetrators, has also intensified emotional fatigue and stress among staff. Together, these pressures highlight the need for strengthened staffing levels and workload management measures to sustain timely, trauma-informed engagement and protect staff’s wellbeing.

ii. Lean Staffing and Multi-Tasking

As of 2024, the Goroka Outpost operates with a team of seven staff covering case management, outreach, administration, logistics, and management functions. While this represents a doubling in size from earlier

⁴ Noting that the initial target was first met in the 2023-24 financial year.

implementation years, operational demands continue to exceed available capacity. Staff highlighted that complex cases, particularly SARV incidents involving multiple survivors and perpetrators, place disproportionate pressure on limited human resources. As one outreach worker explained, *“Some SARV cases involve 10 to 15 people at once... and we’re still expected to do it all with the same number of staff.”* Management similarly acknowledged these constraints, noting that *“we are limited by funding and staff we can deploy.”*

Staff routinely perform multiple roles beyond their core responsibilities. Support staff, for example, manage both client care and office maintenance, while administrative staff oversee finance, data management, and general operations. This multi-tasking approach has supported cost efficiency but is increasingly unsustainable, particularly for high-risk cases requiring intensive coordination, safety planning, and inter-agency engagement.

The absence of dedicated roles for trauma counselling, legal support, or community liaison further increases the risk of overworked staff and affects the consistency and depth of survivor support. Concerns about workload intensity and emotional strain were consistently raised across interviews, underscoring the need for increased staffing levels and clearer task specialisation to maintain service quality and staff wellbeing.

iii. Infrastructure, Accessibility, and Security

The Outpost continues to operate from a facility that is functional for service delivery but would benefit from upgrades to better support confidentiality and survivor-centred practice. Limited office space restricts privacy for sensitive consultations, and the premises are not fully accessible for persons with disabilities, particularly for survivors with mobility impairments who may require ramp access or other physical accommodations. Staff also reported that inadequate office and IT equipment, as well as limited transport, communication, and operational resources affect day-to-day efficiency.

Safety concerns were raised in relation to outreach and emergency response, particularly in remote or high-risk SARV contexts. Staff highlighted challenges in relocating survivors and conducting urgent interventions without reliable access to secure transport or consistent police escorts, increasing operational and personal safety risks.

iv. Coordination Gaps and SOP Deficiencies

Across staff and partner interviews, the absence of formalised coordination mechanisms and shared Standard Operating Procedures (SOPs) emerged as a recurring operational challenge. While Femili PNG maintains a central case management system, referral partners do not consistently apply common documentation tools or share follow-up information, limiting continuity of care across the referral pathway. One partner organisation emphasised that *“there’s an urgent need to strengthen SOPs and have everyone trained,”* pointing to gaps in shared understanding and practice across agencies.

The lack of regular case conferencing and structured joint planning forums further constrained coordinated responses in the province. Partners noted that opportunities for shared accountability, collective learning, and problem-solving were limited, particularly for complex and high-risk cases. As one safe house staff member explained, *“we don’t have formal case conferencing or structured partner meetings to discuss cases,”* resulting in coordination being addressed on a case-by-case basis.

As a consequence, Femili PNG continues to carry a disproportionate coordination burden within the referral system, frequently stepping in to bridge gaps in communication, documentation, and follow-up. These coordination weaknesses reinforce reliance on the Outpost beyond its intended role as a low-cost case management model and highlights the need for more institutionalised, shared coordination structures to support sustainable, multi-agency service delivery.

4.4.2. Staff Wellbeing and Support

While operational pressures are examined in Section 4.4.1, this subsection focuses specifically on the human impact of the low-cost case management model on staff wellbeing and workforce sustainability.

The evaluation found that Goroka Outpost staff demonstrated strong commitment, resilience, and professionalism in delivering survivor-centred services, often under demanding conditions. However, the emotional and psychological toll of sustained exposure to trauma-related work, particularly in high-risk sorcery accusation-related violence (SARV) cases was consistently raised as a concern.

I. Emotional Load and Burnout Risk

Staff described the cumulative impact of working with survivors of severe violence, displacement, and community conflict, often without sufficient time or space for recovery. Several noted that the intensity of cases, rather than workload alone, contributed most strongly to emotional fatigue. As one staff member reflected, listening daily to traumatic stories without structured support “*takes a toll over time,*” even when commitment to survivors remains high.

The absence of relief staffing also limited opportunities for rest, with staff reporting difficulty taking leave without affecting service continuity. This heightened the risk of burnout and reduced opportunities for reflection and recovery.

II. Gaps in Structured Psychosocial Support for Staff Wellbeing

The evaluation found that while several forms of staff support were in place, including supportive supervision, regular capacity-building and trauma-informed care training, monthly debrief and self-care activities, and opportunities for professional development, there was no structured and formalised psychosocial support framework (such as routine clinical supervision, access to professional counselling, or systematic peer support) in place to help staff manage secondary trauma. This gap was identified in both the preliminary and final evaluations. In practice, staff continued to rely in part on informal coping strategies or personal networks. As one outreach officer shared, “*I have my own coping mechanisms and try not to carry stress,*” highlighting the individualised nature of current wellbeing responses.

While several support mechanisms are in place, the absence of a structured and formalised psychosocial support framework places long-term strain on staff resilience and poses risks to retention and service quality.

III. Supervision, Training, and Support Needs

While recent improvements in supervision, particularly through the recruitment of a Project and Casework Manager and increased national office oversight, were viewed positively, the evaluation also found that Femili PNG has invested substantially in staff capacity development and ongoing support. Staff reported participating in regular internal trainings, capacity-building sessions, and trauma-informed care initiatives,

and management noted that staff are supported to attend international conferences and professional development opportunities.

At the same time, staff expressed a strong desire for additional and more regular refresher training in key areas such as trauma-informed care, disability inclusion, safeguarding, and data management, indicating a continued demand for structured and continuous professional development.

Notably, limited awareness of some internal policies, including the Disability Inclusion Policy, pointed to the need for stronger induction processes, internal communication, and more systematic approaches to ongoing learning.

IV. Implications for Model Sustainability

Recent improvements in supervision, including the recruitment of a Project/Casework Manager and increased oversight from Femili PNG's national office, have strengthened day-to-day coordination and staff support. These developments were viewed positively by staff and have contributed to clearer internal communication and decision-making.

However, these measures have not fully offset the pressures created by recent high caseloads and lean staffing. Staff consistently highlighted the need for additional personnel, including a third caseworker⁵ and dedicated operational support, to manage casework demands, data reporting, and coordination functions more effectively.

The Goroka team's resilience and professionalism remain a significant strength of the model. However, the evaluation finds that continued reliance on individual commitment without corresponding structural support is not sustainable. To preserve service quality and staff wellbeing over time, the low-cost case management model will require more structured investment in staffing, supervision, and staff care systems.

4.4.3. Cost-Efficiency and Sustainability

The Goroka Outpost was initially established as a low-cost model to provide survivor-centred services through lean staffing and community-based networks. While the model has remained cost-conscious, its operational demands have grown significantly due to increased survivor needs, staffing, transport, and rental costs. Despite these pressures, the model continues to demonstrate high impact and strong community trust. Partners and stakeholders affirmed the Outpost's integral role in service delivery, with one partner stating, *"Femili PNG played a vital coordination and service delivery role."* A survivor echoed this sense of connection and care, saying, *"They made me feel like part of their family."*

I. Demonstrated Value for Investment

The evaluation finds that the Goroka Outpost delivers strong value for money relative to available resources. Through the use of multi-functional staff, volunteers, and community-based referral systems, the Outpost has achieved broad reach and continuity of care while maintaining operational frugality. As one member of Femili PNG management observed, *"It's the cheapest program we have right now."*

⁵ Noting that Femili PNG recruited a third caseworker in May 2025.

Targeted investments have further improved operational efficiency and safety. The procurement of a Land Cruiser in early 2024 significantly enhanced the team’s capacity to transport survivors to rural safe houses and high-risk locations, reducing reliance on hired vehicles and limiting survivor exposure to unsafe public transport. This investment strengthened service reliability while supporting staff safety during outreach and emergency response.

Following the conclusion of the Spotlight Initiative, Femili PNG experienced a temporary slowdown in operations⁶. However, the organisation demonstrated adaptability by stabilising and diversifying its funding base. Continued support from the Australian NGO Cooperation Program (ANCP) through Femili PNG Australia, the World Gold Council, and new funding from the United Nations Development Programme (UNDP) for SARV case management enabled the Outpost to restore operational continuity, retain staff, and respond to complex cases. This diversification reduced dependence on short-term grants and enhanced financial resilience.

II. Sustainability Constraints and Risks

Despite demonstrated cost-efficiency, the evaluation identifies ongoing sustainability risks. The Outpost continues to rely primarily on donor funding, while government financial contributions remain limited. Stakeholders consistently emphasised the need for stronger national and subnational government ownership to ensure long-term viability. As one board member stated, *“Ownership and desire to have this program must come from the government and service providers.”*

Staffing pressures remain a central constraint. Without increased personnel and clearer role delineation, the model continues to rely on staff absorbing coordination, logistics, and system-level gaps beyond its intended scope. In addition, the absence of fully institutionalised SOPs, formal referral protocols, and shared case-tracking systems limits scalability and increases the coordination burden on Femili PNG. One stakeholder observed that *“even though they sit under government structures, they still carry most of the operational burden,”* highlighting the need for clearer cost-sharing and responsibility-sharing arrangements.

Overall, while the Goroka Outpost demonstrates strong cost-efficiency and adaptive capacity, sustaining and scaling the model will require a gradual shift from reliance on organisational resilience toward more institutionalised support, including government engagement, shared systems, and predictable resourcing.

4.4.4. Model Adaptation and Response to Preliminary Evaluation Findings

Since the 2022 preliminary evaluation, Femili PNG has taken concrete steps to strengthen the operational effectiveness of the Goroka Outpost while maintaining its low-cost case management model. Key improvements include the recruitment of a dedicated Project/Casework Manager, which has strengthened day-to-day coordination, supervision, and workflow management, and the procurement of a project vehicle, which has significantly improved survivor transport, outreach coverage, and emergency response capacity. These investments have enhanced service responsiveness while reducing operational risk.

⁶ Noting that this temporary slowdown was more staffing related and not due to a gap in funding.

Femili PNG has also continued to administer a Client Satisfaction Tool as part of its survivor-centred quality assurance approach. The tool reflects trauma-informed principles, including confidentiality safeguards, avoidance of direct caseworker administration, and the inclusion of questions on safety, emotional support, and being listened to. This mechanism demonstrates an organisational commitment to accountability and survivor voice within a resource-constrained setting.

However, the evaluation finds that certain structural gaps identified in the preliminary evaluation remain only partially addressed across the broader referral system. Standard Operating Procedures (SOPs) among referral partners have not yet been finalised, limiting consistency in case handling and inter-agency coordination. Staff well-being initiatives, while emerging, are not yet fully institutionalised, and referral pathways continue to rely heavily on informal communication, with limited documentation and shared tracking mechanisms among referral partners. Collectively, these unresolved system-level issues place additional coordination and accountability burdens on the Outpost and constrain the model's scalability and long-term sustainability.

4.4.5. Governance and Operational Readiness for Scale-Up

The evaluation examined the extent to which Femili PNG's low-cost case management model is ready for replication beyond Eastern Highlands Province. While the Goroka Outpost has demonstrated strong effectiveness and adaptability within its current context, findings indicate that replication without appropriate governance and operational readiness would pose significant risks to service quality and sustainability.

Stakeholders consistently emphasised that the model's success is highly context-dependent and relies on strong local coordination, institutional relationships, and operational support. As one management staff member observed, *"It's not realistic to replicate this model in every province. It's not cheap anymore, this is now a fully functional Case Management Centre."* This reflects an evolution from a pilot, low-cost initiative to a more resource-intensive, system-integrated service.

Several conditions were identified as critical to readiness for scale-up. These included the presence of formal commitments from provincial or local government authorities to support the model through infrastructure, staffing, and integration within provincial GBV strategies; the existence of viable partner networks capable of coordinated service delivery; and realistic, phased sustainability planning that does not rely solely on short-term donor funding. Stakeholders also highlighted the importance of readiness assessments prior to expansion to determine whether enabling conditions are in place at the subnational level.

Governance and risk management were identified as particularly important for any future replication. Board-level oversight was seen as essential to monitor performance, manage reputational and operational risks, and prevent expansion that could dilute service quality or overextend organisational capacity. As one board member reflected, *"Goroka helped us test how we can adapt to rural realities and build inclusive partnerships with local actors."*

Overall, the evaluation finds that while the Goroka Outpost provides a valuable proof of concept for survivor-centred case management in resource-constrained settings, replication should be approached

cautiously and guided by structured readiness, governance, and sustainability considerations rather than replication by default.

4.4.6. Summary of Findings: Low-Cost Case Management Model

The evaluation finds that Femili PNG's low-cost case management model, as implemented through the Goroka Outpost, has delivered high-impact, survivor-centred outcomes within a constrained resource environment. Through lean staffing, strong community networks, and coordinated referral pathways, the Outpost has provided trauma-informed legal, psychosocial, protection, and reintegration support to survivors of family and sexual violence and sorcery accusation-related violence.

The model has earned strong credibility and trust among survivors, referral partners, and local stakeholders, reinforcing its role as a central coordination hub within the provincial response system. This legitimacy has contributed to increased demand for services over time, reflecting both the effectiveness of the model and the unmet need for survivor-centred case management in the Eastern Highlands context. However, the findings also demonstrate that the model is now operating beyond its original design assumptions. Rising caseloads, increasing case complexity particularly in SARV contexts and persistent infrastructure and coordination gaps have placed sustained pressure on staff and systems. While the model remains cost-conscious, its continued effectiveness is increasingly dependent on adaptive resourcing, stronger institutional systems, and structured support for staff wellbeing.

Overall, the Goroka Outpost provides a compelling example of how a low-cost case management model can deliver meaningful outcomes in a resource-constrained setting. At the same time, the evaluation highlights that maintaining quality, safety, and sustainability will require deliberate investment in staffing, systems, governance, and readiness planning rather than continued reliance on individual resilience or informal coordination.

4.4.7. Implications for Model Sustainability and Replication

Findings from Section 4.4 point to several implications that are critical to sustaining the effectiveness of the Goroka Outpost model and informing any future replication.

- i. First, sustained increases in caseload volume and complexity underscore the importance of workload planning, supervision, and staff wellbeing as core elements of model sustainability. Without continuing to strengthen staffing structures and formalised support mechanisms, the risk of burnout and service disruption will continue to grow, potentially undermining trauma-informed engagement (see R1).
- ii. Second, the evaluation highlights that a low-cost model cannot rely indefinitely on multi-tasking and informal systems. The absence of institutionalised SOPs, regular case conferencing, and shared referral tools places a disproportionate coordination burden on Femili PNG and limits system-wide accountability. Strengthening these systems is essential to preserving service quality as demand increases (see R4).
- iii. Third, the findings indicate that while the Goroka model has demonstrated strong proof of concept, replication should not be approached as a simple scale-up exercise. Readiness for expansion depends on governance capacity, formal government engagement, sustainable financing arrangements, and risk management mechanisms at the provincial level. Without these

conditions, replication risks diluting service quality and overextending organisational capacity (see R12).

Together, these implications stress that the long-term viability of the Goroka Outpost does not depend on maintaining a “low-cost” profile at all costs, but rather on strategic investment in the systems, workforce, and governance arrangements required to sustain survivor-centred care over time.

These considerations are addressed through the consolidated Sustainability and Readiness Recommendations presented in Section 6 (R1, R4, and R12). Other service delivery, partnership, outreach, and volunteer-related issues are addressed under their respective evaluation objectives to ensure clarity, alignment, and avoid duplication across the report.

5. CONCLUSIONS

5.1. Summary of Achievements Against Objectives

This evaluation assessed the performance and outcomes of Femili PNG’s Goroka Outpost between February 2021 and January 2025, in line with the objectives outlined in the Terms of Reference. Drawing on service data, interviews, focus group discussions, and document review, the evaluation finds that the Goroka Outpost has delivered substantial impact for survivors of family and sexual violence (FSV) and sorcery accusation-related violence (SARV) in a highly complex and resource-constrained environment.

Across all objectives, the Outpost demonstrated strong effectiveness and relevance, particularly in improving survivor safety, access to protection, and continuity of care. The trauma-informed, survivor-centred case management model has been widely trusted by survivors and partners alike, with sustained follow-up emerging as a defining strength. Outreach and awareness activities, led largely by trained volunteers, have expanded service reach, strengthened referral pathways, and contributed to shifts in community awareness and help-seeking behaviour.

At the same time, the findings show that the Outpost is now operating beyond its original design parameters. While the team has doubled in size, growing caseloads, increasing complexity of SARV cases, infrastructure limitations, and heavy reliance on donor funding have introduced sustainability risks. These pressures shape not only service quality and staff wellbeing, but also the feasibility of replicating the model without significant adaptation and shared ownership.

Table 9: Key achievements against each evaluation objective, highlighting both performance gains and emerging constraints.

TOR Evaluation Focus	Summary of Achievements
1. Inclusion and Reach of Services	419 cases managed (415 new, 4 reopened) across 15 wards. Outreach reached over 4,800 people. Despite this reach, the site lacks disability access and child-friendly infrastructure.
2. Survivor Satisfaction and Feedback Mechanisms	35 out of 37 survivors reported feeling respected and supported. Average satisfaction score: 4.8/5 for Femili PNG; 4.1/5 for other providers.

3. Referral Systems and Partnerships	87% of SARV cases involved police or welfare referrals, resulting in 13 arrests, 26 investigations, and 6 search/removal orders. No formal SOPs or referral agreements in place.
4. Outreach and Community Engagement	10 active outreach volunteers. Outreach reached 4,800+ participants. Volunteers noted for careful handling of SARV. Male and youth engagement remains limited.
5. Data Use and Quality	3,979 follow-up consultations recorded. CMS training improved data accuracy and entry, but there are still gaps in how cases are closed and how survivors' long-term outcomes are tracked.
6. Staff Support and Sustainability	Staff benefit from supervision and debriefing. However, increased caseloads (often double the original monthly target) persist. The model remains 90% donor funded.
7. Model Replicability and Learning	The Outpost now functions as a fully operational Case Management Centre, managing 200+ cases annually. Replication is not viable without government-provided space, partner readiness, and secure funding.

5.2. Overall, Strengths and Areas for Improvement

Synthesising findings across Sections 4.1–4.4, the evaluation identifies a set of core strengths that underpin the Goroka Outpost’s success, alongside structural and systemic challenges that limit sustainability and future scale-up.

Outpost’s strongest assets include high survivor trust and satisfaction, effective collaboration with police and welfare services in high-risk cases, a well-established volunteer outreach network, and continuous investment in staff and partner capacity. Importantly, the model has evolved from a lean pilot into a fully functioning Case Management Centre, increasingly recognised as a technical coordination hub within Eastern Highlands Province.

However, these strengths are counterbalanced by gaps in formalised coordination systems, limited government ownership, inadequate physical accessibility for persons with disabilities⁷ and children, and sustained pressure on staff due to increased caseloads and limited human resources. Continued dependence on donor funding further constrains long-term sustainability and increases risk should external funding fluctuate.

Table 10: Consolidated overview of strengths and areas for improvement.

Key Strengths:	Areas for Improvement
<ul style="list-style-type: none"> • High levels of survivor trust and satisfaction, grounded in trauma-informed, culturally respectful service delivery. • Strong operational collaboration with police and welfare, especially in urgent SARV and FSV cases. • Successful activation of outreach volunteers, now recognised as trusted 	<ul style="list-style-type: none"> • Limited systemic ownership by government partners, requiring greater engagement and accountability to ensure shared responsibility in coordination and delivery. • Absence of formal SOPs and referral agreements for multi-agency coordination beyond police and welfare. • Inadequate physical accessibility and inclusion for persons with disabilities and children.

⁷ Noting an increased number of people with disability accesses services.

<p>community actors in prevention and referral.</p> <ul style="list-style-type: none"> • Continuous staff and partner capacity development through training, supervision, and cross-site learning. • Effective evolution from a lean pilot to a full Case Management Centre responsive to emerging needs. • Femili PNG’s emergence as a technical support hub for service providers in Eastern Highlands Province. 	<ul style="list-style-type: none"> • Persistent staff burnout and documentation delays, driven by high caseloads and limited human resources. • Lack of a sustainable funding model, with continued over-dependence on donor support restricting future scale-up potential. • Risks associated with replicating the model without clear government commitment, adequate partner capacity, and adaptation to local contexts.
---	--

5.3. Overall Evaluation Conclusion

Taken together, the evaluation concludes that Femili PNG’s Goroka Outpost represents a highly effective and contextually relevant survivor support model, delivering strong outcomes under challenging conditions. Its success reflects a combination of survivor-centred practice, deep community engagement, and adaptive learning over time.

However, while the Goroka Outpost model remains cost-conscious, it can no longer be considered “low-cost” in operational terms. The evaluation finds that the model is now operating beyond its original design assumptions, with rising caseloads, increasing case complexity, and persistent infrastructure and coordination gaps placing sustained pressure on staff and systems. Its continued effectiveness now depends on strategic investment in staffing, infrastructure, coordination systems, and structured support for staff wellbeing, as well as shared responsibility across government and partner institutions. Without these investments, continued expansion of demand risks undermining service quality, staff wellbeing, and survivor outcomes.

From a DAC perspective:

- Effectiveness: Strong evidence of improved survivor safety, access to justice, and continuity of care.
- Relevance: Highly responsive to the needs of survivors of FSV and SARV, particularly in high-risk contexts.
- Coherence: Strong interpersonal coordination but limited formal system integration.
- Sustainability: Emerging risks due to funding dependence, staffing pressures, and limited institutional ownership.

The future viability of the Goroka Outpost lies not in preserving a low-cost profile, but in consolidating systems, strengthening partnerships, and embedding sustainability and readiness planning. The recommendations presented in Section 6 provide a coherent and prioritised roadmap to support this transition, ensuring that the Outpost can sustain survivor-centred care while informing any future replication in other provinces.

6. RECOMMENDATIONS

6.1. Purpose and Scope of Recommendations

This section presents a consolidated set of recommendations arising from the evaluation of Femili PNG's Goroka Outpost (February 2021 – January 2025). The recommendations are directly informed by findings across Sections 4.1 to 4.4 and are structured to strengthen service quality, sustainability, coordination, and readiness for future scale-up.

To avoid duplication and ensure clarity, recommendations have been consolidated into twelve priority actions (R1–R12). These recommendations are organised by strategic area and are intended to be practical, realistic, and aligned with the operational context in Eastern Highlands Province. Together, they aim to sustain survivor-centred outcomes while addressing system-level constraints identified through the evaluation.

Several of these recommendations build on reforms and improvements already initiated by Femili PNG and its partners, and are intended to consolidate, strengthen, and sustain these efforts over the next phase of implementation.

6.2. Consolidated Recommendations by Strategic Area

6.2.1. Service Delivery

- **R1. Continue to strengthen staffing and workload planning to ensure timely case management, documentation, and staff wellbeing during periods of increased demand.** This recommendation responds to sustained caseload growth, documentation delays, and staff burnout risks identified across service delivery and case management functions.
- **R2. Improve the physical accessibility, privacy, and functionality of the Goroka Outpost to better support survivors, including persons with disabilities and children.** This addresses infrastructure constraints affecting confidentiality, safety, and inclusive access to services, particularly for survivors with additional support needs.
- **R3. Continue to strengthen survivor feedback and accountability mechanisms, including accessible and confidential options suited to youth and low-literacy clients.** This builds on findings related to survivor voice, ethical practice, and the need for more inclusive and anonymous feedback pathways.
- **R4. Continue to strengthen trauma-informed service delivery, including capacity to respond to complex SARV cases and high-risk survivor needs through appropriate referral pathways.** This reflects the prevalence of complex, high-risk cases requiring specialist coordination, consistent trauma-informed practice, and strong referral linkages.

6.2.2. Partnerships and Referral Pathways

- **R5. Support provincial efforts to further strengthen and formalise referral coordination mechanisms, including clearer documentation, agreed processes, and shared understanding of roles at the provincial level.** This responds to gaps in formal referral systems, inconsistent documentation, and reliance on informal coordination practices.

- **R6. Continue strengthening the consistency of multi-agency coordination practices, including case conferencing and information sharing, to support continuity of care for complex cases.** This recommendation addresses variation in coordination quality across cases and the need for more predictable, structured collaboration among partners.
- **R7. Continue targeted capacity-building with referral partners to strengthen understanding of SARV legislation, protection order processes, child protection, and inclusive practices.** This reflects partner-identified capacity gaps and the importance of shared technical understanding across police, welfare, health, and community-based actors.

6.2.3. Outreach Strategies

- **R8. Further strengthen outreach planning and resourcing to support consistent delivery of awareness activities, particularly in rural and underserved communities, subject to available funding.** This responds to evidence that outreach has been effective but constrained by logistics, transport, and reliance on short-term funding.
- **R9. Improve the accessibility and inclusiveness of outreach and IEC materials, including greater use of Tok Pisin, visual, and low-literacy formats.** This addresses barrier faced by low-literacy audiences and persons with disabilities, and the need for more contextually appropriate communication tools.

6.2.4. Volunteer Engagement

- **R10. Continue strengthening consistency in documenting volunteer roles, responsibilities, and reporting expectations across different outreach contexts.** This recommendation responds to variation in role clarity and reporting practices that affect accountability and integration with referral pathways.
- **R11. Continue to support volunteer wellbeing, supervision, and recognition to sustain engagement and manage potential emotional burden associated with outreach activities.** This reflects volunteer feedback regarding emotional strain, safety concerns (particularly in SARV contexts), and the importance of supervision and recognition.

6.2.5. Governance and Sustainability

- **R12. Consolidate sustainability and readiness planning for the Goroka Outpost, including government engagement, risk management, and minimum operational standards to inform any future replication.** This responds to findings that, while the model is effective, replication or scale-up requires clear government commitment, partner readiness, and defined minimum conditions to protect service quality.

6.3. Prioritisation, Phasing, and Use of Recommendations

While all recommendations are important, the evaluation identifies R1 (staffing and workload planning), R2 (infrastructure and accessibility), R5 (formalised referral coordination), and R12 (sustainability and readiness planning) as foundational. These actions are critical to maintaining survivor safety, service continuity, workforce wellbeing, and preparedness for any future scale-up of the Goroka Outpost model.

The remaining recommendations can be implemented progressively, subject to available resources and partner engagement, without undermining current service delivery. Together, the full set of recommendations provides a sequenced and practical pathway for strengthening survivor-centred services.

These recommendations are intended to guide Femili PNG, government partners, donors, and implementing stakeholders in operational planning, resource mobilisation, and partnership development. They should be reviewed periodically and integrated into annual work plans, funding strategies, and coordination mechanisms to ensure continued relevance, responsiveness to survivor needs, and alignment with evolving contextual realities.

Table 11: Implementation Roadmap for Priority Actions (2025–2028)

Ref	Strategic Area	Recommendation	Primary Responsibility	Timeframe	Potential Funding Alignment
R1	Service Delivery	Strengthen staffing levels and workload planning to ensure timely case management, documentation, and staff wellbeing during periods of increased demand.	Femili PNG (with donor support)	Short–Medium term	Core service delivery; workforce sustainability
R2	Service Delivery	Improve the physical accessibility, privacy, and functionality of the Goroka Outpost, including disability-accessible and child-friendly, and survivor safe spaces.	Femili PNG; Provincial Government	Medium term	Infrastructure; inclusion; safeguarding
R3	Service Delivery	Strengthen survivor feedback and accountability mechanisms, including confidential and accessible options for youth and low-literacy clients.	Femili PNG	Short term	Accountability; survivor-centred practice
R4	Service Delivery	Continue strengthening trauma-informed service delivery and referral pathways for complex SARV and high-risk cases.	Femili PNG; Referral Partners	Ongoing	Protection; SARV response; risk management
R5	Partnerships & Referral Pathways	Support provincial efforts to formalise referral coordination mechanisms, including agreed	Provincial Government (with technical	Medium term	Systems strengthening; localisation

		documentation, processes, and role clarity.	support from Femili PNG)		
R6	Partnerships & Referral Pathways	Strengthen the consistency of multi-agency coordination through regular case conferencing and information-sharing mechanisms.	Femili PNG; Police; Welfare; Health	Short–Medium term	Coordination; multi-sector response
R7	Partnerships & Referral Pathways	Continue targeted capacity-building with referral partners on SARV legislation, protection orders, child protection, and inclusion.	Femili PNG	Ongoing	Capacity building; legal empowerment
R8	Outreach Strategies	Strengthen outreach planning and resourcing to support consistent awareness activities in rural and underserved communities.	Femili PNG (with donor support)	Medium term	Prevention; rural access
R9	Outreach Strategies	Improve accessibility and inclusiveness of IEC materials using Tok Pisin, visual, and low-literacy formats to reach diverse survivors and community groups.	Femili PNG	Short term	Inclusion; communications
R10	Volunteer Engagement	Strengthen consistency in documenting volunteer roles, responsibilities, and reporting expectations.	Femili PNG	Short term	Volunteer management; safeguarding
R11	Volunteer Engagement	Continue to support volunteer wellbeing, supervision, and recognition to sustain engagement and manage emotional burden.	Femili PNG	Ongoing	Workforce wellbeing; community resilience
R12	Governance & Sustainability	Consolidate sustainability and readiness planning, including government engagement, risk management, and minimum standards for replication.	Femili PNG; Government; Board	Medium–Long term	Sustainability; scale-up readiness

7. REFERENCE

Femili PNG. (2022). *Preliminary Evaluation Report: Goroka Outpost (February 2021 – July 2022)*. Retrieved from <https://femilipngaus.org/preliminary-evaluation-of-femili-pngs-goroka-case-management-outpost-february-2021-january-2022/>

- Parliament of Papua New Guinea. (2013). *Family Protection Act 2013*. Retrieved from <https://www.parliament.gov.pg/index.php/bills-and-legislation/view/family-protection-act-2013>
- Parliament of Papua New Guinea. (2022). *Criminal Code (Amendment) Act 2022*. Retrieved from https://www.parliament.gov.pg/uploads/acts/22A_14.pdf
- PNG National Research Institute. (2022). *Involvement of glasman/glasmeri in sorcery accusation cases triggers violence*. Retrieved from <https://pngnri.org/index.php/news-events/news/270-involvement-of-glasman-glasmeri-in-sorcery-accusation-cases-triggers-violence>
- South China Morning Post. (2025). *PNG's first 'glassman' sorcery conviction: can it 'stop madness' of mob justice?* Retrieved from <https://www.scmp.com/week-asia/lifestyle-culture/article/3304340/pngs-first-glassman-sorcery-conviction-can-it-stop-madness-mob-justice>

8. ANNEXES

8.1. FGD & KII Questionnaire : https://drive.google.com/file/d/1oT-ECqI2-rHJ6Npatn_cXgvounwcOfGn/view?usp=sharing

8.2. Consent Forms (FGD /KIIs)
- <https://drive.google.com/file/d/1tBgQhCF6gJyicWh32Ev09cLVCZ5QI447/view?usp=sharing>

8.3. List of Tables

- Table 1: Summary of Key Recommendations by Strategic Area
- Table 2: Goroka Outpost Evaluation Questions
- Table 3. Theory of Change Summary: Goroka Outpost
- Table 4. Participant Profile Summary
- Table 5: Client Cases by Type of Violence and Gender Breakdown
- Table 6: Types of Support Provided and Number of Service Instances (Feb 2021 - Jan 2025)
- Table 7: Enablers of Survivor Access to Services at the Goroka Outpost
- Table 8: Goroka Outpost Meeting Logs
- Table 9: Key achievements against each evaluation objective, highlighting both performance gains and emerging constraints.
- Table 10: Consolidated overview of these strengths and areas for improvement.
- Table 11: Implementation Roadmap for Priority Actions (2025–2028)

8.4. List of Figures

- Figure 1: Distribution of service types accessed by survivors (February 2021 to January 2025).
- Figure 2: Survivors with Disability Accessing services (February 2021 -January 2025)
- Figure 3: Referral Sources to Goroka Outpost (February 2021 -January 2025)

8.5. List of participants

	Date	Organisation	Age	Gender	KII /FGD	Group
1	28-Apr-25	Community Development - EHP	50+	F	KII	Partner /Service Provider
2	28-Apr-25	RPNGC	38	M	KII	Partner /Service Provider
3	28-Apr-25	NA	35	F	KII	Survivor - IPV
4	28-Apr-25	FPNG Goroka Outpost	32	F	KII	Staff
5	29-Apr-25	FPNG Board	60	M	KII	FPNG Board
6	29-Apr-25	Safe House	46	M	KII	Partner /Service Provider
7	29-Apr-25	NA	40+	M	KII	Survivor -SARV
8	29-Apr-25	Comm Member -Ufeto	30	F	FGD	Comm Member -Ufeto
9	29-Apr-25	Comm Member -Ufeto	43	F	FGD	Comm Member -Ufeto
10	29-Apr-25	Comm Member -Ufeto	45	F	FGD	Comm Member -Ufeto
11	29-Apr-25	Comm Member -Ufeto	23	M	FGD	Comm Member -Ufeto
12	29-Apr-25	Comm Member -Ufeto	55	M	FGD	Comm Member -Ufeto
13	29-Apr-25	Comm Member -Ufeto	49	M	FGD	Comm Member -Ufeto
14	29-Apr-25	Comm Member -Ufeto	55	M	FGD	Comm Member -Ufeto
15	29-Apr-25	Comm Member -Ufeto	26	F	FGD	Comm Member -Ufeto
16	29-Apr-25	Comm Member -Ufeto	42	F	FGD	Comm Member -Ufeto
17	29-Apr-25	Comm Member -Ufeto	60	F	FGD	Comm Member -Ufeto
18	30-Apr-25	NA	60+	M	KII	Survivor -SARV
19	30-Apr-25	NA	35	F	KII	Survivor -PWD
20	30-Apr-25	FPNG Goroka Outpost	50+	M	KII	Staff
21	30-Apr-25	NA	45	M	FGD	Survivor
22	30-Apr-25	NA	46	M	FGD	Survivor
23	30-Apr-25	NA	35	M	FGD	Survivor
24	30-Apr-25	NA	23	F	FGD	Survivor
25	30-Apr-25	NA	43	F	FGD	Survivor
26	30-Apr-25	NA	40	F	FGD	Survivor
27	1-May-25	Family Support Centre	36	F	KII	Partner /Service Provider
28	1-May-25	NA	17	F	KII	Survivor -Youth
29	1-May-25	Volunteer	45	M	KII	Outreach Volunteer
30	1-May-25	FPNG	45	F	KII	FPNG Management
31	1-May-25	Juvenile Justice -DJAG	40	F	FGD	Partner /Service Provider
32	1-May-25	Family Voice	70	F	FGD	Partner /Service Provider
33	1-May-25	Nokondi Disability Org	40	F	FGD	Partner /Service Provider
34	1-May-25	UOG	31	M	FGD	Partner /Service Provider
35	1-May-25	Family Voice	47	M	FGD	Partner /Service Provider
36	1-May-25	Family Voice	25	F	FGD	Partner /Service Provider
37	2-May-25	NA	40	F	KII	Survivor - GBV
38	2-May-25	Volunteer	44	M	FGD	Outreach Volunteer
39	2-May-25	Volunteer	28	M	FGD	Outreach Volunteer
40	2-May-25	Volunteer	36	M	FGD	Outreach Volunteer

41	2-May-25	Volunteer	57	M	FGD	Outreach Volunteer
42	2-May-25	Volunteer	45	F	FGD	Outreach Volunteer
43	2-May-25	Volunteer	34	F	FGD	Outreach Volunteer
44	2-May-25	Volunteer	46	F	FGD	Outreach Volunteer
45	2-May-25	Volunteer	60+	M	FGD	Outreach Volunteer
46	2-May-25	Volunteer	43	M	FGD	Outreach Volunteer
47	9-May-25	FPNG Board	45	F	KII	FPNG Board