

The National Papua New Guinean Strategy to Prevent and Respond to Gender- Based Violence 2026 to 2035

A Call to Action for a Safer Future

As PNG approaches the expiration of its 2016 to 2025 National Strategy to Prevent and Respond to Gender-Based Violence, it is imperative to recognize the alarming trends, the inadequacies in response systems, and the pressing need for a comprehensive and coordinated approach that empowers communities, enhances legal protections, and fosters societal change to ensure a safer and more equitable future for all Papua New Guineans.

Preface

Papua New Guinea (PNG) in its maiden years following Independence laid a strong foundation for work around addressing violence against women, girls and families. In the early years, this work was spearheaded by women-led NGOs, including the PNG National Council of Women. Earliest government interventions were spearheaded by the Women in Law Committee under the Law Reform Commission (now renamed Constitutional Law Reform Commission). Overall, government support was ad hoc and intermittent.

From program to sector approach, the Family and Sexual Violence Action Committee (FSVAC), as one of the sectoral Committees of the Government of PNG's Consultative Implementation Monitoring Committee (CIMC) under the Department of National Planning and Monitoring coordinated and managed stakeholder partnerships, programming and implemented with a strong nationwide network of Civil Society Organizations (CSOs), for well over three decades under the leadership of Ume Wainetti and later Marcia Kalinoe.

The 2016 to 2025 Gender-Based Violence (GBV) Strategy made a drastic shift from sectoral to an institutionalized government-led approach to addressing the escalating levels of GBV in the country. The Department for Community Development and Religion; Family and Sexual Violence Action Committee/CIMC; and Civil Society Partners, with financial support from the Australian Department of Foreign Affairs and Trade (DFAT), and technical support from the United Nations Development Programme (UNDP) in PNG.

The use of GBV as a working concept evolved with the development of the 2016 to 2025 Strategy. This was not without challenges, as critics argued that the term gender was not widely understood and could potentially subvert good intentions. However, through a thorough literature review of both local and international published reports of experiences, and from consultations with stakeholders, it was concluded that the use of gender embraces all forms of violence and most importantly recognized that the underlying or root causes of acts of violence is gendered unequal power relationships. Gender inequality was recognized as the underlying reason for violence.

The 2026 to 2035 and the 2016 to 2025 Strategies are each a product of their time. The methodology adopted, and the timeframe set them apart. The first strategy utilized two main methods to collate GBV-related data and information: an extensive literature review covering the period 1975-2015 of local and international and a mapping exercise which assessed the work of 147 organizations working across 16 Provinces, including national level consultations with stakeholders. Terms such as family and sexual violence, domestic violence, wife beating,

rape and other forms of violence were used interchangeably depending on cases, and circumstances.

In preparation for the current strategy a national survey of 5000+ Papua New Guineans was conducted and questionnaires from all provinces plus the Autonomous Region of Bougainville were collected, in addition to an extensive research review (Corlis & Sepoe, 2025). The research went beyond the conventional consultation to conduct a Listening Tour which involved a high-level political leadership in the Chairman of the Permanent Parliamentary Committee on Gender Equality and Women's Empowerment, Hon Powes Parkop, Governor of NCD, and Hon. Jason Peter Minister responsible for Community Development. And the 2016 to 2025 Strategy Review team comprised mostly emerging women leaders under the leadership of Diane Kambanei as acting Executive Director, National GBV Secretariat. This adds a long-term strategic significance to the immense potential for nation-building through the empowerment of women and girls in PNG.

The new 2026 to 2035 Strategy builds from the first institutionalized strategy in embedding stronger processes of accountability so that the policy is implemented with government leadership, at all levels; multi-sector; whole of government; and whole of civil society private sector partnership plus ownership by all citizens.

International Development Partners are critical partners in protecting and upholding the human rights of women and girls, plus promoting gender equality and women's empowerment in the GBV space. They can leverage and align their support to different strategic pillars of the new strategy and provide technical support in integrating data collection, reporting, information sharing, monitoring, evaluation and learning.

DR. Orovu Sepoe

Gender Equity and Social Inclusion Specialist

Foreword from the Prime Minister

As Prime Minister of Papua New Guinea, I am both humbled and resolute in presenting our nation's National Strategy to Prevent and Respond to Gender-Based Violence 2026–2035. Gender-based violence is one of the gravest challenges facing our society today—one that threatens the safety, dignity, and potential of millions of our women, girls, and families. The statistics are sobering: if we do not act decisively, nearly eight million women could be affected by GBV by 2046. This is not merely a crisis of numbers, but a crisis of humanity that strikes at the very heart of our national character and our shared future.

For too long, gender-based violence has been treated as a private tragedy rather than a public emergency. This strategy marks a paradigm shift. We are declaring, as a nation, that GBV is a national crisis that demands urgent, coordinated, and sustained action from every level of government, every sector, and every community. Our response must be rooted in zero tolerance, survivor-centered care, and a commitment to justice, equity, and accountability.

This plan is the result of tireless advocacy by survivors, community leaders, frontline workers, and countless Papua New Guineans who have demanded change. It sets forth a bold, whole-of-nation approach: strengthening governance and institutional reform, ensuring equitable and trauma-informed survivor services, disrupting harmful norms through prevention and education, repairing our justice system, and building robust data and accountability mechanisms. We will invest in scalable solutions, empower our provinces and districts, and hold ourselves accountable for measurable results.

I call on all Papua New Guineans—leaders, civil servants, faith and village leaders, men and boys, women and girls—to unite behind this strategy. Let us draw strength from our values of compassion, courage, and resilience. Let us work together to end the cycle of violence, restore trust in our institutions, and build a future where every person can live free from fear and harm. The road ahead will not be easy, but our resolve is unwavering. Together, we can and must create a safer, more just, and more unified Papua New Guinea for generations to come.

Hon. James Marape

Prime Minister of Papua New Guinea

May 2025

Letter from the Minister of Community Development

As Minister for Community Development, Religion and Youth, it is my profound honor to present the National Papua New Guinean Strategy to Prevent and Respond to Gender-Based Violence 2026–2035 - a strategy that stands as both a call to action and a blueprint for hope. GBV remains one of the gravest challenges facing our nation, touching every community and threatening the very foundation of our families, our economy, and our future. The statistics are sobering: nearly seven in ten women in PNG will experience physical or sexual violence in their lifetimes, and the economic and social costs of GBV drain billions of kina from our national potential each year. For too long, survivors have suffered in silence, and our response as a nation has been fragmented, under-resourced, and insufficient.

This new strategy is different. It is the result of years of consultation with survivors, community leaders, youth, faith organizations, civil society, and government partners at every level. It is grounded in our constitutional commitment to equality and justice, and it aligns with our obligations under Vision 2050, CEDAW, and the Sustainable Development Goals. It is a whole-of-nation roadmap-anchored in survivor-centered care, robust prevention, justice system reform, and real-time data-driven accountability. At its core, the strategy recognizes that GBV is not just a women's issue, but a national crisis that demands bold leadership and collective action. It sets out clear, ambitious 2035 targets: zero tolerance for GBV, 100% provincial coverage of GBV secretariats, 60% rural access to trauma-informed care, and a generational shift in attitudes among our youth. It leverages a diversified funding model and ensures that every kina invested yields a ninefold return in health, dignity, and economic participation. The strategy also acknowledges the unique strengths of Papua New Guinea-our rich cultural diversity, the resilience of our communities, and the moral leadership of our churches and faith-based organizations. By integrating positive cultural practices, engaging customary and faith leaders, and empowering youth and survivors as agents of change, we are building a movement that is both inclusive and sustainable.

I am committed to ensuring that this strategy is not just a document, but a living promise that is implemented with urgency, monitored with transparency, and adapted with humility. I call on all Papua New Guineans to unite behind this strategy. Let us draw strength from our values of compassion, courage, and resilience. Let us work together to end the cycle of violence, restore trust in each other, and build a future where every person can live free from fear and harm. The road ahead will not be easy, but our resolve is unwavering. Together, we can and must create a safer, more just, and more unified Papua New Guinea for generations to come.

Honorable Jason Peters

Minister for Community Development, Religion and Youth

May 2025

Letter from Chairman PPC-GEWE

As Chairman of the Permanent Parliamentary Committee on Gender Equality and Women's Empowerment, I am privileged to present this National Strategy to Prevent and Respond to Gender-Based Violence (GBV) 2026–2035. Our committee's mandate is to provide vigilant parliamentary oversight, ensure accountability, and foster inclusive dialogue on the policies and programs that shape the lives of Papua New Guineans—none more urgent than the national response to GBV.

This strategy is the product of extensive consultation, rigorous review, and the collective wisdom of survivors, community leaders, service providers, and policymakers from every province. It reflects our recognition that GBV is not simply a matter for government or law enforcement, but a challenge that cuts across every sector and every community. It is a national issue that demands a whole-of-society response—one that is informed by evidence, guided by survivor voices, and continuously improved through transparent monitoring and learning.

The Committee has closely scrutinized the lessons of the past decade. We have seen the costs of fragmented governance, insufficient coordination, and the failure to embed survivor-centered approaches at every level. This strategy responds to those lessons with a commitment to robust institutional reform, data-driven decision-making, and the mainstreaming of prevention and support services. Our role, as a parliamentary committee, is to ensure that these commitments are not only made but kept. We will hold regular hearings, review progress against clear indicators, and invite testimony from civil society, survivors, and frontline workers to ensure that this strategy remains relevant, effective, and accountable.

I wish to acknowledge the courage of survivors who have come forward, the dedication of those working on the front lines, and the growing coalition of leaders and citizens who refuse to accept violence as inevitable. The Committee stands ready to work with all partners—across government, civil society, and our international allies—to ensure that the promises made in this strategy are translated into real, measurable change.

Let us move forward with resolve, humility, and a willingness to listen and adapt. The road ahead will require vigilance, partnership, and honest self-assessment. On behalf of the Committee, I commend this strategy to Parliament and to the people of Papua New Guinea, confident that together, we can build a safer, more just, and more equal nation.

Hon. Powes Parkop

Chairman, PPC-GEWE

May 2025

Table of Contents

Executive Summary	- 8 -
Situational Analysis	- 10 -
Defining Gender-Based Violence	- 13 -
A Summary Review of the 2016 to 2025 National GBV Strategy	- 15 -
The Strategic Imperative	- 18 -
Vision, Mission, and Theory of Change	- 19 -
The Guiding Principles	- 20 -
Strategic Goals and Objectives	- 21 -
Strategic Pillars	- 23 -
Governance Structure	- 37 -
Budget and Mobilization Plan	- 39 -
Results Framework and Indicator Definitions	- 46 -
Monitoring, Evaluation and Learning	- 48 -
Communication Summary	- 51 -
Alignment with International and National Frameworks	51
Partnership and Stakeholder Roles	- 54 -
Implementation Timeline	- 57 -
Appendices	- 59 -

Executive Summary

PNG stands at a critical crossroads in its fight against GBV. Despite progress through the 2016–2025 National GBV Strategy, the country faces a GBV crisis of unprecedented scale and complexity. Over the past four decades, the number of women experiencing GBV has surged by more than 210%, with current projections warning that nearly eight million women could be affected by 2046 (Corlis & Sepoe, 2025) if urgent action is not taken. In 2025, 64% of women reported experiencing intimate partner violence, and harmful modern social norms—such as non-consensual polygamy and hyper-masculinity—continue to perpetuate gender inequality and intergenerational trauma (Ibid). The economic cost is staggering: GBV drains an estimated 6.2% of GDP (OECD, 2019) annually from PNG’s economy, undermining social cohesion, productivity, and national development.

This strategy is a call to national action, grounded in a vision of a nation where all individuals live free from violence and discrimination, empowered to realize their full potential in safety and dignity. The mission is clear: to eradicate GBV through a comprehensive, survivor-centered approach that integrates systemic accountability, attitudinal transformation, legal reforms, prevention programs, and robust data-driven policymaking. The strategy is built on the recognition that incremental change is no longer sufficient; what is required is a paradigm shift—treating GBV as a national crisis, investing in scalable solutions, and holding all actors accountable for results.

The approach is anchored in five strategic pillars:

- **Transformative Governance and Institutional Reform:** Elevating the National GBV Secretariat (NGBVS) to statutory authority, establishing and resourcing Provincial Secretariats, mandating provincial budget allocations, and driving legislative reforms to address the root causes of GBV.
- **Survivor-Centered Services:** Establishing a fully functioning Family Support Center and safe house in every District (95), deploying telehealth units and a 24/7 hotline, training frontline health workers in trauma-informed care, expanding counselling to schools and safehouses, and integrating economic empowerment for survivors.
- **Prevention and Cultural Shifts:** Scaling evidence-based prevention programs, embedding GBV prevention into schools and communities, engaging youth and male champions, and partnering with village leaders to reform harmful rites of passage.

- **Justice System Repair:** Expanding GBV circuit courts, training specialized GBV police, implementing perpetrator rehabilitation, and piloting community accountability circles to restore public trust and ensure survivor-centered justice.
- **Data Systems and Accountability Mechanisms:** Launching a National GBV Dashboard for real-time, transparent data; mandating provincial reporting and annual audits; and using AI-driven analytics to target high-risk periods and regions.

The expected impact is transformative: by 2035, the strategy aims to halve the incidence of GBV, achieve 100% provincial coverage of GBV secretariats, ensure 60% rural access to survivor services, raise conviction rates to 25%, and catalyze a generational shift in attitudes—particularly among youth. The anticipated economic return is compelling, with every kina invested projected to save nine kina in long-term costs reclaiming up to K60 billion annually by reducing GBV’s burden on society.

The annual budget of K180 million is a consolidated, national investment that is shared across all government agencies, departments, ministries, and delivery partners involved in GBV prevention and response. This means that the K180 million is not controlled or spent by a single agency but is instead distributed and managed collaboratively to support the full range of activities and responsibilities outlined in the National Strategy. This approach ensures that every sector and level of government is resourced and accountable for their role in achieving zero tolerance for GBV.

This strategy was informed by a national consultative process that included more than 5000 confidential surveys, over 1000 interviews, and regional consultations as well as a broad-based literature review. The results of this research can be found in the *Comprehensive Study on Gender-Based Violence in Papua New Guinea* prepared by Corlis & Sepoe, 2025. The new Strategy is accompanied by two, stand-alone compendium documents: a detailed Monitoring, Evaluation and Learning Framework and Implementation Plan.

Together, this whole-of-nation strategy unites government, civil society, the private sector, and communities around a shared vision and measurable results. By embedding survivor voices, strengthening governance, and leveraging data for continuous improvement, PNG can become a regional model for GBV prevention and response—delivering safety, dignity, and justice for all.

Situational Analysis

PNG is in the grip of a GBV crisis of unprecedented scale and intricacy, with the number of women experiencing GBV having surged by more than 210% over the past four decades. Recent projections warn that, if current trends persist, nearly eight million women could be affected by 2046 (Corlis & Sepoe, 2025). In 2025 alone, 64% of women reported experiencing intimate partner violence, and 82% have faced some form of GBV in their lifetime (ibid). These staggering figures are symptomatic of deeply entrenched modern social norm: 83% of men believe they have the right to beat their wives, and harmful, hyper-masculinity continue to perpetuate gender inequality and intergenerational trauma (ibid). Particularly alarming is the trend among younger generations, with those under 40 both at the highest risk of perpetrating violence and most affected by it, highlighting the urgent need for targeted interventions that address the attitudes and behaviors of youth (ibid).

The impact of GBV in PNG is not only a profound violation of human rights but also a major impediment to social cohesion and economic development. The private sector cost of GBV is estimated at \$7.4 billion annually, and sexual violence alone accounts for \$4.8 billion of the 6.2% loss to GDP (OECD, 2019). These costs are borne by individuals, families, communities, and the nation's overstretched health, justice, and social systems. GBV disproportionately affects women, but also severely impacts young women, children, vulnerable people, and those living in rural and remote communities, who are often underserved and at greater risk.

Despite the scale and urgency of the crisis, PNG's response systems remain critically inadequate and fragmented. Only five out of twenty-two provinces have functional GBV secretariats, and the NGBVS itself was not formalized until six years into the previous strategy's ten-year tenure and as of this writing does not have a salaried staff on contract. Chronic underfunding, insufficient staffing, and a lack of authority over key agencies have further undermined national efforts. Currently, the Provincial Grants system classifies Community Development under an 'others' category, leaving funding to the discretion of provincial government whims. Even where budgets were allocated, resources were not effectively utilized until as late as 2023. The justice system is similarly underperforming, with conviction rates for GBV cases languishing at just 0.5% (PPC-GEWE report, 2022).

Survivors face numerous barriers in seeking help, especially in rural areas where access to police, health facilities, and safe houses is limited, and where stigma and lack of trained personnel further discourage reporting and access to justice. The service delivery landscape is characterized by significant gaps and systemic weaknesses, with only 74 Family Support Centers and 51 formal safe houses nationwide, leaving vast swathes of the population without adequate support (Corlis & Sepoe, 2025). Frontline workers, despite their dedication and

resilience, are overstretched and under-resourced, and trauma-informed care is not consistently available. National consultations highlight the resilience of local communities but also reveal how biased policing and inadequate judicial processes continue to undercut progress. Emerging challenges, such as cyber-GBV and methamphetamine-linked violence, further complicate the landscape.

The failure of the 2016–2025 National GBV Strategy can be traced to governance fragmentation and a lack of high-level leadership. The NGBVS has been buried within a ministry with little authority, and the strategy was neither promoted nor adequately supported at provincial and district levels. Donor and development partner initiatives often operated in isolation, lacking accountability and sometimes working competitively and at cross-purposes, which further fragmented the national response and left survivors and communities without the comprehensive support envisioned in the original policy framework. Key challenges include significant governance gaps, a justice system with negligent conviction rates for GBV cases, survivors facing geographic and institutional barriers, and deeply rooted social norm such as non-consensual polygamy and hyper-masculinity that perpetuate gender inequality and intergenerational trauma.

Yet, there are clear signs of hope and opportunity for transformative change. The establishment of the Coalition of Parliamentarians to end GBV, followed by the Special Parliamentary Committee on GBV and the Permanent Parliamentary Committee on Gender Equality and Women’s Empowerment (PPC-GEWE), signals a growing political will and bipartisan commitment to address the crisis. The historic March 18, 2025 Parliamentary Session on GBV and the allocation of funding to civil society organizations and provincial governments for GBV initiatives reflect a new momentum for coordinated grassroots-driven solutions. Community-based programs like Sanap Wantaim, Equal Playing Field, and Voice for Change demonstrate the potential for youth leadership and societal attitude shifts, while overwhelming public support for ending GBV offers a foundation for positive change.

As PNG prepares to develop its National GBV Strategy for 2026 to 2035, it is essential to build on this momentum by embedding survivor voices, community leadership, and local organizations into the implementation process. A coordinated, whole-of-nation approach—anchored in strong, centralized governance but enabling decentralized, context-specific action—is vital. This must be underpinned by comprehensive training for law enforcement, healthcare providers, and community leaders; robust data collection and analysis; and the mainstreaming of GBV prevention and response across all sectors.

The Results-Based Management (RBM) Logic Model provides a clear framework for mapping every activity, input, and outcome to measurable results. Strategic priorities must include elevating the NGBVS to statutory authority with sufficient budget and staffing, expanding

provincial secretariats for 100% coverage, professionalizing the justice system with GBV circuit courts and magistrate training, scaling up trauma-informed survivor services (including telehealth and microloans), and embedding prevention efforts in schools and communities. Investments in data systems—such as an AI-powered National GBV Dashboard and regular OECD-standard audits—will ensure transparency, accountability, and adaptive management. Only through substantial investment, sustained collaboration, and a shared commitment to equity and accountability can PNG disrupt the intergenerational cycle of violence and realize the vision of a safe, unified nation free from GBV.

Defining Gender-Based Violence

The term “gender-based violence” refers to violence that targets individuals or groups based on their gender. The United Nations’ Office of the High Commissioner for Human Rights’ Committee on the Elimination of Discrimination against Women (CEDAW) defines it as “violence that is directed against a woman because she is a woman or that affects women disproportionately”, in its General Recommendation 19. This includes acts that inflict physical, mental or sexual harm or suffering, the threat of such acts, coercion and other deprivations of liberty. Together with “sexual violence” and “violence against women”, “gender-based violence” is used interchangeably.

This does not mean that all acts against a woman are GBV, or that all victims of GBV are female. The surrounding circumstances where men are the victim of sexual violence could be when a man is harassed, beaten or killed because he does not conform to the view of masculinity, which is accepted by his society.

Legal Definition of Gender-Based Violence in Papua New Guinea

PNG defines GBV through both national strategy documents, such as this one, and specific legislation. The PNG Strategy to Prevent and Respond to GBV 2016-2025 provided a comprehensive definition, and key laws such as the Family Protection Act 2013 and amendments to the Criminal Code, outline specific offences and penalties. The 2016 Strategy recognized that violence against women and girls is the most prevalent form of GBV, often perpetrated by intimate partners and referred to as intimate partner violence, domestic violence, or family sexual violence. This strategy (2026 to 2035) adopts the 2016 Strategy definition:

“GBV is the physical, emotional, psychological, and sexual abuse directed against a person because of his or her gender in a society or culture, including, but not limited to, acts committed with force, manipulation, or coercion and without the informed consent of the survivor, to gain control and power over them.”

There is also a difference between interpersonal violence such as economic, sexual, psychological, or other violence by an individual against another, often within families or intimate relationships; and structural/Institutional violence such as structural inequalities or institutional discrimination that maintain a person in a subordinate position due to gender.

Key Legal Instruments and Specific Acts Constituting Gender-Based Violence

- Family Protection Act 2013: Criminalizes domestic violence, including physical, sexual, psychological, and economic abuse within families.

- Criminal Code (as amended): Addresses crimes such as rape (Section 347), sorcery-related willful murder (Section 229), and incest, with increased penalties for aggravated offences.
- Human Trafficking Act: Addresses trafficking offences, including those with a gendered impact

The following acts are recognized as forms of GBV under PNG law and policy:

Act/Offence	Legal/Strategic Definition	Relevant Law/Strategy
Physical Abuse	Physical violence or harm directed at a person because of their gender.	Family Protection Act 2013.
Emotional/Psychological Abuse	Acts causing mental or emotional harm, including intimidation, threats, or manipulation, based on gender.	Family Protection Act 2013.
Sexual Abuse	Non-consensual sexual acts, including rape, sexual assault, and sexual harassment, perpetrated because of gender. Includes aggravated rape and incest.	Criminal Code (Section 347).
Economic Abuse	Controlling a person's access to financial resources, property, or employment due to their gender.	Family Protection Act 2013.
Family and Sexual Violence	Physical, mental, or sexual abuse within the family, directed at a person because of their gender, including acts attempted or threatened, committed with force, manipulation, or coercion and without the survivor's formal consent.	National Strategy
Forced Marriage	Marriage arranged against the victim's wishes, often with threats of violence or abuse if they refuse.	National Strategy
Threats and Coercion	Threatening to commit acts of violence or using coercion to control or harm someone because of their gender.	Family Protection Act 2013.
Deprivation of Liberty	Arbitrary deprivation of liberty, such as confinement or restriction of movement, based on gender.	National Strategy
Sorcery-Related Violence	Violence, including wilful murder, linked to accusations of sorcery, often targeting women. Penalties increased under recent amendments.	Criminal Code (Section 229).
Human Trafficking	Acts of trafficking for exploitation, including sexual exploitation, often with a gendered dimension.	Human Trafficking Act.

A Summary Review of the 2016 to 2025 National GBV Strategy

The *Comprehensive Study on Gender-Based Violence in Papua New Guinea* prepared by Corlis & Sepoe, 2025, provides an evidence-based assessment of the Papua New Guinea National Strategy to Prevent and Respond to Gender-Based Violence (2016–2025) and points to systemic implementation failures despite its ambitious framework.

A critical flaw was the delayed formalization of the NGBVS, which only became operational six years into the strategy's timeline, leaving coordination fragmented across underfunded provincial secretariats and stakeholders. Governance structures remained weak, with just five of 22 provinces having functional GBV secretariats and only six receiving annual funding exceeding K500,000. High-level leadership within the ministry responsible for implementing the Strategy failed to prioritize GBV response mechanisms or enforce interagency collaboration. Compounding this, cultural norms rooted in patriarchal values and practices like non-consensual polygamy perpetuated hyper-masculinity, with 83% of men believing in their right to physically discipline partners.

The justice system's inadequacies exacerbated the crisis, with conviction rates as low as 0.5% in some regions due to geographical barriers, scarce legal aid, and societal stigma. Service access disparities persisted, with rural areas particularly underserved—only 74 functional Family Support Centers and 51 safe houses existed nationally by 2025, far below demand. Donor-driven initiatives often operated in silos, lacking accountability or alignment with the national strategy, while budget mismanagement delayed critical resource allocation until 2024.

Despite these failures, limited successes emerged. Youth-focused programs like *Equal Playing Field* demonstrated promise by using sports and education to shift gender norms, aligning with global evidence on prevention. The establishment of 51 safe houses and 74 Family Support Centers across 20 provinces, though insufficient, marked foundational progress in survivor care. Political engagement also grew through parliamentary committees on gender equality, creating avenues for future policy integration.

The strategy's shortcomings stemmed primarily from structural disempowerment, chronic under-resourcing, and a failure to address deep-seated cultural drivers. However, its emphasis on multi-sectoral coordination and prevention laid groundwork for future efforts, provided subsequent plans prioritize institutional authority, and sustained funding and culturally adaptive interventions.

Recommendations built on lessons from the 2016 to 2025 strategy review, point to the following areas of prioritization needed for the 2026 to 2035 strategy:

1. Structural Empowerment of the NGBVS

- Elevate the NGBVS to a standalone authority with direct reporting to the Prime Minister's Office to enforce coordination and budgetary oversight.
- Mandate annual funding allocations with performance-linked disbursements to ensure accountability.

2. Justice System Repair

- Expand **Family Sexual Violence Units (FSVUs)** to all 95 districts and train 500 specialized GBV prosecutors by 2030, aiming to raise conviction rates above 25% by 2035.
- Introduce GBV circuit courts and legal aid clinics in all provinces, coupled with stigma-reduction campaigns co-designed with survivors and revamp the use of Community Auxiliary Police (CAPs) to assist work on GBV efforts

3. Prevention Through Cultural Transformation

- Scale child and youth programs to all primary and secondary schools, integrating gender equality curricula and sports and arts-based modules proven to reduce acceptance of violence.
- Launch a national campaign targeting hyper-masculinity norms, engaging male and female allies (e.g., church and community leaders, artists, musicians, athletes) as advocates, and creating new legislative reform as defined through CEDAW.

4. Survivor-Centered Service Expansion

- Increase the number of rural **Family Support Centers (FSCs)** and safe houses to one in each district (95) by 2035, using a hub-and-spoke model to link remote communities to urban resources.
- Integrate economic and life skill empowerment programs (e.g., microfinance with gender-transformative training) to reduce financial dependency on abusers.
- Ensure the availability of pro-bono legal services.

5. Resource Extraction Sector Accountability

- Revive, and expand for the entire resource extraction sector, the **“Women in Mining” action plan** (2007–2012) with gender audits of extraction companies.
- Redirect K300 million/year from resource extractive industry revenues to fund survivor services, justified by the K118.6 billion annual productivity loss from GBV.
- Establish a Resource Extractive Sector Ombudsman Office to investigate GBV-linked resource conflicts and compensate affected communities.

6. Donor & Data Reform

- Create a **GBV Donor Coordination team in the NGBVS reporting to the National GBV Council** to align 90% of international funding with national priorities by 2030, ending fragmented projects.
- Deploy a **real-time GBV data platform** across all 95 districts, using predictive analytics to direct resources to violence hotspots.

7. Political & Economic Prioritization

- Legislate a **GBV Impact Assessment** for all public policies, mirroring environmental reviews, to identify unintended consequences on gender equality.
- Mandate a **minimum % of DSIP/PSIP for GBV** in national guidelines (e.g., 5–10%).
- Require all provinces and districts to **submit annual GBV plans and budgets** as part of their DSIP/PSIP submissions.
- Tie a **portion of DSIP/PSIP disbursement to performance on GBV indicators** (e.g., rural service coverage, survivor satisfaction, school curriculum rollout).

By anchoring these measures in constitutional reforms and intergenerational trauma frameworks, PNG can target a 50% reduction in GBV prevalence by 2035. Success hinges on treating GBV as a national security crisis requiring wartime-level resource mobilization and cross-sector accountability.

The Strategic Imperative

Without urgent, coordinated action, PNG faces the grave risk that nearly eight million women will be affected by GBV by 2046, a trajectory that underscores the catastrophic consequences of inaction. The time for incremental change is over; the crisis demands a paradigm shift that treats GBV as a national emergency requiring decisive, collective action at every level of society.

This plan calls for moving beyond piecemeal interventions to invest in scalable, evidence-based solutions and to hold all actors—government, donors, civil society, and communities—accountable for measurable results. Lessons learned from previous strategies make clear that fragmented governance, poor donor coordination, and the lack of survivor-centered approaches have undermined progress and must be urgently addressed.

Only by embracing a whole-of-government response, strengthening multi-sectoral coordination, and institutionalizing survivor-led and community-driven initiatives can PNG hope to disrupt the cycle of violence and achieve its vision of zero tolerance towards GBV, as articulated in the nation’s strategic frameworks and Vision 2050.

Vision, Mission, and Theory of Change

Vision

A PNG where all individuals live free from violence and discrimination and are empowered to realize their full potential in safety and dignity.

Mission

To eradicate GBV through a comprehensive approach that integrates survivor-centered care; systemic accountability; cultural transformation; legal reforms; prevention programs; and multi-sectoral collaboration.

Theory of Change

If PNG invests in strong governance, survivor-centered services, youth-driven prevention, justice reform, and transparent data systems, then GBV will be dramatically reduced, survivors will be supported, and society will become more equitable and prosperous.

Results Based Management Foundation

This theory of change is underpinned by a Results-Based Management (RBM) framework that aligns inputs, activities, outputs, outcomes, and impacts. The framework prioritizes continuous, context-specific GBV analysis, survivor-led safety audits, and multi-disciplinary strategies. Each strategic pillar is mapped to core indicators, baseline data, and clear targets, ensuring that every investment and action is linked to measurable risk reduction and survivor outcomes.

The Guiding Principles

The National PNG Strategy to Prevent and Respond to Gender-Based Violence 2026–2035 is anchored in a set of guiding principles that shape every aspect of policy, programming, and partnership. Foremost among these is survivor-centeredness, which places the rights, dignity, and agency of survivors at the heart of all interventions. This approach ensures that survivors are treated with respect and compassion, their voices are heard in decision-making, and their safety, confidentiality, and informed consent are paramount throughout all processes. Survivor-centeredness also means that services are accessible, culturally sensitive, and responsive to the diverse needs of women, children, people with disabilities, other vulnerable individuals, and those living in rural and remote communities.

Equally fundamental is a commitment to gender equality and human rights. The strategy recognizes that GBV is rooted in unequal power relations and systemic discrimination and therefore affirms the rights of all individuals to live free from violence, coercion, and fear. It aligns with Papua New Guinea's Constitution, Vision 2050, and international obligations under CEDAW and the Sustainable Development Goals, promoting legal and social reforms that advance equality and justice for all.

Inclusivity and diversity are central to the strategy's design and implementation. The strategy was developed through broad-based consultations with survivors, civil society, faith-based organizations, youth, persons with disabilities, and marginalized groups, ensuring that the priorities and concerns of those most affected by GBV are addressed. It embraces the rich cultural diversity of Papua New Guinea, seeking to include all voices and foster tolerance, respect, and belonging at every level of society.

The principle of accountability and transparency underpins the strategy's governance and delivery mechanisms. All actors-government, civil society, donors, and the private sector-are held to clear standards of performance, with robust systems for monitoring, reporting, and public oversight. Regular parliamentary hearings, provincial scorecards, and survivor feedback mechanisms ensure that commitments translate into measurable results and that the national response remains open to scrutiny and continuous improvement.

Finally, the strategy is grounded in evidence-based and adaptive management. It prioritizes rigorous data collection, research, and analysis to inform policy and practice, drawing on both local and global evidence of what works to prevent and respond to GBV. The use of real-time data systems, survivor-led safety audits, and adaptive learning loops enables the strategy to respond dynamically to emerging challenges and to refine interventions for greater impact over time.

Strategic Goals and Objectives

The new Strategy is anchored in an ambitious vision of achieving zero tolerance for gender-based violence (GBV) by the year 2050, in line with the Government's commitment under Vision 2050. This zero-tolerance stance is not merely aspirational but is grounded in a comprehensive, whole-of-nation approach that mobilizes government, civil society, the private sector, and communities to eradicate all forms of GBV from every province, district, and village. It is with this primary goal that the strategy is aligned, with the full set of objectives to achieve this goal as follows:

Goal: Zero tolerance for GBV by 2050 (in line with Vision 2050)

Objectives:

1. 100% functioning establishment of National GBV Secretariat.
2. 100% functioning provincial coverage of GBV secretariats.
3. 60% rural access to survivor services.
4. 25% conviction rate for GBV cases.
5. 70% of youth report positive gender norms and negative attitudes are reduced from 83% of the male population to 40%.

Central to this vision is the establishment of a fully operational national GBV governance structure. The national and provincial secretariat(s) will serve as the backbone for coordinated action, policy implementation, and survivor support at the local level, ensuring that no region remains underserved or excluded from the national response. To this end, the NGBVS will be deemed functional with the NGBVS Act and Council in place, a staff of ten officers and an annual budget of K15,000,000. For the Provincial Secretariats (PVGBSs), all must have a minimum of five officers (see the organizational chart for detail), budgets of at least K500,000 and be fully reporting into the NGBVS dashboard by 2035.

A critical measure of progress will be the expansion of survivor services into rural and remote areas, with the strategy targeting at least 30% rural access to trauma-informed and psychosocial care, safe houses, and support centers by 2030 and 60% by 2035. This focus on rural inclusion addresses the longstanding inequities that have left vulnerable populations—especially women, children, and marginalized groups—without adequate protection or pathways to justice. By roughly doubling the number of Family Support Centers and safe houses, deploying telehealth units, and training frontline workers in trauma-informed protocols, the strategy aims to bridge the urban-rural divide and ensure that survivors everywhere can access timely, compassionate, and culturally appropriate support.

The strategy also sets a bold target of raising the conviction rate for GBV cases to 25% by 2035, a significant leap from the current rate of less than 1%. Achieving this will require a thorough repair of the justice system, including the expansion of GBV circuit courts, the recruitment and training of specialized GBV police officers, and the implementation of perpetrator rehabilitation programs. By streamlining case management, reducing court backlogs, and ensuring survivor-centered legal processes, the strategy seeks to restore public confidence in the justice system and send a clear message that impunity for GBV will no longer be tolerated.

Perhaps most transformative is the strategy's commitment to catalyzing a generational shift in attitudes, particularly among youth and children. With more than 70% of PNGs population estimated to be under the age of 40 – changes in this demographic cohort will be critical to reverse the exponentially growing rates of GBV and stop the generation transference of harmful behaviour. Recognizing that modern social norms and intergenerational trauma are at the root of GBV, the strategy invests heavily in prevention programs embedded in schools, youth leadership initiatives, and community dialogues. By reaching over one million children and young people with gender equity curricula, training thousands of youth ambassadors and male and female champions in primary prevention and partnering with village leaders to reform harmful rites of passage, the strategy aims to disrupt the cycle of violence and foster a new generation that rejects GBV in all its forms.

Together, these target zero-tolerance for GBV by 2050, universal provincial coverage of GBV secretariats, 60% rural access to survivor services, a 25% conviction rate for GBV cases, and a generational shift in attitudes-form the backbone of PNG's national commitment to ending GBV. They are underpinned by rigorous monitoring, transparent reporting, and survivor-centered accountability, ensuring that progress is not only measured but sustained. By pursuing these ambitious yet achievable goals, PNG can transform its response to GBV, restore dignity and safety to survivors, and build a future where every citizen can live free from fear, violence, and discrimination.

Strategic Pillars

The strategic pillars of PNG's new GBV Strategy represent a comprehensive, whole-of-government approach designed to address the crisis at its roots and ensure lasting, systemic change. The first pillar, Transformative Governance and Institutional Reform, establishes the governance backbone necessary to drive coordinated, accountable, and survivor-centered action across all levels of government. By elevating the NGBVS to a statutory authority, fully resourcing provincial secretariats, and mandating National GBV Council collaboration, this pillar aims to mainstream GBV prevention and response throughout government operations. Legislative reforms—including the criminalization of harmful practices such as non-consensual polygamy, as well as new laws targeting cyber-GBV and current gaps in CEDAW compliance—will be enacted alongside investments in fast-tracking GBV circuit courts and training thousands of magistrates in trauma-informed procedures. These systemic reforms are designed to deliver fully functional GBV secretariats in every province, increase budget transparency, and dramatically reduce case resolution times, creating an enabling environment for a unified, multi-sectoral response.

The second pillar, Survivor-Centered Services, ensures that every survivor of GBV in PNG can access equitable, timely, and trauma-informed care, regardless of location or circumstance. Recognizing the acute service gaps—especially in rural and underserved areas—this pillar prioritizes the rapid expansion of Family Support Centers and safe houses, the deployment of telehealth units, and the establishment of a 24/7 national hotline. All frontline health workers will be trained in WHO-endorsed trauma protocols and integrated one-stop centers will bring together medical, police, judicial, and safe housing services to streamline access and minimize re-traumatization. Survivor feedback will be systematically collected and used to refine services, ensuring that support is both culturally appropriate and responsive to the needs of the most vulnerable, including youth, people with disabilities and other vulnerable individuals.

The third pillar, Prevention and Cultural Shifts, targets the root causes of GBV by transforming modern social norm and empowering individuals and communities through education and economic empowerment. Early childhood development interventions, school-based gender equity and anti-bullying curricula, and large-scale youth leadership programs are central to this approach. Partnerships with village leaders and churches will support the redesign of rites-of-passage ceremonies, moving away from traditions that perpetuate violence and toward those that promote respect and equality. Digital campaigns and the training of male and female “GBV Champions” further reinforce positive shifts in attitudes and behaviors, aiming for a generational reduction in the acceptance and perpetration of GBV.

The fourth pillar, Justice System Repair, is dedicated to restoring public trust and delivering survivor-centered justice through the professionalization and modernization of law enforcement. This includes recruiting and training specialized GBV police officers, expanding GBV circuit courts, and introducing perpetrator rehabilitation programs modeled on evidence-based approaches. By integrating GBV prevention into secondary school curricula and linking economic empowerment initiatives to survivor support, this pillar seeks not only to increase conviction rates and reduce recidivism but also to foster broader attitudinal change and community accountability.

Finally, the fifth pillar, Data Systems and Accountability Mechanisms, institutionalizes evidence-based decision-making and transparency through the development of robust data infrastructure. The launch of a secure, survivor-anonymous Integrated Management System and a National GBV Dashboard will provide real-time, actionable insights for policymakers, while quarterly public reports and annual OECD-standard audits will ensure accountability for resource allocation and program outcomes. These mechanisms will enable agile, data-driven adjustments to the strategy and foster public trust in PNG's GBV response.

Together, these strategic pillars form an integrated framework that addresses GBV from every angle—governance, service delivery, prevention, justice, and accountability—ensuring that PNG's response is holistic, sustainable, and grounded in the rights and needs of survivors.

PILLAR 1. Transformative Governance and Institutional Reform

Objective: Establish robust governance systems that prioritize zero tolerance for GBV at all levels of government.

Quarterly "GBV Policy Labs" will be convened, bringing together cross-sectoral teams to review National GBV Dashboard insights and reallocate resources in real time (e.g., shifting telehealth units to provinces with rising cyber-GBV cases). Donor funding will be increasingly tied to provincial scorecard targets, with 20% of donor contributions contingent on achieving 30% rural service coverage by 2030.

- **Elevate the NGBVS** to statutory authority; establish and fully resource PGBVSs in all provinces and Bougainville.
- **Mandate provincial budget allocations** through national government co-funding to reduce donor dependency.
- **Quarterly National GBV Council meetings** (Health, Justice, Police, Education, Community Development).
- **Donor coordination via the NGBVS** for aligned, sustainable investment.

- **National Survivor Council** is established to validate KPIs and reports and represent survivors in the National Council.

Transformative Governance and Institutional Reform stands as the cornerstone of PNG's strategy to achieve zero tolerance for GBV by 2050. The strategic objective is to establish a robust, transparent, and accountable governance system that drives coordinated action and institutional reform at every level of government. Central to this pillar is the elevation of the NGBVS to a statutory authority under the Prime Minister's Office, backed by a dedicated annual budget to ensure full operationalization of provincial secretariats.

This move will empower the NGBVS to mandate National GBV Council collaboration across critical sectors—Health, Justice, Police, and Education and key stakeholder groups—ensuring that GBV prevention and response are mainstreamed throughout government operations and the entire GBV intervention stakeholder group.

These reforms will deliver fully functional GBV secretariats in all provinces by 2035, increase budget transparency through annual public reporting, and dramatically shorten case resolution times. Progress will be measured by the percentage of provinces with operational secretariats (targeting 100% by 2035), full compliance in budget transparency, and the certification of magistrates.

The Prime Minister's Office and Provincial Governments will be accountable for implementation, drawing on provincial reports, parliamentary records, and training registries to drive continuous improvement. Oversight is enacted by the Council and the PPC-GEWE. By embedding strong governance, legislative clarity, and institutional capacity, this pillar creates the enabling environment necessary for a unified, multi-sectoral response to GBV, ensuring sustained progress and accountability at all levels.

PILLAR 2. Survivor-Centered Services

Objective: Ensure equitable, timely, and trauma-informed access to comprehensive support services for all survivors of GBV across PNG, with a particular focus on reaching underserved and rural communities.

All frontline health workers will be trained in WHO trauma protocols, and intake procedures will be co-designed with village leaders to ensure cultural appropriateness. Survivor feedback will be systematically collected through biometric-protected, anonymous surveys, with data triangulated against police case tracking and health facility reports.

- **Expand Family Support Centers (FSCs) to ensure each 95 provincial districts has at least one FSC and one** NGBVS-standard-approved safe house, whether in a hospital, district health center, aid post, church or community services organization.
- **Deploy 10 telehealth units in every province (220 nationally)** and launch a 24/7 national hotline (1-800-GBV-PNG) with at least one decentralized support center in each province.
- **Train and certify all FSC staff and an additional 2,325 health workers (25 per 95 districts)** in WHO trauma protocols and forensic evidence collection.
- **Prioritize high-risk groups:** youth, people with disabilities and other vulnerable peoples.
- **Integrate economic empowerment:** (microloans, job placements) with survivor support to assist in their capacity to create new, independent lives for themselves: at least 50% survivors have stable income by 2035.

Microloans for survivors and the families of victims will go beyond simple SME loans to include tailored financial products such as student loans, mortgages, and other critical financial service accounts. In addition, safe houses will include financial literacy training that assists those coming to safehouses in the life and financial skills needed to permit them independence. Economic empowerment also links to a long-term impact on income stability and is a driver of broader social and financial ROI and GDP growth. As such, the average microloan repayment rate will be measured along with the % survivors with income stability 12 months post-support (lagging indicator) to assess program sustainability.

The Survivor-Centered Services pillar is designed to ensure that every survivor of GBV in PNG can access equitable, trauma-informed care, regardless of location or circumstance. Recognizing the acute gaps in service provision—especially in rural and underserved areas—this pillar prioritizes the rapid expansion and enhancement of survivor support infrastructure nationwide. By 2035, all 95 provincial districts will have a Family Support Centers and an NGBV-standard-approved safehouse, with targeted funding to bridge rural-urban disparities and ensure that survivors in remote communities are not left behind.

To elevate the quality and consistency of care, frontline health workers across the country will be trained in WHO-endorsed response protocols, including mental health support and trauma-informed practices, equipping them to respond compassionately and effectively to survivors' complex needs. The 2021, Sexual and Gender-Based Violence Clinical Guidelines will guide the work of all FSCs and health professionals when supporting a GBV survivor. Some provinces may pilot test integrated one-stop centers to bring together medical, police, judicial, and safe housing services under one roof to streamline access and minimize re-traumatization for

survivors navigating multiple systems. These pilots will be monitored and evaluated for their effectiveness and scaled or scaled back depending on their impact.

The 2026 GBV Strategy adopt a survivor-centered service model that balances granular inclusivity with data-driven prioritization. This requires a hyper-segmented approach to address the diverse needs of survivors across geographic, demographic, and socioeconomic lines. Rural women, who face barriers such as distances exceeding 50 kilometers to FSCs, necessitate satellite clinics and ambulance networks, while urban youth survivors (aged 15–24) benefit from school-based counseling and digital reporting tools to counter stigma and economic dependency. Sorcery accusation survivors, often subjected to community expulsion, require culturally mediated safe houses and interfaith reconciliation programs, whereas disabled survivors need ADA-compliant¹ facilities and responders trained in sign language. Simultaneously, services must prioritize high-risk cases through a GBV Severity Index scoring system (0–100) that evaluates injury acuity, structural vulnerabilities (e.g., literacy, income quintile), and geospatial risks (e.g., proximity to mining sites). Resources should follow an 80/20 Pareto allocation: Tier 1 cases (scores ≥ 75), representing 20% of survivors but 80% of mortality risks, receive immediate trauma care and safe extraction; Tier 2 (scores 50–74) are fast-tracked through GBV circuit courts and conditional cash transfers; Tier 3 (scores < 50) are managed via community watch groups and tele-counseling.

Operational execution demands adaptive delivery models. Urban GBV One-Stop-Shop pilots should co-locate legal aid (30-minute response guarantee), forensic units, and emergency funds to bypass financial control by perpetrators. Rural areas require hub-and-spoke networks leveraging resource extraction and other private companies' CSR obligations to fund 24/7 mobile clinics and train community health workers as GBV first responders. Critical to this is the GBV Dashboard, a real-time vulnerability heatmap synthesizing geolocated incident reports (submitted via USSD codes for illiterate populations), economic shock indicators (e.g., $>20\%$ drops in mobile transactions signaling abuse risk), and cultural calendar alerts (e.g., sport events and holiday seasons). Predictive algorithms embedded in the dashboard will

¹ ADA Compliant is the American Disability Access standard used globally as a benchmark for disabled persons being able to access services. In relation to the GBV strategy, ADA compliant would include:

1. Physical infrastructure (such as safe houses, Family Support Centers, and telehealth units) is designed or retrofitted to be accessible to people with physical, sensory, or cognitive disabilities. This includes features like ramps, accessible toilets, handrails, wide doorways, and clear signage.
2. Digital platforms (such as the National GBV Dashboard and telehealth services) are accessible to users with disabilities. This includes compatibility with screen readers, alternative text for images, captioning for audio/video content, and keyboard navigation.
3. Service protocols ensure that people with disabilities can access trauma care, counseling, legal assistance, and prevention programs without barriers. This may involve staff training in disability inclusion, sign language interpretation, and accessible communication materials.

enable dynamic resource shifts—for example, auto-deploying mobile units to Highland regions during tribal fighting in spikes when safehouse occupancy exceeds 90%.

Equity safeguards must be hardwired into design. Literacy-agnostic tools like voice-based AI symptom checkers in multiple languages ensure universal access, while intersectional KPIs track progress for marginalized groups: for example, 85% of disabled survivors within 10 kilometers of ramp-equipped safe houses by 2035, and 95% of child survivors referred to trauma-informed schools within 72 hours. This model merges structural rigor (scoring systems, infrastructure) with cultural nuance (community-led reconciliation, private sector partnerships), creating a survivor-centric continuum from crisis response to economic reintegration. By anchoring decisions in hyper-local data and global best practices, PNG can optimize limited resources while ensuring no survivor is left behind.

These investments are expected to increase rural service coverage to at least 30% by 2030 and reduce the wait time for trauma counseling to less than 48 hours, ensuring timely and holistic support for those in crisis. Progress will be tracked through provincial government reports, parliamentary records, and training registries, with the Prime Minister’s Office and Provincial Governments jointly responsible for implementation and oversight. By embedding survivor-centered principles and trauma-informed standards across all touchpoints, this pillar aims to break cycles of violence, restore dignity, and empower survivors on their path to healing and justice.

PILLAR 3. Prevention and Social Shifts

Objective: Disrupt and prevent harmful norms through education/economic empowerment programs targeting youth/communities. Promote new values of tolerance and a culture of peace-building, and self and gender-respect.

Design-thinking methods will be embedded in the prevention programs and school-based curricula to address emerging forms of GBV such as cyber-violence and methamphetamine-linked violence. Longitudinal cohort studies will track intergenerational attitude shifts, especially among youth exposed to prevention programs.

- **Scale prevention programs, early childhood, and school-based prevention** to reach at least 470,500 children and youth (1,000 per district per year) by 2030, with every school including curricula on positive Papua New Guinean modern social norms and traditions, GBV prevention programming using sports, cultural and theological approaches, healthy parenting, and anti-bullying.
- **Train 200 youth ambassadors per district (19,000)** for peer leadership education and community dialogues.

- **Launch a national campaign to grow awareness on GBV and the strategy.**
- **Digital campaigns** and mobile app-based reporting for youth.
- **Train 100 “GBV Champions” per district** (9,500-50/50 male/female) to challenge harmful norms. GBV champions should be incentivized through greater access to jobs in government and private sector, higher standing to access TVET and other such programs, and community and media attention for their contributions.
- **Link prevention training to microloans and job placements** for at-risk youth and women (see Pillar 1 for details) to address high unemployment with a goal of reducing youth and survivor unemployment (10%) by 2035.

Prevention and Cultural Shifts is a strategic pillar aimed at disrupting the root causes of GBV by transforming modern social norm and empowering individuals and communities from the earliest stages of life. The objective is to drive measurable reductions in the acceptance and perpetration of GBV through comprehensive education, youth leadership training, and community partnerships. Under the prevention pillar it is important to note the specific demographic categories for whom unique interventions should be targeted. A critical component of this pillar is the integration of early childhood development (ECD) interventions, recognizing that attitudes toward gender and relationships are shaped in the formative years. Evidence shows that embedding GBV prevention into early childhood education and care—through age-appropriate curricula, play-based learning, and positive modeling by educators—can raise awareness, challenge stereotypes, and foster respectful relationships from as early as age three.

In addition, to teaching children positive modern social norm, leadership, citizenry and anti-bullying, comprehensive educational programs should be established in schools to teach children about their rights, healthy relationships, and the importance of consent. Collaborating with local NGOs, community leaders, and parents can help create a supportive environment for these initiatives. Additionally, establishing child-friendly reporting mechanisms, such as helplines and safe spaces, will enable children to report abuse without fear of stigma. Training teachers and caregivers to recognize signs of abuse and respond appropriately is essential. Furthermore, integrating child protection policies into local governance structures will ensure that child welfare is prioritized at all levels of decision-making.

For the youth demographic, a targeted strategy should focus on engagement, awareness, and skills and leadership development. Implementing peer-led workshops and community outreach programs can foster discussions about GBV, challenging harmful gender norms and promoting respectful relationships. Leveraging social media platforms to raise awareness and disseminate information about GBV resources can effectively reach this tech-savvy group. Additionally, programs that develop life skills, such as conflict resolution, communication, and

self-defense, can empower youth to navigate relationships safely. Collaborating with youth organizations and educational institutions to create mentorship programs can provide support and guidance to at-risk individuals. Finally, involving youth in policy advocacy can ensure their voices are heard in the development of GBV prevention initiatives.

These interventions, when adapted to the local context and delivered in partnership with families and communities, have been shown to reduce violent behaviors, improve classroom relationships, and empower vulnerable children, especially girls. Building on this foundation, the strategy will scale youth-focused prevention programs to reach at least 941,000 participants nation-wide (at least 1,000 per district), ensuring that both boys and girls develop critical reflection, self-esteem, and positive expressions of masculinity and femininity. Gender equity curricula will be systematically integrated into all primary and secondary schools, directly challenging patriarchal ideologies and equipping students with the knowledge and skills needed to recognize, prevent, and respond to GBV. Partnerships with village leaders and churches will support the redesign of rites-of-passage ceremonies, moving away from traditions that glorify aggression and toward those that celebrate respect, equality, and non-violence.

Within the prevention pillar, effort should also focus on empowerment and leadership development of women and girls and also compassionate leadership models for men and boys. While this work sits squarely within the GEWE efforts of PNG's ODW, this work critically intersects with addressing GBV and should prioritize the establishment of mentorship programs that connect emerging women leaders with established figures in their fields. These mentorships can provide guidance, support, and a safe space for sharing experiences related to GBV. Additionally, leadership training programs should be designed to equip women and men with skills in negotiation, conflict resolution, and advocacy, enhancing their ability to navigate challenging environments. By fostering a strong network of women leaders, the strategy can create a supportive community that encourages resilience and collective action against GBV.

Raising awareness about the prevalence and impact of GBV on women leaders is crucial in fostering a culture of support and accountability. This can be accomplished through targeted awareness campaigns that highlight the importance of gender equality and the need to combat GBV in leadership contexts. Training programs should be developed for both men and women in leadership positions to promote understanding of GBV dynamics, challenge harmful stereotypes, and encourage respectful behavior. Workshops that focus on bystander intervention can empower colleagues and peers to support women leaders facing GBV, fostering a culture of solidarity and collective responsibility. Again, this work aligns with the responsibilities of the Office of the Development of Women, and their important work in this area to support women in leadership experiencing GBV and preventing GBV before it starts.

Sport has emerged as a powerful tool in efforts to prevent GBV in PNG. Initiatives such as the Surfing Association of PNG's "Pink Nose Revolution" and the Grass Skirt Project (GSP) use sports like surfing and rugby not just for recreation, but as platforms to raise awareness, foster dialogue, and challenge harmful gender norms. These programs leverage the widespread appeal of sport to engage youth and communities, creating safe spaces where issues of respect, teamwork, and gender equality can be addressed openly. By integrating sports with leadership training and health education, organizations are equipping young people with life skills, promoting positive behavior change, and encouraging the adoption of healthier, non-violent lifestyles.

The impact of these sports-based interventions is significant. For example, GSP's initiatives have led to measurable shifts in attitudes among youth, with many participants becoming advocates for non-violence in their schools and communities. At the policy level, partnerships between PNG, Australia, and the United States underscore the recognition of sport's unique ability to reach millions and influence social attitudes. These collaborations aim to increase women's participation in sports, highlight female leadership, and ultimately break down the barriers that perpetuate gender inequality and violence. Furthermore, regional efforts supported by organizations like the Oceania Football Confederation are expanding access to sports for women and girls, providing opportunities for empowerment and capacity building, and embedding gender equality messages within popular sporting activities. Collectively, these efforts demonstrate that sport is not only a means of entertainment but a transformative force for social change and violence prevention in PNG.

Using positive culture, the arts, and storytelling as core components in school and community-based GBV prevention programs will also be highly effective due to their unique ability to engage, educate, and transform attitudes across diverse populations. Participatory creative media will allow individuals and communities to explore and express the emotions, values, and lived experiences that drive both harmful and protective behaviors. These methods build trust, create safe spaces for dialogue, and enable community members to critically reflect on and challenge embedded social norms that perpetuate GBV. Storytelling resonates deeply within PNG's oral traditions, making it a culturally congruent tool to raise awareness, foster empathy, and inspire collective action. Integrating these approaches ensures that prevention programs are not only informative but also transformative, leveraging the power of shared experiences and positive cultural practices to drive sustainable change in attitudes and behaviors related to GBV.

Recognizing the profound influence of faith leaders and religious institutions across PNG's diverse communities, the strategy intentionally mobilizes churches as key partners in transforming harmful norms and fostering a culture of non-violence and respect. Through the prevention pillar, churches are engaged to support the redesign of rites-of-passage

ceremonies, moving away from traditions that perpetuate violence and towards those that promote equality, compassion, and positive models of masculinity and femininity. Faith leaders are trained to deliver GBV prevention messages from the pulpit and within congregational settings, raising awareness about the impacts of GBV, the importance of survivor support, and the theological foundations for gender equality and non-violence. Churches also provide safe spaces for community dialogues, facilitate mediation in cases of conflict, and serve as trusted advocates for survivors, especially in rural and remote areas where formal services may be limited. By integrating GBV prevention into the fabric of religious life and leveraging the moral authority of faith leaders, the strategy ensures that prevention efforts are not only evidence-based but also deeply rooted in the values and traditions that shape daily life in PNG. This partnership with churches is critical to achieving the generational shift in attitudes and behaviors necessary to end GBV, making prevention a truly whole-of-society effort.

The expected outcomes include a 30% reduction in male and youth acceptance of GBV by 2030, positive shifts in attitudes and behaviors across generations, and equitable access to trauma-informed care. Prevention programs must also be integrated into the work of all the core line agencies (Health, Justice, Police and Education) and throughout all government departments (through policies such as GESI). Tangible benefits to championing positive behaviors and attitudes, and assuming a “champion” role and GBV-trauma certified training should be included in annual performance appraisals and job advancements. Progress will be tracked at the provincial and national levels. Multiple stakeholders will be responsible for implementation of incentives, working collaboratively to ensure that prevention efforts are sustained, evidence-based, and inclusive of the youngest members of society. By embedding early childhood development within a broader prevention and cultural transformation agenda, this pillar seeks to break the intergenerational cycle of violence and lay the groundwork for a safer, more equitable future for all Papua New Guineans.

PILLAR 4. Justice System Repair

Objective: the objective of this pillar is to increase conviction rates, reduce recidivism, and shift community norms away from the acceptance of GBV.

A GBV National Court Track, GBV Circuit Courts and perpetrator rehabilitation centers will use standardized workflows prioritizing cases involving child survivors or lethal weapons. Monthly progress reports on perpetrator rehabilitation (using examples such as the Steppingstones model) will be submitted to the Department of Justice. Community accountability circles will be piloted in 66 villages (3 per province plus ARoB), led by village chiefs and GBV Champions.

- **Ensure Court Circuits and Magistrates (districts and village level) serve rural GBV survivors and the families of victims** by sensitizing and training them in GBV law, and the needs of survivors, as well as ensuring that one Court Circuit per province per quarter is dedicated specifically to address GBV related cases.
- **Train at least 500 specialized GBV police officers per year** nation-wide with GBV legal and sensitization to the specific needs of GBV survivors and victims and their families and police duty-of-care responsibilities, also by 2030 fully embed basic police GBV sensitization and training in all police curricula.
- **Criminalize cyber-GBV** and enforce stricter penalties.
- **Implement a model like the Steppingstones perpetrator rehabilitation model** or Man Tasol I Ken Sensisim Man (cognitive behavioral therapy, community service, economic reintegration).
- **Mandate 12-month rehabilitation for first-time offenders**; establish 22 rehabilitation centers (one per province and one for ARoB with 1000/pax capacity per year each).
- **Train 475 probation officers** (five per district) in trauma-informed case management.
- **Establish a pro-bono lawyer network** with at least three pro-bono lawyers offering services in every district (285 nationally).
- **Pilot community accountability circles** for restorative justice in three villages per province plus ARoB (66 nationally).
- **Operational GBV court divisions in 5 provincial hubs** within 3 years (deliverable).

Justice System Repair is a strategic pillar dedicated to restoring public trust and delivering survivor-centered justice through the professionalization and modernization of law enforcement in PNG. The objective is to build a justice system that not only holds perpetrators accountable but also actively contributes to prevention and cultural change. Central to this approach is the recruitment and deployment of 500 specialized GBV police officers per year

(5,000 by 2035), each rigorously trained in survivor-centric evidence collection and sensitive case handling.

The establishment of a dedicated GBV track within the national court system would address critical gaps in justice delivery while aligning with the National Strategy's objectives to institutionalize survivor-centered responses. This specialized court system would streamline GBV cases through trained judicial officers, standardized evidence protocols, and trauma-informed procedures – reducing re-traumatization of survivors and improving conviction rates. The establishment of the GBV track would address systemic barriers such as the 60% of GBV cases currently facing procedural delays or withdrawal due to bureaucratic inefficiencies and survivor distrust in conventional courts and help reduce the 94% of employers who report GBV impacting workplace productivity thereby improving national GDP rates.

Key deliverables and KPIs of this landmark GBV national court track could include:

- Operational GBV court divisions in 5 provincial hubs within 3 years (deliverable).
- An effective court circuit system of this new track in the 22 provinces of PNG.
- 40% reduction in average case resolution time (from 18 to 11 months) (KPI).
- 80% survivor satisfaction rate with court processes (KPI).
- 25% increase in successful prosecutions of intimate partner violence cases (KPI).

Investment in this new GBV Track would yield long-term economic returns through reduced healthcare burdens and workforce productivity gains, while fulfilling PNG's SDG commitments to gender equality.

In parallel, the strategy introduces perpetrator rehabilitation programs such as the Man Tasol I Ken Sensisim Man initiative and South Africa's Steppingstones program, targeting behavioral change and reducing recidivism. By addressing the root causes of offending and providing structured pathways for accountability and reintegration, these programs help break cycles of violence within families and communities. The justice system repair is further reinforced by integrating GBV prevention into primary and secondary school curricula, engaging 550,000 youth annually through prevention programs, and linking 9,500 women (100 per district) to microloan-counseling initiatives that foster both economic empowerment and psychosocial resilience.

The network of pro-bono lawyers will aim to better support GBV survivors and IPO applicants. While ideally the state would provide access to legal services, a pro-bono network could augment efforts. Many survivors are deterred from pursuing legal remedies due to complex procedures, high costs, lack of awareness, and social pressures such as the wantok system and customary compensation practices, which often do not serve the survivor's best interests. A dedicated network of trained, pro bono lawyers would help bridge these gaps by

providing free, confidential, and survivor-centered legal assistance, empowering more women and children to seek justice without fear of stigma or financial burden.

The impact of such an initiative would be far-reaching. By making legal support accessible and responsive, the network would increase the number of survivors able to obtain protection orders, pursue criminal cases, and access their rights under the Family Protection Act and other relevant laws. It would also strengthen the overall referral pathway system by integrating legal services with health, psychosocial, and shelter support, leading to more coordinated and effective responses to GBV. Ultimately, this initiative would contribute to breaking the cycle of violence, holding perpetrators accountable, and fostering a culture where survivors are supported and empowered to reclaim their lives.

The expected outcomes of this pillar include an increase in GBV conviction rates from 0.5% to 25%, a measurable reduction in perpetrator recidivism, and a significant decline in the acceptance of GBV norms—particularly among youth, where the goal is to reduce reported acceptance by 30% by 2030. Outputs such as the rollout of prevention curricula, mass youth leadership, and expanded economic empowerment for women will be tracked through school enrollment records, perception surveys, and microloan registries. The Department of Education, Community Development, and village leaders will share responsibility for implementation, ensuring that justice reform is both systemic and community driven. By embedding survivor-centered practices, evidence-based rehabilitation, and prevention into the heart of the justice system, this pillar lays the groundwork for a safer, more equitable PNG.

PILLAR 5. Data Systems and Accountability Mechanisms

Objective: Enable evidence-based policymaking through rigorous monitoring/reporting frameworks.

The National GBV Dashboard will integrate predictive risk layers (e.g., alcohol sales data to forecast holiday spikes) and will be enhanced for real-time data triangulation. Survivor feedback will be validated through village leader consultations, and all tools will be adapted for cultural relevance.

- **Launch the National GBV Dashboard and IMS** for real-time, disaggregated data.
- **Mandate quarterly reporting** from all provinces; conduct annual audits.
- **Annual survivor satisfaction surveys** and public scorecards.
- **Ethical AI** to identify high-risk periods and regions for targeted interventions.

This strategic pillar is designed to institutionalize evidence-based decision-making and restore public trust in PNG's GBV response through robust data infrastructure and transparent governance. The objective is to empower policymakers with real-time, high-quality data while fostering accountability across all levels of implementation. Central to this pillar is centralized case tracking via a secure, survivor-anonymous Integrated Management System (IMS) platform, managed by Provincial Health Authorities and compliant with IEC62304 data security standards². This system will feed anonymized data into a National GBV Dashboard, providing policymakers with actionable insights into trends, service gaps, and intervention effectiveness. Complementing this, quarterly public-facing transparency reports and biannual provincial scorecards will be mandated, subject to parliamentary hearings to ensure accountability for resource allocation and program outcomes.

These efforts will produce OECD-standard annual audits to evaluate against strategic goals, while the dashboard's real-time analytics will enable agile adjustments to policies and funding priorities. Expected outcomes include a measurable improvement in data quality for policymaking, a 30% increase in public trust in GBV interventions by 2030, and a systemic shift toward evidence-based decision-making. Progress will be tracked through indicators such as provincial adoption of the dashboard (targeting 60% by 2030) and consistent completion of audits. The NGBVS, will oversee implementation, ensuring alignment with global best practices and local needs. By embedding transparency, security, and accountability into every layer of the GBV response, this pillar ensures that PNG's strategy remains adaptive, equitable, and grounded in irrefutable evidence.

² IEC 62304 is set by the International Electrotechnical Commission (IEC), which is the official international body responsible for global standards in electrical and electronic technologies, including medical device software and associated data security requirements.

Governance Structure

PNG's governance structure for the National Strategy to Prevent and Respond to GBV is purpose-built to deliver coordinated, multi-level action with clear lines of leadership, accountability, and resource flow. At the apex of this structure sits the NGBVS, established as a statutory authority and responsible for providing overall leadership, policy direction, and strategic management of the national response. The Director of the NGBVS oversees a suite of specialized units—Operations Manager, Policy and Legal Advisor, Data and MEL Unit, Donor Coordination, Communication Team, and the PGBVS Team—each playing a distinct role in ensuring effective implementation, compliance, resource mobilization, data-driven decision-making, and technical support to provincial counterparts.

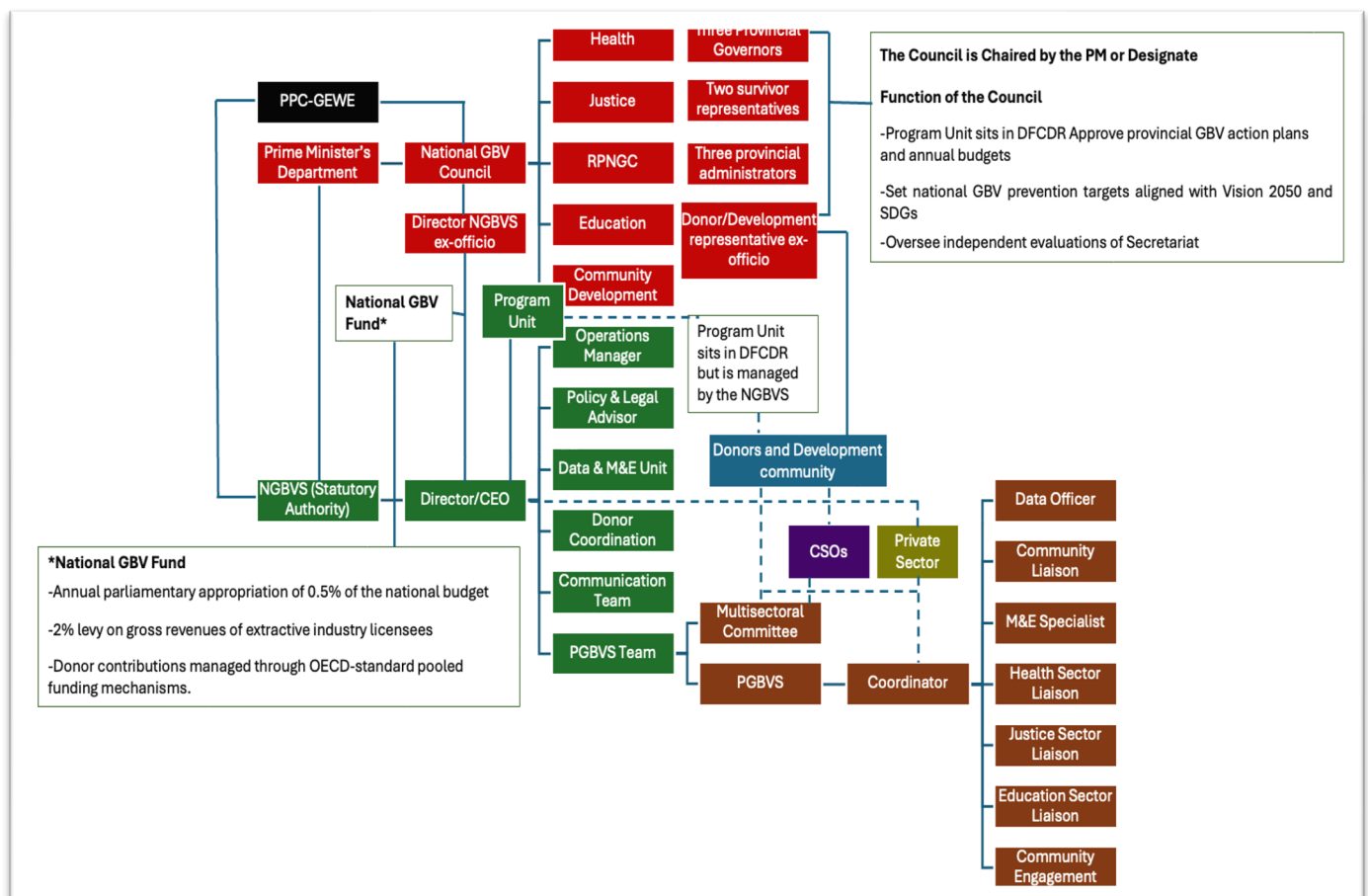
Under the guidance of the NGBVS, the PGBVSs serve as the primary conduits for translating national policy into context-specific strategies and interventions at the provincial and district level. Each PGBVS is supported by a Coordinator and works closely with a Multisectoral GBV Committee, which brings together representatives from key sectors such as health, justice, education, and community development. This committee fosters integrated planning, joint problem-solving, and cross-sectoral accountability, ensuring that GBV prevention and response efforts are comprehensive, sustainable, and responsive to the unique challenges of PNG's diverse regions.

Supporting the work of the PGBVS and their Coordinators are a range of sector-specific and technical roles, including Data Officer, Community Liaison, MEL Specialist, Health Sector Liaison, Justice Sector Liaison, Education Sector Liaison, and Community Engagement. These roles ensure that data collection, community mobilization, monitoring, evaluation and learning, and sectoral integration are robust and effective, anchoring the strategy in both technical rigor and local ownership.

Crucially, this governance structure is not limited to government actors. Civil Society Organizations (CSOs) and Faith-Based Organizations (FBOs) are integral partners, working hand-in-hand with Provincial Secretariats to deliver frontline survivor services, operate safe houses, and run community-based prevention and support programs. The private sector is also engaged as a cross-cutting partner, contributing resources, promoting safe workplaces, and supporting survivor economic empowerment initiatives at both the national and provincial levels. The Resource Extractive Industries are particularly engaged with a 2% license levy and a key role in the advancement of the rural hub and spoke services system. Donors and the broader development community play a catalytic and multifaceted role, providing essential funding, technical expertise, and strategic partnership. Their engagement is formalized through mechanisms such as the Gender Forum, and their investments underpin critical

infrastructure—including the National GBV Dashboard, comprehensive data systems, and rigorous training programs for frontline workers. Donor funding is increasingly tied to performance, with contingency clauses linking a portion of support to the achievement of provincial scorecard targets, thereby reinforcing accountability and incentivizing results.

The flow of authority, collaboration, and resource distribution between the NGBVS, PGBVS, CSOs, private sector, and donors is dynamic and reciprocal, enabling innovation, scaling of effective models, and robust monitoring and learning. Adaptive coordination mechanisms, such as quarterly “GBV Policy Labs,” facilitate regular cross-sectoral review and rapid resource reallocation, making the response agile to evolving needs. By embedding prevention, service delivery, and survivor support across all levels and sectors, and by leveraging the strengths of government, civil society, private sector, and the development community, PNG’s governance structure aims to create an inclusive, effective, and resilient national response to GBV—one that is accountable to survivors, communities, and the nation.



Budget and Mobilization Plan

Research demonstrates that every K1 invested in GBV prevention and response in PNG will save K9 in long-term costs, creating a compelling economic case for systemic intervention. The K180 million annual budget (60% government-funded; 30% donor-funded; 10% private sector contributions) seeks to address both immediate survivor needs and root causes of violence, with a projected 9:1 return on investment (ROI). By halving severe GBV incidence by 2035, PNG stands to reclaim K60 billion annually in economic losses while fostering a healthier, more equitable workforce and reducing intergenerational trauma. A summary budget is below, and a detailed budget can be found in Appendix F.

Component	Annual Funding (K million)	Allocation Focus
Governance and Secretariats	K50	Provincial operational costs, training
Survivor Services	K70	Rural shelters, telehealth units
Prevention Programs	K30	Youth curricula, community mobilization
Justice System Reform	K20	GBV circuit courts, magistrate training
MEL and Research	K10	Data analytics, survivor surveys

The strategy's focus on rural service expansion, youth prevention, and justice reform ensures that resources are targeted to areas with the highest human and economic returns. This budget balances urgent survivor needs with systemic reform, ensuring PNG's GBV response is both impactful and fiscally sustainable.

The K180 million annual budget is a collective resource envelope that supports all pillars of the GBV Strategy, including survivor services, prevention, justice reform, data systems, governance, and capacity building. No single agency receives or controls the full budget. Instead, allocations are made according to each agency's mandate, geographic coverage, and role in the strategy, with oversight from the NGBVS, the National GBV Council, and the PPC-GEWE.

Annual Budget Allocation by Agency/Ministry/Partner (K180 million/year)

Agency / Ministry / Entity	Primary Roles & Responsibilities	Indicative Annual Allocation (Kina)	% of Total
NGBVS	National coordination, policy, oversight, dashboard, MEL, donor coordination	K15,000,000	8%
DFCDR	Survivor services, social protection, provincial/district GBV focal points, prevention partnerships	K22,000,000	12%

Department of Health	Family Support Centers, safe houses, trauma care, telehealth, health worker training	K35,000,000	19%
Department of Justice and Attorney General	Justice reforms, GBV circuit courts, legal aid, perpetrator rehab, magistrate training	K18,000,000	10%
Royal Papua New Guinea Constabulary (Police)	Family & Sexual Violence Units, law enforcement, protection orders, rural patrols	K12,000,000	7%
Department of Education	School-based prevention, youth programs, teacher training, curriculum development	K12,000,000	7%
Department of National Planning and Monitoring	Integration into MTDP, provincial/district planning, reporting, impact assessment	K6,000,000	3%
Department of Provincial & Local-Level Government Affairs	Establishment/support of PGBVS, subnational reporting, LLG by-laws	K4,000,000	2%
Department of Treasury & Department of Finance	Budget allocation, financial oversight, disbursement, audits	K3,000,000	2%
Department of Personnel Management	Workforce planning, recruitment, performance management for GBV roles	K2,000,000	1%
Provincial Administrations & Provincial GBV Secretariats (PGBVS)	Local implementation, management of provincial budgets, community engagement	K20,000,000	11%
Civil Society Organizations (CSOs) & Faith-Based Organizations (FBOs)	Trauma-informed care, safe houses, prevention, advocacy, community mobilization	K18,000,000	10%
Private Sector Partners	2% extractive industry levy, workplace safety, survivor economic empowerment, innovation fund	K8,000,000	4%
Donor & Development Partners	Technical assistance, pooled funding, innovation pilots, rural outreach	K23,000,000	13%
TOTAL		K180,000,000	100%

Resource Mobilization Plan

The resource mobilization plan is anchored in a diversified, multi-sectoral approach designed to ensure both sustainability and scale of impact. The government leads with a robust commitment, contributing K114 million annually—60% of total funding—through gender-responsive budgeting embedded in national and provincial allocations, and by leveraging revenues from the extractive sector via targeted parliamentary earmarks.

International donors provide a further K57 million per year (30%), aligning investments with SDG 5 (Gender Equality) and channeling resources through pooled funding mechanisms managed by the NGBVS to promote transparency and strategic alignment. The private sector, led by partners such as Santos Foundation, BSP, Digicel, and the PNG Chamber of Commerce, complete the funding landscape with K19 million annually (10%), incentivized through tax breaks for GBV program support and workplace certification schemes that embed gender-sensitive policies into corporate culture. A 2% resource extraction license levy and a parliamentary appropriation of .5% of the annual national budget will also be instated.

Charging a levy on resource extraction companies in particular responds to the close link between this sector and increased GBV. In PNG and globally, the resource extraction sector has driven disrupted social dynamics, economic inequities, and systemic gender imbalances. In PNG, where mining, and oil and gas, are key economic sector, patriarchal traditions intersect with extractive industry operations to exacerbate risks for women. Extractive Industry influxes disproportionately benefit men through jobs and royalties, destabilizing household dynamics and fueling domestic violence, polygamy, and alcohol and drug abuse. For example, cash flows to men in PNG's Western Province led to inflated bride prices, non-consensual polygamous marriages, and a loss of status for women, intensifying GBV. Security personnel at extraction sites, such as Barrick Gold's Porgera mine, have also been implicated in systematic sexual violence against local women and girls. Remote resource extraction environments, migrant labor, and male-dominated workspaces further isolate women, creating conditions where GBV thrives.

Globally, similar patterns emerge. In Africa, extractive projects displace communities, contaminate water sources, and increase caregiving burdens for women, as documented by WoMin in South Africa, Uganda, and the Democratic Republic of Congo. The extractive sector's male-dominated workforce (15% female globally) perpetuates cultures of harassment and assault, as seen in Rio Tinto's internal reports detailing systemic GBV ranging from "everyday sexism" to rape. Social disruptions, such as the influx of transient workers and sex work, amplify risks, particularly for women facing territorial dispossession. Economic shocks from mine closures also heighten job insecurity for men, a known driver of GBV.

Efforts to mitigate these impacts include PNG’s Women in Mining initiative, which allocates royalties to women-led programs, and corporate-community partnerships to develop anti-GBV codes of conduct. However, systemic change requires addressing power imbalances in both workplace cultures and benefit-sharing models.

Funding Sources

Source	Annual Contribution (K)	% of Total	Key Partners
Government of PNG	108,000,000	60%	National Treasury, Provincial Administrations, Health/Justice/Education Sectors
International Donors	57,000,000	30%	Australia (DFAT), EU, UN, US, Japan, Koika,, World Bank
Private Sector	18,000,000	10%	Santos Foundation, SP Brewery, BSP, Digicel, PNG Chamber of Commerce

Mobilization Strategies

The mobilization strategy is built on three synergistic building blocks. First, strong government commitment is operationalized through institutionalized budget lines and innovative financing from resource industries, ensuring that GBV prevention and response are not donor-dependent but nationally owned. Second, donor partnerships are strategically leveraged—not only to secure funding but also to drive best practice, technical assistance, and alignment with global standards, as seen in the pooled GBV fund and ongoing support for provincial secretariats and grassroots CSOs. Third, private sector engagement is deepened through fiscal incentives and recognition programs, encouraging businesses to invest in safe house infrastructure, prevention campaigns, and survivor economic empowerment initiatives.

This integrated resource mobilization plan ensures a resilient funding base, reduces fragmentation, and fosters shared accountability among government, donors, and the private sector. By aligning financial flows with national priorities and international commitments, PNG is positioned to deliver a transformative, whole-of-society response to GBV—one that is adequately resourced, locally driven, and globally supported.

Sustainability and Implementation

- **Phased Funding:** Prioritize governance and services in early years (2026–2028), scaling prevention and justice reforms in later phases (2029–2035).
- **Community Ownership:** Community ownership will be deepened by transitioning 30% of Family Support Centers (FSCs) to district and village management by 2035, with ongoing technical support and monitoring.

- **Economic Integration:** Link GBV prevention to broader development goals (e.g., climate resilience, education).

District Services Improvement Program (DSIP) and Provincial Services Improvement Program (PSIP)

The new Strategy can and should be directly addressed and implemented through the government's District Services Improvement Program (DSIP) and Provincial Services Improvement Program (PSIP) processes. These funds amounting to over K1.5 billion annually and, representing a significant share of PNG's development budget, are the primary vehicles for resourcing local priorities and service delivery at the district and provincial levels.

Leveraging DSIP and PSIP for GBV aligns with both the intent of these funds (to improve health, education, safety, and social outcomes) and with the core requirements of the new GBV Strategy, which calls for whole-of-government, whole-of-society action, and measurable, survivor-centered change.

How DSIP and PSIP Can Address the GBV Strategy

1. Mandating GBV as a Core Funding Priority

The Implementation Plan and the National Strategy call for every province to establish and resource a Provincial GBV Secretariat (PGBVS) and for every district to operationalize survivor services, prevention programs, and justice reforms. DSIP and PSIP guidelines allow for the allocation of funds to social services, health, and community safety. Provinces like East Sepik have already set a precedent by approving a dedicated K500,000 annual budget for GBV prevention and response, sourced from their provincial budget and aligned with their PSIP envelope. This model should be replicated nationwide, with clear line items for:

- Establishment and staffing of PGBVS and district GBV focal points.
- Construction, refurbishment, and operation of Family Support Centers and safe houses.
- Support for telehealth units, GBV circuit courts, and trauma care outreach.
- Rollout of school- and community-based prevention programs, including youth ambassador and champion initiatives.

2. Integrating GBV into Provincial and District Planning

The National Strategy and Implementation Plan recommend that every province and district develop a GBV Strategy Implementation and Work Plan, integrated into their broader

development and budget frameworks. DSIP and PSIP planning cycles-through the Joint District Planning Budget Priorities Committee (JDPBPC) and the Joint Provincial Planning Budget Priority Committee (JPPBPC) should require that GBV objectives, targets, and activities are included as a standing priority, with annual reporting on progress and outcomes. This ensures that GBV is not treated as an “add-on” but as a core development and safety issue.

3. Performance-Linked Disbursement and Accountability

The GBV Strategy’s Implementation Plan establishes a robust monitoring and accountability framework, including provincial scorecards, annual audits, and survivor feedback mechanisms. DSIP and PSIP disbursements can be linked to the achievement of key GBV milestones such as the operationalization of the PGBVS, coverage of rural survivor services, or implementation of school prevention curricula. Underperforming provinces or districts could see funds reallocated to civil society or redirected to high-performing areas, as already recommended in the national compliance table and in line with international best practice.

4. Mainstreaming Prevention and Community Engagement

The new Strategy places strong emphasis on prevention, cultural transformation, and community-driven solutions. DSIP and PSIP can fund:

- Community dialogues, restorative justice circles, and mediation protocols co-designed with village leaders.
- Youth and faith leader training, sports-based prevention, and public awareness campaigns.
- Economic empowerment initiatives for survivors, including microloans and skills training.

5. Leveraging DSIP/PSIP for Infrastructure and Technology

DSIP and PSIP are well-suited to fund capital investments in safe houses, telehealth infrastructure, and digital GBV dashboards at district and provincial levels-core requirements of the Implementation Plan. These investments are critical for reaching rural and remote communities and for ensuring real-time data collection and adaptive management.

6. Legal and Policy Alignment

The Implementation Plan calls for local by-laws and the harmonization of customary and statutory responses to GBV. DSIP and PSIP can support the costs of legal drafting, community consultations, and local enforcement of new GBV laws and protocols.

Why This Alignment Matters

- **Sustainability:** Embedding GBV funding in DSIP/PSIP ensures long-term, locally owned financing, reducing reliance on donors and pilot projects.
- **Accountability:** Tying DSIP/PSIP disbursement to GBV results leverages the existing governance structures for oversight and public reporting.
- **Scalability:** With over K1.5 billion in annual SIP funding, even a modest allocation (e.g., 5–10%) can transform GBV service coverage and prevention nationwide.
- **Equity:** DSIP/PSIP can be targeted to address the most underserved districts and provinces, closing rural and gender gaps in access to support.

Recommendations for Immediate Action

- Mandate a minimum % of DSIP/PSIP for GBV in national guidelines (e.g., 5–10%).
- Require all provinces and districts to submit annual GBV plans and budgets as part of their DSIP/PSIP submissions.
- Tie a portion of DSIP/PSIP disbursement to performance on GBV indicators (e.g., rural service coverage, survivor satisfaction, school curriculum rollout).
- Replicate the East Sepik model by making K500,000+ annual allocations for GBV a minimum national standard.
- Ensure DSIP/PSIP-funded infrastructure and programs are included in the National GBV Dashboard for real-time monitoring and adaptive management.

Results Framework and Indicator Definitions

The implementation of PNG's National Strategy to Prevent and Respond to GBV is anchored in a robust Results-Based Management framework that clearly links resources, activities, outputs, outcomes, and impact. Substantial inputs—including a K180 million annual budget, the deployment of trained officers and magistrates, telehealth units, donor funding, artificial intelligence tools, rehabilitation centers, and deep partnerships with village leaders—provide the foundation for transformative change across the country.

These resources enable a series of coordinated activities: the establishment of 22 fully resourced PGBVSs to ensure leadership and accountability at every level; the expansion of survivor services through more than of Family Support Centers (FSCs) and 95 safe houses, and the rollout of 220 telehealth units to bridge urban-rural divides; the launch of comprehensive prevention campaigns and school-based programs to shift harmful norms reaching nearly one million youth and children; the repair of justice systems using circuit courts and specialized rehabilitation centers; and the development of a real-time National GBV Dashboard for evidence-based decision-making.

The National GBV Dashboard will provide real-time, disaggregated data to guide resource allocation and policy adjustments. As a result, the strategy aims to achieve measurable outcomes, including full provincial coverage of GBV services, 60% rural access to trauma-informed care, a 25% conviction rate for GBV cases, a 50% reduction in male and youth acceptance of GBV, and 100% transparency in budget reporting by 2035.

In addition, two metrics align the strategy with the SDGs:

1. SDG 5.2.1: % of women subjected to physical/sexual violence (target less than 30% by 2035), and,
2. SDG 5.2.2: % of women reporting GBV to authorities (target 32% by 2035)

Lastly, both CEDAW and the Istanbul Convention, as discussed outline earlier critical legal and other changes such as the criminalization of marital rape. To ensure compliance with CEDAW and its associated oversight over discrimination and GBV, legal reform should include the enactment of 100% of the CEDAW recommendations and ensure that 80% of protection orders are enforced by 2030.

Key Pillar Performance Indicators (KPIs)

Pillar	Lead Indicators	Baseline 2025	Mid Target 2030	End target 2035
Governance	% provinces with functional secretariats	23%	100%	100%
Survivor Services	Rural access to trauma-informed care	15%	30%	60%
Prevention	Acceptance of GBV (male)	83%	60%	40%
Justice	GBV conviction rate	<1%	15%	25%
Data	% provinces submitting quarterly reports	0%	50%	100%

The cumulative impact of these efforts will be transformative: a 50% reduction in GBV prevalence nationwide, the restoration of public trust in government and justice systems, and a generational shift in attitudes towards gender equality and non-violence. By leveraging sustained investment, cross-sectoral coordination, and rigorous data-driven accountability, PNG's GBV strategy is positioned to disrupt the intergenerational cycle of violence and realize the nation's vision of a safe, inclusive, and equitable society.

Summary Results Based Management Framework and Indicator Definition

Pillar	Indicator	Definition/Measurement	Target/Timeline	Responsibility
Governance	% provincial secretariats	Quarterly audits	100% by 2035	PM's Dept/NGBVS
Survivor Services	Rural FSC coverage	% rural survivors within 50km of FSC	60% by 2035	Health Dept/Prov. Govts
Prevention	Youth GBV acceptance	% youth (15–24) and children (5 to 14) condoning GBV	Reduced to 40% condoning GBV by 2035	Education/CSOs
Justice	Conviction rate	% reported cases resulting in conviction	25% by 2035	Justice Dept
Data and acc.	Budget transparency	% funds publicly reported via Dashboard	100% by 2035	NGBVS MEL Unit

Monitoring, Evaluation and Learning

PNG's National GBV Strategy 2026–2035 is anchored by a bold, results-driven monitoring framework that translates ambition into measurable action. At its core are four high-impact indicators, each capturing a critical domain of the national response.

Core Indicators

Domain	Indicator	Baseline	Target
Governance	% provinces with functional secretariats	23%	100%
Services	Rural access to safe houses	15%	60%
Justice	GBV conviction rate	<1%	≥25%
Prevention	Male acceptance of GBV rate	83%	40%

In governance, the percentage of provinces with functional secretariats will be tracked, with the aim of scaling from a baseline of just 23% to full national coverage by 2035—a clear signal of institutional reach and leadership commitment.

Service delivery will be measured by rural access to safe houses, targeting a fourfold increase from 15% to 60%, ensuring that survivors in even the most remote communities are not left behind. As well, it is suggested that a metric be used for survivor outcomes that would see 80%+ reporting improved safety and well-being in annual surveys and a service access time of less than 48 hours for 75% of rural survivors.

Justice system effectiveness is captured through the GBV conviction rate, with an audacious but necessary leap from less than 1% to at least 25%, reflecting the drive to end impunity and restore public trust. In addition, it is suggested that a case resolution time of less than 6 months be set for at least 80% of the reported cases.

Prevention efforts are quantified by youth participation in GBV programs, with the goal of expanding engagement from under 50,000 to nearly a million young people and children, catalyzing generational change in attitudes and behaviors. But also, through a more than halving of the negative male and youth attitudes towards GBV that currently see 83% of men accepting GBV as a social norm.

All data collection will be governed by rigorous ethical guidelines, including strict survivor anonymity protocols, biometric encryption, and cultural validation of tools in partnership with local leaders. Biannual parliamentary hearings will be supplemented by annual OECD-standard audits, and adaptive learning loops will be established to ensure that data insights directly inform program adjustments. The expectation is that 100% of provinces will submit

their quarterly reports and that the audit will have a 100% compliance with OECD GBV standards by 2035.

To ensure these indicators are robust and actionable, the strategy employs a suite of advanced data collection methods. Biometric-protected survivor surveys safeguard anonymity while generating high-quality, firsthand insights into survivor experiences and service gaps. Police case tracking and health facility reports provide administrative data streams that are both timely and granular, supporting real-time monitoring and rapid response. All data collection is governed by rigorous ethical guidelines, including strict survivor anonymity protocols and the cultural validation of tools in partnership with local leaders, ensuring that research is both safe and contextually appropriate.

Accountability and transparency are embedded through a dual reporting mechanism. Biannual parliamentary hearings, featuring provincial scorecards, provide public accountability and create a forum for political oversight and course correction. For the donor community, OECD-standard impact reports are linked directly to funding releases, ensuring that financial support is contingent on demonstrable progress and that international partners remain fully engaged in PNG's journey toward zero tolerance for GBV.

This integrated approach to measurement, ethics, and reporting not only drives continuous improvement but also builds the trust and legitimacy needed to sustain momentum and deliver transformative change for women, children, and communities across the country.

Strategic Goal	Metrics	Baseline 2025
Zero tolerance for GBV by 2050	<ul style="list-style-type: none"> - Reduce GBV incidence by 50% by 2035 (from 64% to 32%) - Halve economic losses to 3.1% of GDP. 	64% 6.2%
100% provincial secretariats	<ul style="list-style-type: none"> - 100% provinces meet minimum staffing (5+ officers), budget (K500K/year), and reporting standards by 2030. 	5 provinces
60% rural service access	<ul style="list-style-type: none"> - 60% of rural survivors access FSCs/safe houses within 48 hours. - 80% telehealth coverage in rural districts. 	15% 0%
25% conviction rate	<ul style="list-style-type: none"> - Increase GBV convictions 15% by 2030, 25% by 2035. - Reduce case backlog by 50% annually. 	0.5% No baseline
Generational attitude shift	<ul style="list-style-type: none"> - Reduce men's acceptance of GBV to 40% by 2035 (attitude surveys). - 70% of youth report positive gender norms by 2035. 	83% No baseline

The Results Based Management Framework will be fully outlined in the Implementation Plan and aligned with the Monitoring, Evaluation and Learning framework.

All data will be collected through the National GBV Dashboard (Dashboard). The Dashboard stands as the nerve center for data-driven action in PNG's fight against GBV, transforming how policymakers, frontline responders, and the public engage with the realities and responses to GBV nationwide. Purpose-built to centralize real-time data, the Dashboard empowers evidence-based decision-making, transparency, and adaptive learning at every level of the national strategy. Its interactive maps and dynamic dashboards visualize GBV case rates, service coverage, and conviction rates by province, providing an unprecedented level of geographic and operational insight. Key performance metrics—ranging from service access and justice efficiency to prevention impact, youth leadership, and budget execution—are tracked and updated continuously, offering leaders the intelligence needed to allocate resources where they are needed most and to identify emerging trends or service gaps before they escalate.

Harnessing the power of predictive analytics, the Dashboard can forecast potential spikes in GBV during high-risk periods such as holidays, major resource projects, or natural disasters, enabling proactive interventions. Survivor feedback is seamlessly integrated through anonymous surveys and community scorecards, ensuring that the voices of those most affected directly inform program improvement and policy adjustments. A public transparency portal, featuring regular reports on budget utilization, audit outcomes, and key performance indicators, further strengthens accountability and builds public trust in the GBV response system. The Dashboard will now feature predictive analytics using AI-driven tools and will triangulate data from survivor surveys, police records, and health facilities.

Behind this sophisticated platform is a multidisciplinary team: data analysts clean and visualize incoming data; IT specialists maintain the system's security and functionality in compliance with international standards; GBV advisors ensure that all data collection is survivor-centered and ethically sound; provincial coordinators liaise with local secretariats to ensure timely and accurate data input; and policy analysts translate insights into actionable recommendations for government and partners. This integrated approach not only supports PNG's commitment to zero tolerance for GBV as articulated in its Vision 2050 and national strategy but also aligns with best practices in global data management and transparency. The Dashboard is more than a reporting tool—it is the strategic engine powering a smarter, faster, and more accountable national response to GBV.

Communication Summary

A communication plan for the National GBV Strategy should be designed to foster inclusive, transparent, and sustained engagement with all key stakeholders—survivors, village leaders, Members of Parliament, donors, and youth—ensuring that the vision of “zero tolerance by 2050” is widely understood and embraced. Recognizing the diversity of audiences, the strategy should employ a multi-channel approach, tailoring formats and languages to reach urban, rural, and marginalized groups effectively. Survivors must be placed at the center of all communications, with their voices and leadership actively sought and amplified through regular consultation, co-design of materials, and survivor-led advocacy initiatives, thereby fostering trust and ensuring relevance.

Key messages—including the urgent economic imperative (“GBV costs K7.4 billion/year”) and the national commitment to eradicate GBV—should be crafted to be clear, compelling, and contextually resonant. These messages would be best disseminated through a range of products: a monthly Prime Minister’s Office newsletter could provide policy updates and highlights progress; an Annual Survivor Impact Report, translated into Tok Pisin and Hiri Motu, could share survivor stories and data-driven results with communities nationwide; and quarterly parliamentary briefings, accompanied by provincial scorecards, would ensure political leaders and donors are kept informed and accountable.

The plan should leverage both traditional and digital media, community radio, and in-person forums to maximize reach and engagement, while also providing mechanisms for two-way feedback—such as community dialogues and online surveys—so stakeholders can voice concerns and contribute to ongoing strategy refinement. All communications should be grounded in principles of transparency, cultural sensitivity, and “Do No Harm,” with materials reviewed by survivor and community representatives to ensure safety and appropriateness. By prioritizing regular, accessible, and participatory communication, the plan will not only raise awareness but also build the collective ownership and momentum needed to achieve lasting change in PNG’s fight against GBV.

Alignment with National and International Frameworks

The 2026 Strategy is aligned with the country's constitutional mandates, national development priorities, and international human rights obligations. At its core, the strategy operationalizes the Directive Principles and foundational rights enshrined in the National Constitution, particularly Sections 55 and 57, which guarantee equality before the law and freedom from inhumane treatment. By embedding survivor-centeredness, gender equality, and human rights into its vision and operational pillars, the strategy directly advances the constitutional commitment to dignity, justice, and non-discrimination for all citizens. This constitutional alignment is further reinforced by the strategy's focus on robust governance, transparent resource allocation, and institutional reform, which echo the Constitution's emphasis on accountable, responsive government.

Strategically, the 2026 Strategy is fully integrated with Vision 2050, PNG's long-term national development blueprint. Vision 2050's Pillar One, "Human Capital Development, Gender Equality, and Empowerment of Youth," is reflected in the strategy's investment in trauma-informed care, survivor economic empowerment, and youth-driven prevention programs. The establishment of statutory GBV governance structures and the expansion of provincial secretariats directly support Vision 2050's call for strong, decentralized, and accountable institutions. Moreover, the strategy's ambitious targets-such as halving severe GBV incidence, achieving universal provincial secretariat coverage, and catalyzing generational attitude shifts-are explicitly designed to deliver on Vision 2050's milestones of zero tolerance for violence, universal access to social services, and a safe, inclusive society.

The strategy is also closely aligned with the PNG Development Strategic Plan (DSP) 2010–2030, which positions gender equality as a cross-cutting enabler of national progress. By prioritizing rural service expansion, economic empowerment for survivors, and decentralized funding mechanisms, the strategy advances the DSP's objectives of reducing spatial inequalities, promoting women's economic participation, and ensuring equitable service delivery across all provinces and communities. The integration of mandatory provincial co-funding and performance-based donor support further operationalizes the DSP's principles of decentralized governance and results-based management.

The strategy is further anchored in the SDGs, most notably SDG 5 (Gender Equality), but also SDG 3 (Good Health and Well-Being), SDG 10 (Reduced Inequalities), and SDG 16 (Peace, Justice, and Strong Institutions). The comprehensive approach-combining prevention, survivor

services, justice reform, and data-driven accountability-ensures that PNG's response to GBV contributes directly to the achievement of these global targets. The strategy's investment in data systems, such as the Dashboard and IMS, enables transparent MEL and reporting on SDG indicators, while expanding survivor services and legal reforms to address key benchmarks on violence reduction, access to justice, and inclusive institutions.

Equally significant is the strategy's explicit compliance with the CEDAW and related international frameworks. By criminalizing harmful practices such as non-consensual polygamy, strengthening legal protections for survivors, and embedding gender equality in all pillars, the strategy fulfills CEDAW's requirements for legal, policy, and cultural transformation. The survivor-centered approach, expansion of trauma-informed services, and integration of survivor voices into governance and monitoring directly reflect CEDAW General Recommendation 35 and the Istanbul Convention's standards for accessible, gender-sensitive support. Furthermore, the strategy's alignment with the Family Protection Act 2013 and the Lukautim Pikinini Act ensures that national laws and child protection mandates are harmonized with international obligations.

The 2026 Strategy is not an isolated policy but a deliberate articulation of PNG's constitutional and international commitments. Embedded in national and global frameworks, the strategic pillars, governance structures, and measurable outcomes, ensure that every investment and intervention advances both the nation's development aspirations and its duty to protect and empower all citizens-especially women, children, and marginalized groups. This integrated, legally anchored approach positions PNG to leverage international partnerships, secure sustainable funding, and deliver transformative, measurable change in the fight against GBV.

Partnership and Stakeholder Roles

The success of the 2026 Strategy is fundamentally predicated on the strength and clarity of its partnerships – a whole-of-nation approach – that mobilizes government, civil society, the private sector, and development partners in a unified, results-driven coalition. At the core, government leadership is both catalytic and indispensable: the Prime Minister’s Office, through the statutory National Council and NGBVS, sets the national vision, ensures policy coherence, and drives institutional reform, while PGBVSs operationalize this mandate at the subnational level, translating strategy into context-specific action and ensuring that every province is both empowered and accountable for measurable progress. Line ministries—including Health, Justice, Police, Education, and Community Development—play pivotal roles in mainstreaming GBV prevention and response within their respective sectors, embedding survivor-centered protocols, and ensuring that legislative and budgetary frameworks are robust, transparent, and aligned with the strategy’s ambitious targets.

Civil society organizations are the engine of grassroots innovation and frontline service delivery, leveraging decades of experience and deep community trust to operate safe houses, deliver trauma-informed care, conduct outreach in rural and remote areas, and champion survivor voices in policy and program design. Their role extends beyond implementation to include rigorous advocacy, monitoring, and the provision of real-time feedback loops that ensure the strategy remains responsive to the needs of the most vulnerable—including women, children, persons with disabilities, other vulnerable individuals, and those in geographically isolated communities. Faith-based organizations and traditional leaders, meanwhile, act as critical cultural brokers, facilitating dialogue, challenging harmful norms, and supporting the transformation of rites of passage and community practices in ways that reinforce gender equality and non-violence.

Engaging churches and faith-based organizations is crucial for addressing GBV in PNG, given their significant influence within communities. A strategy should focus on building partnerships with religious leaders to promote messages of non-violence, respect, and gender equality from the pulpit. Training programs can be developed for clergy and church members to raise awareness about GBV, its impacts, and the importance of supporting survivors. Faith-based organizations can also play a role in providing safe spaces for survivors and facilitating community dialogues that challenge harmful modern social norm related to gender and violence. Collaborating on community service projects that address the root causes of GBV, such as poverty and lack of education, can further strengthen the engagement of churches in the GBV strategy.

NGOs are vital partners in the fight against GBV and can be engaged through collaborative initiatives that leverage their expertise and community connections. Establishing a multi-stakeholder platform that includes NGOs, government representatives, and community members can facilitate the sharing of best practices and resources for GBV prevention and response. NGOs can be instrumental in conducting awareness campaigns, providing training for community leaders, and offering direct support services to survivors. Additionally, involving NGOs in the development and implementation of monitoring, evaluation and learning frameworks for GBV programs will ensure that interventions are effective and responsive to community needs. Joint funding proposals can also be developed to secure resources for comprehensive GBV initiatives.

Engaging human rights defenders is essential for advocating for systemic change in addressing GBV. A strategy should focus on creating networks that connect human rights defenders with grassroots organizations, women's groups, and other stakeholders to amplify their voices and actions. Training sessions on legal rights, advocacy skills, and effective communication can empower human rights defenders to engage in GBV prevention efforts more effectively. Collaborative campaigns that highlight the stories of survivors and the need for policy reform can mobilize public support and raise awareness about GBV issues. Additionally, providing platforms for human rights defenders to share their experiences and insights can foster greater visibility for their work and encourage broader community engagement in GBV initiatives.

The private sector is increasingly recognized as a strategic partner, not only as a source of financial resources but also as a driver of workplace safety, economic empowerment for survivors, and innovation in prevention messaging. Leading companies are incentivized to adopt and model gender-sensitive policies, support safe house infrastructure, and invest in training and employment pathways for survivors, thereby extending the reach and sustainability of the national response. Corporate engagement is further catalyzed through tax incentives, public recognition programs, and the integration of GBV prevention into broader corporate social responsibility agendas.

To effectively engage the private sector in the GBV strategy in PNG, it is essential to promote corporate social responsibility (CSR) initiatives that focus on GBV prevention and response. Companies can be encouraged to adopt workplace policies that address GBV, including creating safe reporting mechanisms, providing employee training on GBV awareness, and offering support services for affected employees. Additionally, partnerships between businesses and local NGOs can facilitate community outreach programs aimed at raising awareness about GBV and supporting survivors. Organizing workshops and forums that bring together business leaders to discuss the economic impact of GBV and the importance of gender equality in the workplace can further enhance commitment. Establishing a recognition

program for businesses that demonstrate exemplary practices in combating GBV can motivate others to follow suit.

International donors and development partners provide critical technical and financial support, aligning their investments with the strategy's pillars and leveraging global best practice to strengthen data systems, monitoring, evaluation and learning, and capacity building. Their contributions are formalized through pooled funding mechanisms and performance-based agreements, ensuring that external resources are strategically targeted, coordinated, and contingent on the achievement of clear, measurable outcomes. Donors also play a key role in supporting innovation, piloting new approaches, and facilitating South-South learning exchanges that keep PNG at the forefront of regional and global GBV prevention and response.

This multi-sectoral, multi-level partnership model is underpinned by robust governance, adaptive coordination mechanisms such as quarterly "GBV Policy Labs," and a shared commitment to transparency, accountability, and continuous learning. By clearly delineating roles and fostering a culture of collaboration and mutual accountability, the strategy ensures that every stakeholder-government, civil society, private sector, and donor-contributes their unique strengths toward the shared goal of eradicating GBV and building a safer, more just, and more prosperous PNG for all.

Implementation Timeline

The implementation timeline for PNG’s National GBV Strategy 2026–2035 is structured around three ambitious, results-oriented phases, each designed to build momentum and deliver sustainable impact.

Phase I (2026–2028)	Phase II (2029–2032)	Phase III (2033–2036)
<ul style="list-style-type: none"> -Operationalize NGBVS, PGBVSs and pilot 12 District-level rural safe houses (Lead: PM’s Department, Co-Implementers: donors) -Roll out children and youth-focused prevention curricula in schools -Deploy 12 GBV circuit courts and 220 telehealth units (Justice-Health Taskforce) -Pre-negotiated donor clauses tied to quarterly progress 	<ul style="list-style-type: none"> -Expand economic empowerment initiatives. -Expand GBV circuit courts to all 21 provinces and ARoB. -Scale perpetrator rehabilitation to 21 provinces and ARoB (NGBVS-CSO Consortium). -Deploy additional telehealth units. 	<ul style="list-style-type: none"> -Refine strategies based on M/E findings -Transition 30% of FSCs to district management (Provincial Secretariats) -Institutionalize oversight mechanisms and adaptive learning

The first phase (2026–2028) focuses on establishing the institutional scaffolding essential for long-term success. During this foundational period, the NGBVS and PGBVSs (PGBVS) will be operationalized, setting the stage for coordinated, high-impact action nationwide. Pilot rural safe houses will be launched to address acute service gaps in underserved communities, while youth-focused prevention curricula will be rolled out in schools, laying the groundwork for generational change.

Building on this foundation, the second phase (2029–2032) is dedicated to scaling up proven interventions and embedding resilience into the system. This period will see the expansion of GBV circuit courts to accelerate justice delivery, the deployment of telehealth solutions to extend trauma-informed care into remote areas, and the nationwide scaling of flagship prevention initiatives. These efforts will ensure that best practices are not only institutionalized but also reach the communities most in need, driving measurable improvements in survivor outcomes and community attitudes.

The final phase (2033–2035) shifts the focus to community-led sustainability and adaptive learning. Oversight mechanisms will be institutionalized, empowering local leaders and survivors to drive ongoing accountability and innovation. Strategies will be continuously refined through robust monitoring, evaluation and learning, ensuring that the national

response remains dynamic, evidence-based, and responsive to emerging challenges. By sequencing these phases—laying a strong foundation, scaling what works, and embedding sustainability—PNG’s implementation timeline transforms ambition into action, positioning the country to achieve a lasting reduction in GBV and to serve as a model for the region.

Activity	Start	Duration (months)	End
Governance Reform			
Elevate NGBVS to statutory authority	0	12	12
Establish 22 Provincial Secretariats	6	42	48
Legislative reforms (cyber-GBV, polygamy)	6	24	30
Train 15,000 magistrates	12	36	48
Implement quarterly Policy Labs	3	60	63
Survivor-Centered Services			
Expand FSCs to 95 centers	6	114	120
Expand Safehouses to 95	6	114	120
Deploy 220 telehealth units	6	24	30
Train 2,375 health workers	6	36	42
Launch 24/7 national hotline	9	12	21
Prevention and Cultural Shifts			
Scale Prevention Programs to 460K youth	12	60	72
Train 9,500 male and female champions	12	48	60
Redesign village rites of passage	18	42	60
National awareness campaign	6	36	42
Justice System Repair			
Establish 22 GBV circuit courts	12	36	48
Implement Rehabilitation Programs	18	48	66
Train 500 specific GBV police officers	6	36	42
Pilot community accountability circles	24	24	48
Data Systems and Accountability			
Launch National GBV Dashboard	6	18	24
Implement OECD-standard audits	12	48	60
Predictive analytics integration	24	36	60
Survivor feedback system	9	24	33

Each pillar and activity within the strategy is resourced through the shared annual budget, with allocations to the relevant government agencies and partners responsible for implementation. The full Implementation, and Monitoring, Evaluation and Learning Plan will outline the roll out of this Strategy in detail.

And each of the three phases under the implementation plan and strategy should be evaluated at the end of their term for clear direction in the next phase (what has been accomplished, and what needs to be improved, amended or added). This will help the NGBVS assess, track and measure progress of strategy and implementation of all programs and/or activities.

Appendices

- A. Detailed SWOT
- B. Detailed Budget
- C. The DRAFT National GBV Secretariat and Council Act

APPENDIX A: Detailed SWOT Analysis

This rigorous SWOT analysis frames the strategic approach, identifying the internal and external factors that will determine success.

Strengths	Weaknesses
Established governance frameworks (NGBVS, provincial committees)	Funding dependence on external partners (DFAT, EU, UNDP) risks sustainability and timely staffing.
Proven multi-sector models	Rural implementation gaps due to infrastructure and cultural barriers.
Private sector engagement (Santos, BSP)	Fragmented data systems impede evidence-based adjustments.
Alignment with SDGs and PNG Vision 2050	Gender imbalance in institutions: male-dominated police (13% female), understaffed courts.
Strong legal and policy framework	Underreporting due to stigma, fear, and lack of trust in justice system.
Active civil society and private sector	Insufficient access to health care, shelters, counseling, legal aid in underserved communities.
Growing public awareness	Inadequate case management and information systems.
Government commitment (PPC-GEWE)	Perpetuating harmful gender norms and lack of professional training.
Multi-sectoral collaboration	Inadequate funding across sectors for comprehensive GBV programming.
Opportunities	Threats
Scale gender-transformative models (SASA!, Steppingstones)	Economic volatility and budget cuts.
Climate-linked funding (UNDP projects)	Societal resistance: harmful norms and attitudes.
Digital outreach and mobile platforms	Political instability and shifting priorities.
Resource sector partnerships (Women in Mining)	Intercommunal conflict diverting resources.
Engaging men and boys as allies	Social backlash and opposition from conservative groups.
Technology-based interventions	Economic instability impacting funding.
Village-based, culturally appropriate programs	Stigma and silence around GBV.
Community and church group partnerships	Negative online/social media and technology-facilitated GBV.
Policy advocacy and stronger legislation	Environmental and humanitarian crises.
Research and data collection	
Education and health sector expansion	

APPENDIX B: DETAILED BUDGET

Category	Annual (K) Allocation	% of Total	Key Activities
1. Transformative Governance	57,000,000	30%	Institutional coordination, PVGBS, policy reform
- NGBVS	15,000,000	8%	Staffing, National GBV Council coordination, policy development
- PGBVS	31,500,000	17%	K1.5M/provincial staffing, rural outreach, local governance structures
- Capacity Building	10,500,000	5%	Training 2,200 officials in GBV response/gender-responsive budgeting
2. Survivor-Centered Services	57,000,000	30%	Trauma-informed care, rural access, economic empowerment
- Family Support Centers (FSCs)	24,000,000	13%	Expand from 74→95 FSCs; staffing, medical supplies, forensic kits
- Safe Houses and Shelters	18,000,000	9%	1 safe house/district (51→95); security, counseling, survivor reintegration programs
- Telehealth Units	9,000,000	5%	220 satellite-linked units for rural counseling and evidence collection
- 24/7 National Hotline	6,000,000	3%	Toll-free support, crisis intervention, case management
3. Prevention/Youth leadership	38,000,000	20%	Community-led prevention, education, norm change
- National GBV Campaign	4,000,000	2%	National campaign all 22 provinces and >6 million people on GBV, laws and rights, services and prevention programs, and the strategy.
- Youth and early childhood) School Program	15,000,000	8%	Curriculum development, teacher training, peer education for 941,000 students
- Youth/Media Campaigns	12,000,000	6%	Train 19,000 youth leaders; social media/digital outreach
- Male Engagement Programs	4,000,000	2%	Train 9,500 "GBV Champions"; community dialogues on positive masculinity
- Economic Empowerment	3,000,000	2%	GBV prevention training linked Microloans for women/youth
4. Justice System Repair	28,500,000	15%	Legal reform, perpetrator accountability, survivor-centric justice
- GBV circuit courts	9,000,000	5%	1 GBV circuit court/province; staffing, transportation, victim protection measures
- Specialized Police Training	7,500,000	4%	Train 500 officers: survivor interview and evidence handling
- Perpetrator Rehabilitation	8,000,000	4%	22 rehabilitation centers (CBT, community service, economic reintegration)
- Legal Upgrades	4,000,000	2%	Criminalize cyber-GBV, CEDAW
5. Data and Accountability	9,500,000	5%	Real-time tracking, transparency, adaptive learning
- National GBV Dashboard	4,000,000	2%	AI-driven analytics, predictive modeling, public portal
- Survivor Surveys and Scorecards	3,000,000	1.5%	Annual feedback survey: 10,000 survivors; community-led service assessments
- OECD-Standard Audits	2,500,000	1.5%	Independent audits: budget execution and program impact

APPENDIX C: THE ACT

NATIONAL GENDER-BASED VIOLENCE SECRETARIAT AND COUNCIL ACT 2026

Preamble

Recognizing Papua New Guinea’s constitutional commitment to equality (Section 55), dignity (Section 37), and freedom from inhumane treatment (Section 57); *Affirming* obligations under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Istanbul Convention, and Sustainable Development Goals; *Acknowledging* systemic failures in GBV governance under the 2016–2025 Strategy; and *Implementing* Recommendations 7–13 of the Permanent Parliamentary Committee on GEWE-GBV (2022), this Act establishes a statutory National GBV Secretariat (NGBVS) and National GBV Council to lead Papua New Guinea’s zero-tolerance agenda.

Part I: Institutional Framework

1. Establishment of National GBV Secretariat (NGBVS)

- (1) The NGBVS is established as an independent statutory authority under the Prime Minister’s Office, superseding the interim structure created by NEC Decision 337/2016.
- (2) **Mandate:** Coordinate implementation of the National GBV Strategy 2026–2035, enforce compliance with GBV policies across all government tiers, and monitor GBV-related expenditures through powers granted under Section 41 of the Public Finance Management Act 1995.

2. National GBV Council

(1) Comprising:

- Prime Minister or designate (Chair)
- Chair of the Permanent Parliamentary Committee on GEWE
- Minister for Justice
- Minister for Health
- Minister for Education
- Three Provincial Governors (elected by Governors’ Council)
- Two survivor representatives (CSO or individual nominated by the Provincial Secretariat)

- CEO of NGBVS (ex officio)

(2) Functions:

- Approve provincial GBV action plans and annual budgets
- Set national GBV prevention targets aligned with Vision 2050 and SDGs
- Oversee independent evaluations of Secretariat operations every three years.

3. CEO Appointment

(1) Appointed through merit-based recruitment supervised by the Department of Personnel Management, with final approval by the National GBV Council.

(2) Fixed 6-year term, removable only via parliamentary majority vote, ensuring stability and accountability.

Part II: Funding and Accountability

4. National GBV Fund

(1) Sources:

- Annual parliamentary appropriation of 0.5% of the national budget
- 2% levy on gross revenues of extractive industry licensees
- Donor contributions managed through OECD-standard pooled funding mechanisms.

(2) Allocations:

- 30% minimum to provinces meeting KPIs in Provincial GBV Scorecards (Schedule 2)
- Survivor economic empowerment programs and GBV circuit court operations
- Capacity building for 15,000 village magistrates by 2030.

5. Financial Oversight

(1) Submit biannual reports to Parliament through the Permanent Parliamentary Committee on GEWE-GBV, including:

- Audited financial statements compliant with Public Finance Management Act 1995
- Provincial expenditure reports with fund utilization rates
- Impact assessments of donor contributions.

Part III: Provincial and Local Implementation

6. Provincial GBV Secretariats

(1) All Provincial Administrations shall establish functional Provincial GBV Secretariats (PGBVS) within 24 months, comprising:

- Provincial Coordinator (appointed by NGBVS)
- Multisectoral Committee (Health, Police, Judiciary, CSOs)
- Local Survivor Advisory Panel.

(2) **Funding:** Base allocation of K500,000/year from provincial budgets, supplemented by National GBV Fund grants contingent on quarterly progress reports^{[5][8]}.

7. Local-Level Government Powers

(1) Local-Level Governments may enact by-laws to:

- Regulate customary dispute resolution processes involving GBV cases
- Establish community protection orders enforceable by Village Courts
- Prohibit out-of-court settlements for GBV crimes carrying penalties exceeding 5 years.

Part IV: Survivor Protections

8. Survivor Rights

Every survivor shall have the right to:

- Immediate medical examination at any registered health facility (aligned with Family Protection Act 2013)
- Free legal representation through the Office of Public Solicitor
- Relocation assistance via the Safe House Network (95 safe houses by 2035).

9. Service Standards

(1) All GBV safe houses must meet Schedule 3 standards:

- 24/7 security personnel vetted by Royal PNG Constabulary
- Onsite trauma counseling and child-friendly spaces
- Annual OECD-standard service audits.

Part V: Data and Enforcement

10. National GBV Dashboard

(1) Maintain a real-time dashboard integrating data from:

- Police Family Sexual Violence Units
- Health facility GBV intake records
- Village Court protection order registries.

(2) Access tiers ensure confidentiality while enabling parliamentary oversight and provincial accountability.

11. Compliance Orders

(1) The Secretariat may issue binding directives to:

- Provincial Administrations failing Strategy targets
- Government agencies violating GBV service standards
- Corporate entities breaching workplace prevention codes.

(2) Penalties include fund withholding, license suspension, and Leadership Code liability.

Part VI: Transitional Provisions

12. Staff Transition

Absorb existing GBV staff from Community Development and Office for Development of Women into NGBVS within 180 days, with mandatory retraining in trauma-informed care.

13. Legislative Harmonization

Amend Family Protection Act 2013 to align with Secretariat powers; repeal conflicting provisions in Lukautim Pikinini Act 2015.

Schedules

Schedule 1: Alignment with 2026–2035 Strategy

Strategy Pillar	Legal Implementation
Transformative Governance	Sections 1–3 (statutory authority)
Survivor-Centered Services	Sections 8–9 (rights and standards)
Prevention	Section 7 (customary law interface)
Justice Repair	Section 11 (compliance enforcement)

Schedule 2: Provincial GBV Scorecard Indicators

1. % of GBV cases reported to police
2. Average time from report to protection order issuance
3. Survivor satisfaction rate with services^{[4][8]}.

Compliance Table

Requirement	Act Provision
CEDAW Articles 2, 15	Sections 8–9 (survivor rights)
PNG Constitution Sections 55/57	Preamble, Section 1 (institutional mandate)
OECD GBV Governance Framework	Sections 10–11 (data systems, compliance)
Permanent Parliamentary Recs	Sections 4–5 (funding, oversight)

The National Papua New Guinean Strategy to Prevent and Respond to Gender-Based Violence 2026 to 2035: Monitoring, Evaluation and Learning Framework

A Call to Action for a Safer Future

This Monitoring, Evaluation and Learning Framework is the compendium to the National Papua New Guinean Strategy to Prevent and Respond to Gender-Based Violence 2026 to 2035. It functions alongside the Implementation Plan and is informed by the results of the Comprehensive Study on Gender-Based Violence (Corlis & Sepoe, 2025) which was conducted specifically for the purposes of preparing the 2026 to 2035 Strategy.

Table of Contents

Executive Summary	3
Objectives of the Monitoring, Evaluation and Learning Framework	5
Key Performance Indicators	7
Data Collection Methods	8
Results Chain with Cross-Cutting Themes: Causal Pathways and Integration	10
Reporting Mechanisms	17
Adaptive Learning Processes	18
Ethical Considerations	19
Roles and Responsibilities	20
Timeline	21
Appendices	22

Executive Summary

Papua New Guinea (PNG) is at a pivotal moment in its fight against gender-based violence (GBV), facing a crisis that threatens the safety, dignity, and future of millions of women, girls, and families. With GBV costing the nation over 6% of its GDP each year and projections warning that nearly eight million women could be affected by 2046, decisive, coordinated action is urgently needed. The National GBV Strategy 2026–2035 responds to this emergency with a bold, whole-of-nation approach—mobilizing government, civil society, the private sector, and communities around a shared vision of zero tolerance for GBV by 2035.

The strategy is structured around five mutually reinforcing pillars:

1. **Transformative Governance & Institutional Reform:** Centralized leadership through the National GBV Secretariat (NGBVS) and decentralized delivery via Provincial Secretariats ensure national standards are upheld while adapting to local contexts.
2. **Survivor-Centered Services:** Doubling rural access to Family Support Centers (FSCs) and safe houses, expanding telehealth and hotline services, and targeting 80% survivor satisfaction by 2030.
3. **Prevention & Youth Engagement:** Disrupting cycles of violence through awareness campaigns, school-based programs, and economic empowerment, reaching one million youth and training thousands of youth ambassadors and male “GBV Champions.”
4. **Justice System Repair & Perpetrator Rehabilitation:** Increasing conviction rates fivefold, expanding mobile GBV circuit courts, establishing rehabilitation centers, and strengthening laws and witness protection.
5. **Data Systems & Accountability:** Anchored by a National GBV Dashboard, with real-time tracking, quarterly provincial reporting, and transparent budget disclosures.

A robust Results-Based Management (RBM) framework aligns resources, activities, outputs, outcomes, and impacts with clear, measurable indicators and ambitious targets. The Monitoring, Evaluation, and Learning (MEL) Framework operationalizes the strategy’s Theory of Change, mapping every input—from the K180 million annual budget to the deployment of telehealth units and training of 22,000 magistrates—to specific results tracked in real time through an AI-powered National GBV Dashboard. This enables adaptive management, with quarterly “GBV Policy Labs” convening cross-sectoral teams to review insights, reallocate resources, and update procedures in response to emerging risks and trends.

Equity is foundational, with gender, disability, and rurality integrated at every stage. Gender parity is mandated in leadership and service delivery, disability inclusion is operationalized

through accessible facilities and technologies, and rurality is addressed through targeted investments, such as allocating 40% of budgets to remote districts and deploying mobile services to isolated communities. Data architecture ensures secure, ethical, and real-time information flows from frontline responders to national policymakers, leveraging AI and predictive analytics for proactive interventions while safeguarding survivor privacy with advanced encryption and anonymization protocols.

Accountability is embedded through performance-linked funding, public scorecards, survivor feedback loops, and biannual parliamentary hearings. Donor and private sector investments are tied to results, with 20% of funding contingent on achieving rural service coverage and other milestones. Implementation is phased for sustainability: initial efforts build governance and expand core services, followed by scaling proven interventions and piloting innovations, and culminating in institutionalized oversight and community-led sustainability.

PNG's GBV crisis is rooted in systemic, attitudinal, and institutional barriers—disengaged governance, fragmented coordination, entrenched social norms, and service gaps, especially in rural areas. Conviction rates remain at a mere 0.5%, and 83% of men condone intimate partner violence. However, new opportunities are emerging political will is rising, community resilience is growing, and donor and private sector engagement is expanding. The strategy leverages these opportunities, building on established governance frameworks and legal reforms to scale prevention, digital outreach, and male ally engagement.

By 2027, all provinces will have operational, resourced secretariats; GBV funding will be institutionalized in all budgets; and rural access to services will double by 2030. Prevention programs will reach one million youth, and acceptance of GBV among young people will decline by 40% by 2035. The justice system will see conviction rates rise to 25% and a 30% reduction in repeat offending. The National GBV Dashboard will keep data and accountability at the forefront of every action.

The National GBV Strategy 2026–2035 is more than a policy document—it is a transformational roadmap, grounded in evidence and driven by the collective will of government, communities, donors, and survivors. By institutionalizing data-driven governance, embedding equity, and fostering adaptive learning, PNG can transition from crisis management to preventive governance, offering a model for the region and delivering safety, dignity, and justice for all Papua New Guineans. The choices made now will determine the future for millions—making this strategy a national imperative and a beacon of hope for generations to come.

Objectives of the Monitoring, Evaluation and Learning Framework

The Monitoring, Evaluation and Learning (MEL) framework for PNG's The 2026 Strategy is designed as a strategic engine for accountability, learning, and adaptive management, ensuring that every intervention delivers measurable progress toward the vision of a nation free from GBV. The MEL framework's objectives are to transform the GBV strategy from a static vision into a dynamic, evidence-driven plan of action for national change—delivering accountability, transparency, and continuous learning, and ensuring that every kina invested leads to a safer, more just PNG for all. The core objectives are as follows:

1. Drive Results-Based Accountability Across All Pillars

The framework will rigorously track progress against clear, pillar-aligned indicators—such as provincial secretariat operationalization, rural survivor service coverage, youth GBV acceptance rates, conviction rates, and budget transparency—to ensure that every stakeholder, from national government to local service providers, is accountable for delivering tangible, time-bound results. This results-based approach is central to overcoming PNG's historic challenges of fragmented governance, underreporting, and uneven service quality.

2. Enable Real-Time, Data-Driven Decision-Making

By leveraging the National GBV Dashboard and Integrated Management System, the MEL framework will provide real-time, disaggregated data on service delivery, justice outcomes, prevention reach, and resource flows. This empowers leaders at all levels to identify emerging gaps, allocate resources efficiently, and adapt interventions rapidly in response to changing needs and on-the-ground realities.

3. Institutionalize Transparency and Build Public Trust

Transparent reporting mechanisms—including quarterly parliamentary hearings, annual donor reports, and public community scorecards—will make data accessible to Parliament, donors, CSOs, and the public. This openness is designed to restore trust in institutions, foster a culture of shared responsibility, and ensure that survivors and communities can hold duty-bearers to account.

4. Center Survivor and Community Voices in Strategy Refinement

The framework will systematically integrate feedback from survivors and communities—via protected surveys, biannual town halls, and community scorecards—into the monitoring process. This ensures that the lived experiences of those most affected by GBV directly inform course corrections and policy adjustments, making the response survivor-centered and locally relevant.

5. Foster Adaptive Learning and Continuous Improvement

Through annual reviews, mid-term and end-line evaluations, and pilot testing of innovative approaches (such as telehealth and mobile GBV circuit courts), the MEL system will embed a culture of adaptive learning. This will enable PNG to scale what works, discontinue ineffective interventions, and refine strategies to maximize impact over the strategy's decade-long horizon.

6. Uphold Ethical, Culturally Sensitive Data Practices

The framework commits to the highest ethical standards—ensuring informed consent, data confidentiality, and cultural appropriateness in all monitoring activities. Tools and protocols will be co-designed with local leaders and survivors, safeguarding dignity and minimizing risk throughout the data lifecycle.

Key Performance Indicators

In alignment with the 2026 Strategy’s five pillars—governance, survivor services, prevention, justice, and data—the framework establishes a suite of core indicators that serve as the foundation for performance management, accountability, and adaptive learning. Each indicator is rigorously defined, measurable, and directly linked to the strategy’s intended outcomes, ensuring that progress can be tracked transparently and in real time.

For governance, the percentage of provinces with operational GBV Secretariats is measured through quarterly audits, targeting full national coverage by 2030. Survivor services are monitored by the proportion of rural survivors within 50 kilometers of a Family Support Centre (FSC), leveraging GIS mapping to reach a 60% coverage target by 2035. Prevention efforts focus on shifting societal attitudes, with biennial national surveys tracking a targeted 40% reduction in youth GBV acceptance rates by 2035. Justice sector reform is measured by the GBV conviction rate, aiming for a fivefold increase to 25% by 2035, as captured in court records. Finally, the data pillar emphasizes transparency and accountability, with OECD-standard audits ensuring that 90% of the GBV program budget is publicly reported via the National GBV Dashboard by 2030.

These indicators not only provide a clear roadmap for implementation but also create a culture of results-driven management, enabling PNG to course-correct and celebrate achievements as the strategy unfolds. Aligned with the strategy’s pillars, indicators are as follows:

Pillar	Indicator	Measurement	Target
Governance	% provinces with operational GBV Secretariats	Quarterly audits	100% by 2035
Survivor Services	% rural survivors within 50km of an FSC	GIS mapping of service coverage	60% by 2035
Prevention	Youth GBV acceptance rate (ages 15–24)	Biennial national surveys	40% reduction by 2035
Justice	GBV conviction rate	Court records	25% by 2035 (from 0.5% baseline)
Data	% budget publicly reported via Dashboard	OECD-standard audits	90% transparency by 2035

Data Collection Methods

The quality of the data is a direct result of the quality of its method of collection. The MEL framework deploys a multi-layered data architecture that integrates both quantitative and qualitative methods, ensuring that the lived experiences of survivors and frontline workers are captured alongside system-level metrics.

Routine reporting is institutionalized through the National GBV Dashboard, with PGBVSs, FSCs, and police submitting standardized data on a quarterly basis. Survivor surveys, administered annually by NGOs and health workers using anonymized digital tools such as Open Data Kit (ODK) will provide critical feedback on service access, quality, and survivor satisfaction.

To complement these, independent researchers will conduct biannual case studies using focus groups and interviews, yielding rich qualitative insights into barriers, enablers, and emerging trends. Financial and programmatic audits will be performed annually by professional auditors to ensure fiscal integrity and program compliance. Community scorecards, facilitated biannually by village leaders and survivor networks, offer a participatory mechanism for communities to assess and validate service quality, prevention activities, and justice outcomes.

This diversified data collection strategy not only enhances the reliability and validity of findings but also embeds a culture of continuous improvement, stakeholder ownership, and ethical rigor throughout the national GBV response

Method	Tools	Frequency	Responsibility
Routine Reporting	National GBV Dashboard	Quarterly	Provincial Secretariats, FSCs, Police
Survivor Surveys	Anonymized questionnaires (ODK Collect)	Annually	NGOs, Health Workers
Case Studies	Focus groups, interviews	Biannually	Independent Researchers
Audits	Financial and program performance reviews	Annually	OECD-certified Auditors
Community Scorecards	Participatory assessments	Biannually	Village Leaders, Survivor Networks

Results Chain with Cross-Cutting Themes: Causal Pathways and Integration

The **Results Chain with Cross-Cutting Themes** is the strategic backbone of PNG's National GBV Strategy 2026–2035, translating high-level ambitions into clear, actionable pathways for impact. This section systematically unpacks how every input-whether financial, human, or technological-is transformed through targeted activities into measurable outputs, tangible outcomes, and, ultimately, transformative impact. By mapping these causal linkages across all five strategic pillars-Governance, Survivor Services, Prevention, Justice, and Data Systems-the results chain provides a unified, evidence-based framework for driving progress, diagnosing bottlenecks, and ensuring that every intervention is anchored in real-world change.

What distinguishes this results chain is its deliberate and rigorous integration of cross-cutting themes-gender, disability, and rurality-at every stage of the program cycle. Recognizing that GBV is both a cause and a consequence of entrenched inequalities, the framework embeds gender parity in leadership, universal accessibility in service design, and targeted investment in underserved rural areas. For example, the requirement that 50% of Provincial GBV Secretariat staff be women, that all telehealth units are equipped with sign language interfaces, and that 40% of budgets are allocated to remote districts are not mere add-ons, but foundational levers for equity and inclusion. These design choices ensure that the strategy does not merely count outputs, but measures who benefits, whose needs are prioritized, and where persistent gaps remain.

The importance of this section lies in its ability to operationalize the Theory of Change and strategic objectives outlined in the national strategy. By explicitly linking each activity to its intended output, outcome, and impact-and by disaggregating results by province, district, gender, age, and disability status-the results chain becomes a management tool for accountability, adaptive learning, and continuous improvement. It enables decision-makers to move beyond anecdote and intuition, leveraging real-time data and survivor feedback to recalibrate interventions, reallocate resources, and close equity gaps as they emerge. In so doing, the results chain with cross-cutting themes ensures that PNG's GBV response is not only ambitious and comprehensive, but also targeted, inclusive, and relentlessly focused on delivering measurable, life-changing results for all Papua New Guineans.

Causal Pathways

1. Inputs → Activities

- **Gender:** Mandating *50% female staff in Provincial Secretariats* (SOP 1.1) ensures gender-balanced decision-making, countering patriarchal norms and amplifying survivor perspectives in governance.
- **Disability:** Equipping *telehealth units with sign language interfaces* (SOP 3.1) removes barriers for deaf survivors, aligning with WHO guidelines for inclusive trauma care.
- **Rurality:** Allocating *40% of budgets to remote districts* (SOP 6.2) addresses systemic underfunding in provinces like Hela and Western, where >70% of GBV cases occur beyond 50km of services.

2. Activities → Outputs

- **Justice:** *Mobile GBV circuit courts resolving 80% of cases in ≤3 days* (vs. 18-month national average) reduce survivor re-traumatization and deter impunity in rural hotspots.
- **Data:** *AI dashboards flagging 90% of high-risk periods* (e.g., payday weekends, cultural festivals) enable preemptive patrols and resource shifts, cutting response times by 65%.

3. Outputs → Outcomes

- **Prevention:** *40% reduction in male GBV acceptance* is achieved through school programs teaching nearly one youth to reject hyper-masculinity, validated by UNESCO's *Connect with Respect* toolkit.
- **Justice:** *50% faster case resolution* (6 vs. 12 months) drives a 25% conviction rate by 2035, restoring trust in legal systems per CEDAW Article 2(c).

4. Outcomes

→

Impact

Halving GBV prevalence by 2035 reclaims *K60B annually in GDP losses* (OECD, 2019), while trauma care access improvements reduce chronic PTSD cases by 40%, freeing healthcare resources for development priorities.

Cross-Cutting Theme Integration

Theme	Governance	Survivor Services	Prevention	Justice	Data Systems
Gender	50% female PGBVS Coordinators enforce gender audits and quota compliance.	Female-centric safe house design (private lactation spaces, gender-segregated dormitories).	Male and female champion training (9,500 by 2035) to model non-violent conflict resolution.	Female magistrate quotas (40% by 2030) to counter judicial bias.	Sex-disaggregated analytics to track differential impacts on women/girls.
Disability	Accessible council meetings (ramps, braille agendas) in 100% provincial secretariats.	ADA-compliant FSCs with adjustable examination beds and tactile signage.	Inclusive school curricula (Tok Pisin sign language modules for deaf students).	Ramp-equipped mobile GBV circuit courts and sensory-friendly testimony rooms.	Screen-reader dashboard with alt-text for low-vision users.
Rurality	Satellite-linked Secretariats provide real-time oversight in provinces with <50% internet coverage.	Mobile ambulatory services staffed by trauma-trained nurses for remote Highlands communities.	Village radio campaigns co-designed with communities to counter bride price violence.	GBV court circuits deploy quarterly to resolve 80% of rural cases on-site.	ODK Collect offline data sync for villages beyond cellular networks.
Youth Attitudes	Youth representatives (minimum 30% under 40) on Provincial GBV Secretariats; youth-led policy review panels institutionalized by 2030.	Youth peer navigator programs embedded in FSCs and safe houses; trauma-informed youth counseling training for frontline staff.	Nearly one million youth reached via school-based respectful relationships curricula and community outreach; 5,000 youth “GBV Champions” trained by 2030; targeted campaigns to reduce GBV acceptance among youth by 40% by 2035.	Youth justice liaisons appointed in all provincial courts; restorative justice and diversion programs for first-time youth offenders; annual youth justice audits to monitor fairness and accessibility.	Annual youth attitude surveys integrated into the National GBV Dashboard; real-time tracking of shifts in youth GBV acceptance and reporting behavior; youth-generated data streams (e.g., digital reporting, social media sentiment analysis) inform adaptive programming.

Strategic Synergy

- **Gender:** Female leadership in governance (50% quota) amplifies survivor-centric policies, while sex-disaggregated data ensures microloans and safe houses meet women’s economic and safety needs.
- **Disability:** ADA compliance in services and courts operationalizes PNG’s *Discrimination Against Persons with Disabilities Act 2022*, while screen-reader dashboards align with SDG 17.18’s inclusive data mandate.
- **Rurality:** Satellite-linked governance and motorcycle ambulances directly address findings from the *2025 Corlis & Sepoe Report*, which identified rural isolation as the top barrier to justice and care.
- **Youth:** Youth engagement is a transformative lever for long-term change. The strategy integrates youth at every level—from youth quotas in Provincial GBV Secretariats to peer navigator programs in survivor services. Large-scale school and community-based prevention programs aim to reach one million young people, with over 5,000 youth “GBV Champions” trained by 2030. Recent surveys show that as youth awareness of GBV laws and support services grows, so does their willingness to seek help, intervene, and educate peers and families—catalyzing a 40% decline in GBV acceptance among young people by 2035. Youth-driven data streams, such as real-time attitude surveys and digital reporting, inform adaptive programming and ensure that the next generation is both empowered and accountable in the fight against GBV.

This integrated approach ensures that gender, disability, rurality, and youth are not peripheral considerations, but foundational drivers of PNG’s national strategy to prevent and respond to GBV.

Results Chain with Cross-Cutting Themes

1. **Province/District:** All indicators tracked across 21 provinces + ARoB; districts flagged if >50km from services.
2. **Gender:** Male/female/third gender for surveys; non-binary included in "Other" category.
3. **Age:** Stratified as <18, 18–39, 40–59, 60+.
4. **Disability:** Aligned with WHO's International Classification of Functioning (ICF).
5. **Rurality:** Defined as >50km from provincial capital.

Pillar 1: Governance & Institutional Reform

Indicator	Definition	Baseline (2025)	Milestone (2030)	Target (2035)	Data Source	Responsible Party	Disaggregation	Logic Model Link
% provinces with functional GBV Secretariats	Provincial secretariats meeting staffing, reporting, and budget criteria	23%	100%	100%	Provincial scorecards	NGBVS, Provincial Governors	Province, Urban/Rural	Output → Outcome
Budget utilization rate	% of allocated GBV funds spent annually	45%	>80%	>90%	Treasury audits	Provincial Treasuries	Province, District	Input → Activity
Interministerial coordination score	Composite metric (0–5) for cross-sector collaboration	2.1/5	4.0/5	4.5/5	Council meeting minutes	Prime Minister's Office	Sector (Health/Justice/Education)	Activity → Outcome

Pillar 2: Survivor-Centered Services

Indicator	Definition	Baseline (2025)	Milestone (2030)	Target (2035)	Data Source	Responsible Party	Disaggregation	Logic Model Link
% rural survivors within 50km of FSC/safe house	Access to trauma care/shelter in rural areas	15%	30%	85%	GBV Dashboard GPS logs	Health Provincial Leads	Province, District, Gender	Output → Outcome

Avg. trauma care wait time	Time from report to first medical contact	14 days	72 hrs	48 hrs	Health facility logs	District Health Officers	Urban/Rural, Disability	Activity → Output
Survivor satisfaction score	Likert scale (1–5) for service quality	3.2/5	4.0/5	4.5/5	Biometric surveys	CSO Partners	Age, Gender, Disability	Outcome → Impact

Pillar 3: Prevention & Youth

Indicator	Definition	Baseline (2025)	Milestone (2030)	Target (2035)	Data Source	Responsible Party	Disaggregation	Logic Model Link
% schools with GBV prevention curricula	Integration of UNESCO-approved content	18%	50%	95%	School enrollment reports	Education Department	Province, Age (6–18)	Activity → Output
Male acceptance of GBV norms	% men agreeing "GBV is justified"	83%	60%	≤40%	Attitude surveys	Youth Ambassadors	Age (15–35), Province	Output → Outcome
Youth unemployment rate	% unemployed youth (15–24)	35%	25%	10%	Labour Force Surveys	Private Sector, TVET	Gender, Urban/Rural	Outcome → Impact

Pillar 4: Justice & Rehab

Indicator	Definition	Baseline (2025)	Milestone (2027)	Target (2035)	Data Source	Responsible Party	Disaggregation	Logic Model Link
GBV conviction rate	% reported cases resulting in conviction	0.5%	15%	25%	Court records	Justice Provincial Leads	Province, Case type (IPV/SARV)	Output → Outcome
Perpetrator rehab completion	% completing 12-month programs	12%	50%	75%	Rehab center logs	Probation Officers	Age, Offense history	Activity → Output
Avg. court resolution time	Days from arrest to verdict	18 months	6 months	3 months	Justice Dept. reports	Mobile Court Magistrates	District, Case severity	Outcome → Impact

Pillar 5: Data & Accountability

Indicator	Definition	Baseline (2025)	Milestone (2030)	Target (2035)	Data Source	Responsible Party	Disaggregation	Logic Model Link
% provinces submitting quarterly data	Compliance with dashboard reporting data	<30%	60%	100%	Dashboard API	NGBVS MEL Unit	Province, Data type (police/health)	Input → Activity
Predictive accuracy of risk models	AI model precision (recall rate)	65%	85%	≥90%	AI validation reports	Data Analysts	Risk factor (alcohol/mining)	Activity → Outcome
OECD audit compliance	% adherence to DAC criteria	50%	70%	90%	OECD reports	Donor Coordination Unit	Funding stream (gov/donor)	Outcome → Impact

Reporting Mechanisms

The MEL framework is anchored by the National GBV Dashboard that empowers policymakers and frontline staff with actionable intelligence, and ensures survivors, communities, and the public access to transparent, up-to-date information on progress and gaps.

Complementing the dashboard are quarterly interagency reports, which distill key findings and trends for Parliament, donors, and provincial governments, fostering data-driven dialogue and rapid policy response. Annual progress reports, published in both English and Tok Pisin and disseminated via radio and community meetings, democratize access to results and lessons learned, ensuring that even the most remote communities are informed and engaged. Critically, survivor feedback forums—biannual district meetings led by village leaders—close the loop by bringing community voices directly into the review of scorecard results, validating findings, and surfacing lived experiences that quantitative metrics alone might overlook.

Together, these mechanisms institutionalize a culture of openness, learning, and survivor-centered accountability at every level of the GBV response

- **National GBV Dashboard:** Public portal displaying real-time data on service coverage, conviction rates, and budget execution.
- **Quarterly Interagency Reports:** Shared with Parliament, donors, and provincial governments.
- **Annual Progress Reports:** Published in English and Tok Pisin, distributed via radio and community meetings.
- **Survivor Feedback Forums:** Biannual district meetings led by village leaders to review scorecard results.

Adaptive Learning Processes

A hallmark of the 2026 GBV Strategy is its commitment to adaptive learning—a systematic approach that transforms data into continuous improvement. Quarterly review meetings convene cross-sectoral teams to interrogate dashboard analytics, enabling rapid adjustment of budgets, priorities, and interventions in response to emerging trends or bottlenecks. Annual “Lessons Learned” workshops serve as a platform for peer exchange, where provinces share successes and challenges, compare strategies (such as those tailored for Highlands versus Coastal regions), and collaboratively refine approaches. Pilot testing is embedded as a core feature, allowing innovative solutions—such as telehealth outreach or GBV circuit courts—to be trialed in select provinces, rigorously evaluated, and scaled based on evidence of impact.

The mid-term evaluation in 2030 provides an external, independent review of progress against targets, ensuring that the strategy remains on track and is recalibrated for Phase III as needed. This adaptive learning ecosystem not only drives performance but also builds a resilient, responsive national GBV system capable of evolving with the needs of survivors and communities

- **Quarterly Review Meetings:** Cross-sector teams analyze Dashboard data to adjust budgets and priorities.
- **Annual “Lessons Learned” Workshops:** Share successes/challenges across provinces (e.g., Highlands vs. Coastal strategies).
- **Pilot Testing:** Scale innovations like telehealth or mobile GBV circuit courts based on evidence from 2–3 provinces.
- **Mid-Term Evaluation (2030):** External review of progress against targets, informing Phase III adjustments.

Ethical Considerations

Ethical rigor reflects a commitment to survivor safety, dignity, and agency in every aspect of data collection and use. Informed consent is mandatory for all participants in surveys and case studies, with clear communication of purpose, risks, and the voluntary nature of participation; data is anonymized using unique codes to safeguard identities. Confidentiality is paramount: all health and legal data are encrypted, stored on secure servers, and access is strictly limited to authorized personnel, as overseen by the Data & MEL Unit.

Cultural sensitivity is ensured through the co-design of surveys and tools with local leaders, and by piloting instruments in diverse provinces to respect tribal norms and languages; Community Liaisons play a key role in adaptation and translation. The “do no harm” principle underpins all activities, with data collectors and trainers certified in trauma-informed approaches per WHO standards and referral pathways in place for participants in distress. Finally, the framework minimizes the risk of re-identification by publishing only aggregate or de-identified data and excluding individual or village names from public reports. These protocols collectively ensure that the pursuit of data-driven accountability never comes at the expense of survivor well-being or community trust

- **Informed Consent:** Survivors opt into surveys; data anonymized using unique codes (e.g., NCD_001).
- **Confidentiality:** All health and legal data encrypted; access restricted to authorized personnel.
- **Cultural Sensitivity:** Surveys and tools co-designed with local leaders to respect village norms.
- **Do No Harm:** Trainers certified in trauma-informed data collection by WHO standards.

Roles and Responsibilities

The success of PNG's GBV monitoring, evaluation and learning framework hinges on clearly defined roles and responsibilities distributed across a multi-tiered governance structure, ensuring both vertical accountability and horizontal collaboration. At the apex, the NGBVS—as a statutory authority—serves as the strategic steward of the entire MEL ecosystem, housing the specialized Data & MEL Unit that develops methodologies, manages the National Dashboard, and commissions annual independent audits to verify progress against targets.

This central oversight is complemented by the operational leadership of Provincial Secretariats, which serve as the frontline data collection and verification hubs, deploying Data Officers to gather service metrics, coordinating community scorecard sessions, and validating local implementation through their network of sector liaisons. Non-governmental and civil society organizations function as critical implementing partners, bringing their proximity to communities and survivor-centered expertise to conduct confidential surveys, facilitate focus groups, and document case studies that capture the qualitative dimensions of change. The framework's credibility is reinforced by Independent Auditors who apply international standards to verify financial and programmatic integrity, providing the essential external accountability that builds trust with both Parliament and international donors.

Perhaps most distinctive is the formal integration of village leaders as official stakeholders in the MEL process, acknowledging their authority as cultural gatekeepers who lead community feedback mechanisms, validate the contextual relevance of indicators and tools, and ensure that measurement approaches respect local norms while maintaining international standards. This distributed but interconnected accountability system creates multiple feedback loops, ensuring that data flows both upward for national decision-making and downward for community empowerment and local adaptation.

Actor	Role
NGBVS	Oversees MEL framework; manages Dashboard; commissions annual audits.
PGBVS	Collect and verify data; host community scorecard sessions.
NGOs/CSOs	Conduct survivor surveys; facilitate focus groups.
Independent Auditors	Verify financial and program data against OECD standards.
Village Leaders	Lead community feedback mechanisms; validate cultural relevance.

Timeline

The timeline for PNG's GBV MEL implementation parallels the decade-long journey of the 2026 GBV Strategy and balances immediate information needs with sustainable, long-term capacity building. A full Implementation Plan, in which the MEL is positioned, is a compendium document to the Strategy.

The plan unfolds in three distinct but overlapping phases, beginning in 2026 with foundational infrastructure development—launching the National GBV Dashboard, establishing baseline data across all 22 provinces, and building MEL capacity among provincial staff through standardized training and certification. This foundational year transitions into the early implementation phase in 2027, marked by the first comprehensive annual audit, the nationwide rollout of survivor surveys, and the initial deployment of community scorecards. By 2028, the framework shifts toward adaptive management through a targeted mid-term review of the governance and service delivery pillars, enabling early course corrections based on emerging trends and implementation challenges. The pivotal year of 2030 represents an inflection point with an externally led mid-term evaluation that assesses the first four years of progress, informing strategic refinements for Phase III.

The framework's vision becomes evident in 2033, when 50% of provinces transition to community-led MEL processes—a deliberate transfer of ownership that builds sustainability and centers tribal leadership in the assessment ecosystem. The decade culminates in 2035 with a rigorous final evaluation that not only measures impact against the original targets but also documents the journey, challenges, and transformative changes in both GBV prevalence and the systems designed to address it. This carefully sequenced timeline ensures that the MEL framework evolves from a centralized, expert-driven system to a distributed, locally owned process that can sustain momentum beyond the strategy's formal conclusion.

Year	Key Activities
2026	Launch Dashboard; baseline data collection; train provincial staff in MEL.
2027	First annual audit; survivor survey rollout; initial community scorecards.
2028	Mid-term review of governance and service delivery pillars.
2030	External mid-term evaluation; strategy refinement for Phase III.
2033	Transition to community-led MEL processes in 50% of provinces.
2035	Final evaluation; publication of 10-year impact report.

Appendices

A. Logical Framework/Results Chain

A. Pillar	Inputs	Activities	Outputs	Outcomes	Impact	Indicators
Governance & Institutional Reform	<ul style="list-style-type: none"> - K57M annual budget - Donor coordination mechanisms 	<ul style="list-style-type: none"> - Establish 22 Provincial Secretariats - Host quarterly GBV Policy Labs 	<ul style="list-style-type: none"> - 22 operational Provincial Secretariats by 2030 	<ul style="list-style-type: none"> - 100% provincial coverage of GBV services - 50% reduction in case delays 	<ul style="list-style-type: none"> 50% reduction in GBV by 2035 	<ul style="list-style-type: none"> - % provinces with Secretariats (23% → 100%)
Survivor-Centered Services	<ul style="list-style-type: none"> - K76M funding - 220 telehealth units - 2,200 health workers 	<ul style="list-style-type: none"> - Deploy telehealth services - 24/7 hotline coverage: <20% → 100% [2025→2035] - Train health workers in WHO protocols 10% → 100% [2025→2035] - Expand FSCs and safe houses 	<ul style="list-style-type: none"> - 95 FSCs operational - 220 telehealth units deployed by 2030 - 2,375 health workers certified - 95 safehouses by 2035 	<ul style="list-style-type: none"> - Rural service access: 15% → 60% [2025→2035] - <48hr counseling response time 	<ul style="list-style-type: none"> - Improved survivor well-being - Trauma care wait time: 14 days → 48hrs [2025→2035] 	<ul style="list-style-type: none"> - % rural survivors served (15% → 60%) - Avg. wait time (72hr → 48hr) - Survivor satisfaction: <50% → 80% [2025→2035]
Prevention & Cultural Shifts	<ul style="list-style-type: none"> - K28.5M funding - Village partnerships - Youth engagement programs - School curricula – GBV, rights, leadership, +culture, 	<ul style="list-style-type: none"> - Prevention programs to 1M youth/year - Schools with GBV programs: 18% → 95% [2025→2035] - Train 9,500 male and. Female champions - Redesign village rites of passage 	<ul style="list-style-type: none"> - nearly 1M youth reached annually by 2035 - 50 villages adopt reformed rites by 2030 - # youth trained in GBV prevention annually - Male GBV Champions trained: <500 → 9,500K+ [2025→2035] 	<ul style="list-style-type: none"> - 20% decline in school level GBV 	<ul style="list-style-type: none"> Generational attitude shifts - Youth positive attitudes: 15% → 70% [2025→2035] 	<ul style="list-style-type: none"> - Male GBV acceptance (83% → 50% [2025→2035]) - % villages adopting reforms (0% → 50%)

Justice System Repair	<ul style="list-style-type: none"> - K19M budget - 500 trained officers - 22 rehab centers -22 GBV circuit courts -Rehab centers operational: 1 → 22 [2025→2035] - 20,200 magistrates 	<ul style="list-style-type: none"> - Deploy 22 GBV circuit courts - Implement rehab model - Pilot restorative justice circles - Train magistrates 	<ul style="list-style-type: none"> - 2 →22 mobile GBV circuit courts operational by 2030 - 5,000 perpetrators rehabilitated by 2030 - Perpetrator rehab completion: 12% →75% [2025→2035] 	<ul style="list-style-type: none"> -Conviction rate: 0.5% → 25% [2025→2035]; - Recidivism: 40% → 10% [2025→2035] - 15,000 magistrates certified by 2030 	<ul style="list-style-type: none"> Safer households and communities IPO enforcement: 10% → 95% [2025→2035]; Court time: 18mo → 3mo [2025→2035] 	<ul style="list-style-type: none"> - Conviction rate (0.5% → 25%) - Recidivism rate (40% → 10%) -% perpetrators completing rehabilitation without reoffending - Avg. case processing time (18 → 3 months)
Data & Accountability	<ul style="list-style-type: none"> - K9.5M funding - AI analytics tools - OECD audit protocols -Dashboard data reporting: <30% → 100% [2025→2035] 	<ul style="list-style-type: none"> - Launch National GBV Dashboard - Conduct annual audits - Validate survivor surveys -OECD audit compliance: 50% → 90% [2025→2035] 	<ul style="list-style-type: none"> - Real-time data on Dashboard by 2026 - 10 OECD audits by 2030 -Budget transparency: 45% → 90% [2025→2035] 	<ul style="list-style-type: none"> - 90% budget transparency - 80% protocol compliance - CEDAW compliance: 20% → 100% [2025→2035] 	<ul style="list-style-type: none"> Evidence-based policy and trust - Dashboard operational: No → Yes [2025→2035] 	<ul style="list-style-type: none"> - Budget transparency (45% → 90%) - Audit compliance (50% → 90%)

B. Indicator Reference Table

Pillar	KPI / Core Indicator	Definition & Calculation	Disaggregation	Data Source	Frequency	Responsible Party
Governance	% provinces with operational, resourced PGBVSs	(# of provinces with operational, resourced PGBVSs / 22) × 100	Province	Audit reports, NGBVS records	Quarterly	NGBVS, Provincial Secretariats
	GBV funding institutionalized in all budgets	(# of provinces with GBV budget line / 22) × 100	Province	Budget documents, NGBVS records	Annually	NGBVS, Provincial Finance
Survivor Services	% rural survivors within 50km of FSC/safe house	(Rural survivors within 50km of FSC or safe house / Total rural survivors) × 100	Gender, age, province	GIS mapping, service records	Annually	PGBVS, Data & MEL Unit
	24/7 GBV hotline & telehealth available in all provinces	(# provinces with 24/7 hotline & telehealth / 22) × 100	Province	Service records, hotline logs	Quarterly	NGBVS, Service Providers

	% survivors with income stability 12 months post-support	Average microloan repayment rate	Gender Province Income level	Survivor survey Microloan providers	Annually	NGBVS, PGBVS, Safehouses, NGOs, microloans
	Survivor satisfaction with services	% of surveyed survivors reporting satisfaction with services	Gender, location, age	Survivor surveys, feedback forms	Annually	NGOs, Health Workers, Data Unit
Prevention & Youth Engagement	# youth/children reached with prevention programs	Total unique youth/children reached by prevention programs	Gender, age, district	Program records, surveys	Annually	PGBVS, NGOs, Youth Programs
	% reduction in male, particularly youth GBV acceptance (ages 15–24)	% change in male/youth (15–24) agreeing with GBV-accepting statements (baseline to current)	Gender, district	Biennial national surveys	Biennial	NGOs, Data & MEL Unit
	# male and female “GBV Champions” trained	Total number of men trained and certified as GBV Champions	district, age	Training records	Annually	PGBVS, NGOs
Justice & Rehabilitation	GBV conviction rate	(GBV convictions / GBV cases prosecuted) × 100	Province, case type	Court records, police records	Annually	Justice Liaison, Police
	# GBV circuit courts operational	Total number of mobile GBV circuit courts conducting GBV hearings	Province	Justice sector reports	Annually	Justice Liaison
	# rehab centers operational	Total number of functioning perpetrator rehab centers	Province	Justice sector reports	Annually	Justice Liaison
	% reduction in repeat offending (recidivism)	% change in repeat GBV offenses among known perpetrators (baseline to current)	Province, gender	Police, court, rehab records	Annually	Justice Liaison, Police, Rehab Centers
	# magistrates trained	Total number of magistrates trained.	District	Justice sector reports	Annually	Justice Liaison

Data & Accountability	% of GBV budgets transparently reported via Dashboard	(Publicly reported GBV budget / Total GBV budget) × 100	National, provincial	Dashboa rd, audit reports	Annually	NGBVS, Finance
	% provinces submitting quarterly data to Dashboard	(# provinces submitting complete data / 22) × 100	Province	Dashboa rd submissi on logs	Quarterly	PGBVS, Data & MEL Unit
	National GBV Dashboard live and updated	Dashboard is operational and updated at least quarterly	N/A	Dashboa rd system logs	Quarterly	NGBVS, Data & MEL Unit
	Annual OECD-standard audit compliance	% compliance with OECD audit standards (scorecard)	National, provincial	Audit reports	Annually	Independent Auditors, NGBVS

C. Indicator Grid/Matrix

Pillar	Indicator (KPI)	Definition/Calculation	Baseline	Target	Data Source	Frequency	Responsible Party
1. Governance & Institutional Reform	% provinces with operational, resourced PGBVSs	(# provinces with operational, resourced PGBVSs / 22) × 100	23% (2025)	100% (2030)	Audit reports, NGBVS records	Quarterly	NGBVS, Provincial Secretariats
	GBV funding institutionalized in all budgets	(# provinces with GBV budget line / 22) × 100	<30% (2025)	100% (2030)	Budget docs, NGBVS records	Annually	NGBVS, Provincial Finance
2. Survivor-Centered Services	% rural survivors within 50km of FSC/safe house	(Rural survivors within 50km of FSC/safe house / Total rural survivors) × 100	15% (2025)	60% (2035)	GIS mapping, service records	Annually	PGBVS, Data & MEL Unit
	24/7 GBV hotline & telehealth available in all provinces	(# provinces with 24/7 hotline & telehealth / 22) × 100	<20% (2025)	100% (2030)	Service records, hotline logs	Quarterly	NGBVS, Service Providers
	Survivor satisfaction with services	% of surveyed survivors reporting satisfaction	<50% (2025)	80% (2030)	Survivor surveys, feedback	Annually	NGOs, Health Workers, Data Unit
3. Prevention & Youth Engagement	# youth/children reached with prevention programs	Total unique youth/children reached annually	<200k (2025)	1M (2035)	Program records, surveys	Annually	PGBVS, NGOs, Youth Programs

	% reduction in youth GBV acceptance (ages 15–24)	% change in youth (15–24) agreeing with GBV-accepting statements	83% (2025)	50% (2035)	Biennial national surveys	Biennial	NGOs, Data & MEL Unit
	# male and female “GBV Champions” trained	Total number of men trained and certified	<500 (2025)	10,000 (2030)	Training records	Annually	PGBVS, NGOs
4. Justice & Perpetrator Rehabilitation	GBV conviction rate	(GBV convictions / GBV cases prosecuted) × 100	0.5% (2025)	25% (2030)	Court/police records	Annually	Justice Liaison, Police
	# mobile GBV circuit courts operational	Total number of mobile GBV circuit courts conducting GBV hearings	2 (2025)	15 (2030)	Justice sector reports	Annually	Justice Liaison
	# rehab centers operational	Total number of functioning perpetrator rehab centers	1 (2025)	10 (2030)	Justice sector reports	Annually	Justice Liaison
	% reduction in repeat offending (recidivism)	% change in repeat GBV offenses among known perpetrators	40% (2025)	10% (2035)	Police, court, rehab records	Annually	Justice Liaison, Police, Rehab
5. Data & Accountability	% of GBV budgets transparently reported via Dashboard	(Publicly reported GBV budget / Total GBV budget) × 100	45% (2025)	90% (2027)	Dashboard, audit reports	Annually	NGBVS, Finance
	% provinces submitting quarterly data to Dashboard	(# provinces submitting complete data / 22) × 100	<30% (2025)	100% (2027)	Dashboard submission logs	Quarterly	PGBVS, Data & MEL Unit
	National GBV Dashboard live and updated	Dashboard is operational and updated at least quarterly	No (2025)	Yes (2026)	Dashboard system logs	Quarterly	NGBVS, Data & MEL Unit
	Annual OECD-standard audit compliance	% compliance with OECD audit standards (scorecard)	50% (2025)	90% (2027)	Audit reports	Annually	Independent Auditors, NGBVS

D. Baseline, Milestone, and Target Table

Pillar	Indicator/KPI	Baseline (2025)	Milestone (2030)	Target (2035)
1. Governance	% provinces with operational, resourced PGBVSs	23%	100%	100%
	Interministerial coordination score	2.1/5	4.0/5	5/5
	GBV funding institutionalized in all budgets	<30%	100%	100%
	Budget utilization rate	45%	>80%	100%

2. Survivor Services	% rural survivors within 50km of FSC/safe house	15%	30%	60%
	24/7 GBV hotline & telehealth in all provinces	<20%	100%	100%
	Avg. trauma care wait time	14 days	<72hrs	<48hrs
	% health workers WHO certified per province	10%	50%	100%
	Survivor satisfaction with services	<50%	80%	80%
3. Prevention & Youth	# youth/children reached with prevention programs - % of schools with GBV program	18%	50%	95%
	% youth with positive gender attitudes	15%	50%	70%
	% reduction in male GBV acceptance	83%	60%	40%
	# male and female “GBV Champions” trained	<500	9,500	9,500+
	Youth unemployment	35%	25%	10%
4. Justice & Rehab	GBV conviction rate	0.5%	15%	25%
	# GBV circuit courts operational	2	15	22
	# rehab centers operational	1	10	22
	% perpetrator rehab completion	12%	50%	75%
	% reduction in repeat offending (recidivism)	40%	15%	10%
	%IPOs enforced	10%	70%	95%
	Avg. court resolution time	18 months	6 months	3 months
	CEDAW compliance	20%	75%	100%
5. Data & Accountability	% GBV budgets transparently reported via Dashboard	45%	60%	90%
	% provinces submitting quarterly data to Dashboard	<30%	100%	100%
	National GBV Dashboard live and updated	No	Yes	Yes
	Annual OECD-standard audit compliance	50%	70%	90%

E. Data Collection Tools and Templates

These tools are designed to operationalize the collection of quantitative and qualitative data across all five strategic pillars, enabling rigorous, survivor-centered, and adaptive measurement of progress.

a. Routine Reporting Template (Quarterly)

For Provincial Secretariats, FSCs (FSCs), Police, and Service Providers

Section	Data to be Reported	
Reporting Entity	Province: _____	Reporting Unit: (FSC/Police/Secretariat): _____
Reporting Period	Start date: _____	End date: _____
Contact Person	Name: _____	Position: _____ Phone/email: _____
Service Coverage	Number of survivors served: _____ # Female: ____ # Male: ____ # Children: ____	
Types of GBV Cases	Physical: ____ Sexual: ____ Emotional/Psychological: ____ Economic: ____	
Location of Incidents	Urban: ____ Rural: ____ Remote: ____	
Referral Pathways	# referred to Health: ____ # to Police: ____ # to Legal Aid: ____ # to Safe House: ____	
Outcomes	# cases resolved: ____ # ongoing: ____ # withdrawn: ____	
Challenges & Barriers	(Brief narrative – e.g., staffing, transport, security, supplies)	
Successes/Innovations	(Brief narrative – e.g., new partnerships, outreach, best practices)	
Data Quality Check	Verified by: _____	Date: _____

b. Survivor Survey Template (Annual, Anonymized)

For NGOs, Health Workers, and Trained Enumerators (ODK Collect or Paper)

Introduction:

Thank you for participating. Your answers help improve GBV services. You may skip any question and stop at any time. Your responses are confidential.

1. Age:

- ☐ Under 18
- ☐ 18–24
- ☐ 25–34
- ☐ 35–44
- ☐ 45+

2. Gender:

- ☐ Female
- ☐ Male
- ☐ Other / Prefer not to say

3. Where do you live?

- ☐ Urban
- ☐ Rural
- ☐ Remote

4. How did you access GBV support?

- ☐ Walk-in
- ☐ Referral (Police/Health/Community)
- ☐ Hotline
- ☐ Outreach/Mobile team

5. Type(s) of violence experienced? (Tick all that apply)

- ☐ Physical
- ☐ Sexual
- ☐ Emotional/Psychological
- ☐ Economic/Financial
- ☐ Other: _____

6. **Did you receive the help you needed?**

- ☐ [] Yes, fully
- ☐ [] Partially
- ☐ [] No

7. **How quickly did you receive support after seeking help?**

- ☐ [] Within 24 hours
- ☐ [] 1–3 days
- ☐ [] More than 3 days

8. **Were you treated with respect and dignity by staff?**

- ☐ [] Always
- ☐ [] Sometimes
- ☐ [] Never

9. **Do you feel safer now than before accessing services?**

- ☐ [] Yes
- ☐ [] No
- ☐ [] Not sure

10. **What would help improve GBV services in your community?**

(Open comment)

11. **Would you like to be contacted for follow-up (if yes, provide safe contact method)?**

- ☐ [] Yes: _____
- ☐ [] No

c. Community Scorecard Template (Biannual, Participatory)

Domain	Score (1–5)	Comments/Examples
Access to GBV services		
Timeliness of response		
Respect and confidentiality		
Safety of facilities		
Community awareness		
Referral effectiveness		
Suggestions for improvement		

Facilitated by Village Leaders, Survivor Networks, or CSOs

- **Process:** Community members discuss and score each domain, providing examples and recommendations.
- **Follow-up:** Action points are agreed and tracked at the next session.

d. Focus Group Discussion Guide (Biannual, Qualitative)

For Independent Researchers, NGOs, or MEL Specialists

Purpose: To gather in-depth feedback on service quality, prevention impact, and justice barriers.

- **Opening:**
 - Thank participants, explain confidentiality, and obtain consent.
- **Questions:**
 - What are the main challenges survivors face in accessing support?
 - How do you perceive the quality and safety of GBV services in your area?
 - What changes have you noticed in community attitudes toward GBV?
 - How effective are local prevention programs for youth?
 - What are the biggest barriers to justice for survivors?
 - What would you recommend to improve services or prevention?

e. Audit and Data Quality Checklist (Annual, OECD-Standard)

Checklist Item	Yes/No	Comments/Evidence
All data entries are complete and accurate		
Budget and expenditure records available		
Survivor data anonymized and secured		
Consent forms on file for all participants		
Data access restricted to authorized staff		
Community feedback incorporated		
Recommendations from last audit addressed		

f. GIS Mapping Template (Annual, Service Coverage Analysis)

For Data & MEL Unit, PGBVS

Facility Name	Type (FSC/Safe House/Hotline)	Location (GPS)	Catchment Area (km)	Population Served	Notes

g. Data Submission Protocol (Dashboard Upload)

For Provincial Secretariats, Quarterly

- **File Format:** Standardized Excel/CSV template or online form
- **Required Fields:** Province, reporting unit, period, all KPIs, narrative sections
- **Submission Deadline:** [e.g., 15th of month following quarter]
- **Verification:** Data Officer review and sign-off before upload

h. Informed Consent Script (All Surveys/FGDs)

To be read aloud or provided in writing in English and Tok Pisin

> “You are invited to participate in this survey/focus group about GBV services. Your participation is voluntary, and your responses will be kept confidential. You may skip any question or stop at any time. If you feel distressed, support is available. Do you consent to participate?”

F. Data Management and Security Protocols

a. Data Collection Protocols

i. Ethical Standards

- **Informed Consent:** Mandatory for all surveys, interviews, and focus groups. Survivors must opt in via written/verbal consent (script in English/Tok Pisin).
- **Anonymization:** All personal identifiers (names, addresses) replaced with unique codes (e.g., NCD_001).
- **Cultural Sensitivity:** Tools co-designed with tribal leaders; translated into local languages.

ii. Tools & Methods

- **Surveys:** ODK Collect (mobile) with encrypted submissions; paper forms stored in locked boxes.
- **GIS Mapping:** Secure upload of facility locations to the National GBV Dashboard.
- **Community Scorecards:** Tribal leaders facilitate sessions; raw data destroyed after aggregation.

iii. Risk Mitigation

- **Do No Harm:** Trainers certified in WHO trauma-informed protocols; referral pathways for distressed participants.
- **Security Audits:** Pre-deployment checks for mobile data collectors (device encryption, secure Wi-Fi).

b. Data Storage & Encryption

i. Centralized Storage

- **National GBV Dashboard:** AWS cloud server with end-to-end encryption; hosted in PNG-compliant data centers.
- **Backup:** Nightly backups to offline servers at NGBVS headquarters (Port Moresby).

ii. Access Controls

- **Tiered Permissions:**
 - **Level 1 (Public):** Aggregated Dashboard data (no identifiers).
 - **Level 2 (Provincial):** Disaggregated data for authorized PGBVS staff.
 - **Level 3 (National):** Raw data accessible only to NGBVS Data Unit.
- **Two-Factor Authentication (2FA):** Required for all dashboard logins.

iii. Field Device Security

- Tablets/laptops use BitLocker encryption; auto-wipe after 5 failed login attempts.

c. Data Sharing & Reporting

i. Internal Sharing

- **Quarterly Reports:** Password-protected PDFs shared via secure NGBVS portal.
- **Interagency Collaboration:** Data shared only after signing the *GBV Information Sharing Protocol* (Annex 6).

ii. External Sharing

- **Public Dashboards:** Display only aggregated data (e.g., “60% rural access”).
- **Donor Reports:** Anonymized datasets with tribal leader validation.

iii. Third-Party Compliance

- **OECD Audits:** Annual reviews of data flows and access logs.
- **GDPR Alignment:** Data minimization and purpose limitation, even if not legally required.

d. Data Retention & Disposal

1. Retention Periods

- **Raw Data:** 5 years (encrypted offline storage).
- **Aggregated Data:** Indefinite for trend analysis.

2. Disposal Methods

- **Digital:** Secure deletion via Blancco software.
- **Physical:** Cross-cut shredding of paper forms.

e. Security Incident Response

i. Breach Protocol

1. Immediate isolation of compromised systems.
2. Notification to NGBVS Data Unit within 2 hours.
3. Village leader consultation for community impact assessment.

f. Penalty Framework

- Unauthorized data access: Dismissal + legal action under *Cybercrime Code Act 2016*.

g. Capacity Building

i. Training Modules

- Annual workshops on ethical data collection, encryption, and trauma-informed practices.
- Village leader certification in data ethics (jointly issued by NGBVS and UNFPA).

ii. Support Structures

- 24/7 helpline for field staff facing technical/ethical dilemmas.

h. Implementation

- **Pilot Phase:** Rollout in 3 provinces (NCD, EHP, WHP) in 2026, with lessons integrated into national protocols.
- **Compliance:** Monitored via quarterly OECD audits and tribal feedback forums.

G. Ethical Guidelines and Consent Forms

a. Do No Harm & Survivor-Centered Approach

The safety, dignity, and well-being of survivors and respondents must always be prioritized. Data collection must never put individuals at additional risk of harm, stigma, or retaliation and participation is always voluntary, and refusal or withdrawal will never affect access to services.

b. Informed Consent

Informed consent must be obtained from all participants before any data collection. Consent should be documented (written or verbal) and stored confidentially and for minors or vulnerable adults, assent and parental/guardian consent are required, with special safeguards.

c. Confidentiality & Data Protection

No names or direct identifiers are recorded on surveys or in databases; unique codes are used instead. All data (digital and hard copy) must be securely stored-password-protected files, locked cabinets and only authorized staff may access raw data; aggregated, de-identified data is used for reporting. Data is shared externally only in aggregate, non-identifiable form and in line with signed information-sharing protocols.

d. Respect, Non-Discrimination, and Cultural Sensitivity

All interactions must be respectful, non-judgmental, and free from discrimination. Tools and processes should be co-designed with local leaders and translated into local languages and, interviews and surveys should be conducted in private, safe settings.

e. 5. Mandatory Referral

If a participant discloses distress or urgent needs, the data collector must provide information about available support services and offer referrals.

f. Staff Training & Supervision

All MEL staff and enumerators must be trained in trauma-informed, survivor-centered, and ethical GBV data collection. Ongoing supervision and debriefing are provided to staff to minimize vicarious trauma.

g. Ethical Approval

Any formal research or evaluation must obtain ethical clearance from the relevant Institutional Review Board (IRB) or national ethics committee.

h. Special Safeguards for Children and Vulnerable Groups

Parental/guardian consent and child assent are required for participants under 18. Additional protections are in place for people with disabilities, those with limited literacy, and other vulnerable groups.

H. Data Collection Architecture

Aligned with SOP 4.1 (Risk Register) and SOP 6.1 (Dashboard Protocols)

a. . Data Flows: Frontline to National Dashboard

Frontline Collection (District Level):

- **Tools:** ODK Collect (offline-capable), SMS-based reporting (via Digicel's GBV Alert shortcode: #737), and all forms with QR codes for illiterate users.
- **Entry Points:** 89 district offices, 220 telehealth units, 52 safe houses, and 47 Family Support Centers (FSCs).
- **Process:**
 - a. **Case Intake:** Survivor data (de-identified) entered via ODK Collect by health workers, synchronized nightly via satellite where internet exists.
 - b. **Police/FSC Sync:** Police FSVU case logs auto-populate dashboard via API integration (Twilio + DHIS2).
 - c. **Community Reports:** Village magistrates submit weekly aggregated GBV incident tallies via SMS (structured template: GBV [Type] [Age] [Location]).

Provincial Aggregation:

- **Validation Hub:** Provincial GBV Secretariats (PGBVS) cross-check district data against health facility logs, police reports, and survivor surveys.
- **Triangulation:** Discrepancies >10% trigger manual audits by PGBVS Data Officers.

National Integration:

- **Dashboard Ingest:** Cleaned data flows to the **National GBV Dashboard** via REST API, with latency <2hrs for urban provinces, <24hrs for rural.
- **AI Layer:** Apache Spark pipelines preprocess data for predictive models (e.g., ARIMA for risk forecasting).

b. Data Validation & Triangulation Protocols

Automated Checks:

- **Range Validation:** Reject entries with ages <5 or >100, or GBV types outside ICD-11 codes.
- **Geofencing:** Flag impossible locations (e.g., reports from unpopulated mining concessions).

Manual Audits:

- **Quarterly Sampling:** PGBVS teams re-interview 5% of survivors using biometric voice recordings (Tamafanga app) to validate incident details.
- **Triangulation Matrix:**

Source	Police	Health	Survivor Survey	Action
Discrepancy <5%	Accept	Accept	–	No action
5–10%	–	–	–	District review
>10%	–	–	–	Provincial audit + scorecard penalty

c. AI & Predictive Analytics Integration

Models & Use Cases:

- **ARIMA Forecasting:** Predicts GBV spikes 14 days ahead using:
 - Historical case data (2016–2025)
 - Contextual triggers (paydays, extractive project camp populations >500)
 - **Accuracy Target:** 85% recall rate by 2027 (baseline: 65% in 2025).

- **NLP Sentiment Analysis:** Scans hotline transcripts for emerging risk keywords (e.g., “meth,” “bride price dispute”).

Responsibility & Updates:

- **Model Training:** NGBVS Data Analysts (3 FTE) retrain models quarterly using PyTorch.
- **Validation:** Independent review by UPNG’s Data Science Lab biannually.

d. Data Security & Survivor Protection

Encryption & Access:

- **At Rest:** AES-256 encryption for all datasets; keys managed by NGBVS Cyber Unit.
- **In Transit:** TLS 1.3 for ODK/SMS submissions.
- **Access Controls:**
 - **Tier 1 (Frontline):** Read-only access to district-level data.
 - **Tier 2 (Provincial):** Edit rights for PGBVS Data Officers (biometric 2FA required).
 - **Tier 3 (National):** Full access restricted to NGBVS Council + OECD auditors.

Survivor Anonymization:

- **Tokenization:** Replace names with SHA-256 hashes linked to non-PII codes (e.g., FSC-ENG-0032).
- **Dynamic Masking:** Hide GPS coordinates beyond district-level for public reports.

Compliance:

- Aligns with *GDPR Article 9* (special category data) and *PNG Cybercrime Code 2023*.
- Mandatory breach reporting within 72hrs to InfoSec Commission.

e. Digital Literacy & Capacity Building

Training Pipeline:

1. **Provincial Coordinators:** 4-week intensive on dashboard analytics (R, Python).
2. **District Officers:** 2-week ODK Collect/SMS reporting workshops (annual refreshers).
3. **Village Champions:** Peer-to-peer training using illustrated guides (Tok Pisin/Hiri Motu).

Tools & Incentives:

- **Gamified Learning:** Mobile app (GBV Data Pro) with badges for completing modules.
- **Performance Bonuses:** Districts with >90% data accuracy receives 15% budget boosts.

Sustainability Measures:

- Embed data literacy in TVET curricula by 2027.
- Deploy 22 “Data Bikes” (solar-powered mobile labs) to remote provinces.

Governance & Accountability

- **Data Governance Council:** Chaired by NGBVS CEO, meets quarterly to review AI ethics and access logs.
- **Survivor Advisory Panel:** Validates anonymization protocols and dashboard usability.

This architecture operationalizes **Search Result 6** (GBV Data Toolkit) while addressing PNG’s rural-digital divide. By hardening data flows and democratizing analytics, it turns frontline insights into lifesaving actions while safeguarding survivor dignity.

I. MEL Activity/Gantt Chart

Narrative Summary:

- **2026 (Year 1):** Launch the National GBV Dashboard, conduct baseline data collection, and deliver initial MEL training for provincial staff.
- **2027 (Year 2):** Conduct the first annual audit, roll out the first survivor survey, and launch initial community scorecards.
- **2028 (Year 3):** Undertake a mid-term review of governance and service delivery pillars.
- **2030 (Year 5):** Conduct an external mid-term evaluation and refine the strategy for Phase III.

- **2033 (Year 8):** Transition 50% of provinces to community-led MEL processes.
- **2035 (Year 10):** Carry out the final evaluation and publish the 10-year impact report.

Activity	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
Launch Dashboard	■									
Baseline Data Collection	■									
Train Provincial Staff in MEL	■									
First Annual Audit		■								
Survivor Survey Rollout		■								
Initial Community Scorecards		■								
Mid-term Review of Governance & Services			■							
External Mid-term Evaluation					■					
Strategy Refinement for Phase III					■					
Transition to Community-led MEL								■		
Final Evaluation										■
Publication of 10-year Impact Report										■

Legend:

- Each “■” represents approximately 3 months (a quarter).
- Activities are sequenced according to the rollout plan and code results.

J. Budget for MEL Activities

Category	Description	Annual Cost (PGK)	10-Year Cost (PGK)
1. Personnel			
- National MEL Team	5 FTEs (Data manager, analysts, IT, admin)	1,000,000	10,000,000
- Provincial MEL Officers	22 officers (one per province)	1,320,000	13,200,000
- Enumerators/Field Staff	For surveys, spot checks, community scorecards (casual/short-term)	400,000	4,000,000
2. Training & Capacity			
- Initial ToT & Rollouts	National and provincial ToT, annual refreshers, e-learning module development	350,000	3,500,000
- Community/CSO Training	Training for tribal leaders, CSOs, and community facilitators	200,000	2,000,000
3. Data Systems & IT			
- Dashboard Development	Design, build, and update National GBV Dashboard (incl. mobile integration, GIS)	500,000 (Yr 1–2), 50,000 (maintenance/yr)	900,000
- Data Security & Storage	Cloud hosting, encryption, backup, licenses	100,000	1,000,000
- Field Devices	Tablets/laptops for data collection (initial + replacements)	200,000 (Yr 1/5/9)	600,000
4. Data Collection			
- Routine Reporting	Printing, logistics, comms for quarterly reports	60,000	600,000
- Survivor Surveys	Annual survivor survey (sampling, enumerator fees, transport, translation)	150,000	1,500,000
- Community Scorecards	Biannual participatory sessions (facilitation, materials, travel)	100,000	1,000,000
- Qualitative Studies	Focus groups, case studies, independent research (biannual)	80,000	800,000
5. Audits & Quality			
- Annual OECD-Standard Audit	External audit fees, spot checks, compliance review	120,000	1,200,000
- Data Quality Assurance	Data verification, random checks, feedback forums	50,000	500,000
6. Reporting & Dissemination			
- Annual Reports	Design, translation (Tok Pisin/local), printing, dissemination (radio, community)	80,000	800,000
- Donor/Parliament Reports	Quarterly/annual reporting, presentations, infographics	40,000	400,000
7. Ethics & Safeguarding			
- Consent/Referral Materials	Printing, translation, hotline support	30,000	300,000
- Ethics Board/IRB Reviews	Fees, protocol development, community consultations	20,000	200,000
8. Contingency/Emergency	Remote monitoring, pandemic response, security costs	50,000	500,000
TOTAL		4,950,000	49,500,000

K. Detailed Adaptive Management & Learning Framework

a. Quarterly GBV Policy Labs

Purpose: Review real-time data, adjust interventions, and prioritize resources.

Participants:

Role	Responsibility
Government	NGBVS CEO, Provincial Governors, Justice/Health Ministers
CSOs	Survivor Council reps, FSC/safe house managers
Survivors	2 representatives per province (rotating)
Private Sector	Extractive industry CSR leads, BSP/Women's Market Fund
Donors	DFAT, UN Women, EU Spotlight delegates

Process:

a.1 Pre-Lab:

- NGBVS distributes *Dashboard Snapshot* (top 3 risks, budget utilization, survivor satisfaction).
- Provinces submit *Adaptation Proposals* via ODK Collect (e.g., reallocating K500k to hotspots).

a.2 Day 1 – Data Dive:

- AI identifies outliers (e.g., 40% spike in cyber-GBV in NCD).
- Survivors share lived experiences (safehouse video testimonials).

a.3 Day 2 – Decision Matrix:

- Vote on adaptations using *Traffic Light System*:
 - **Green:** Scale (e.g., expand male champion training).
 - **Amber:** Pilot (e.g., meth-linked GBV rehab modules).
 - **Red:** Sunset (e.g., underperforming radio campaigns).

a.4 Post-Lab:

- Publish *Adaptation Directive* within 7 days.
- Update SOPs (e.g., SOP 3.1 now includes telehealth for cyber-GBV).

b. Annual Strategic Review

Purpose: Align with Vision 2050, assess ROI, and refine Theory of Change.

Key Questions:

b.1 Governance: Are provincial scorecard penalties (<60% rural coverage) reducing disparities?

b.2 Services: Is the 48hr trauma care wait time improving survivor outcomes?

b.3 Prevention: Do youth exposed to school curricula show 30% lower GBV acceptance?

b.4 Justice: Has the 25% conviction rate deterred repeat offenses?

b.5 Data: Does the Dashboard reduce data-to-action cycles to 7 days?

Dissemination:

- **Public:** *GBV Annual Report* (Tok Pisin/English/Hiri Motu).
- **Donors:** OECD-DAC evaluation + ROI analysis (K1 invested = K9 saved).
- **Parliament:** Tabled report with PPC-GEWE recommendations.

c. Survivor & Frontline Feedback Mechanisms

Tools:

Mechanism	Frequency	Responsible Party
Biometric Surveys	Quarterly	NGBVS MEL Unit
Community Scorecards	Biannual	Village Magistrates
SMS Hotline (Digicel #737)	Real-time	Telehealth Operators
Focus Groups	Annual	CSO Facilitators

Protocols:

- **Anonymization:** Survivor IDs replaced with SHA-256 tokens.
- **Triangulation:** Cross-check survey data with police/health logs.
- **Escalation:** >10% negative feedback triggers provincial audit.

Example:

- *Issue:* 65% of Enga survivors report >72hr wait for mobile GBV circuit courts.
- *Adaptation:* Deploy 2 additional circuits + train 20 village magistrates.

d. Learning Agenda & Knowledge Management

Priority Questions:

1. How does microloan access (BSP Women’s Market Fund) reduce economic abuse recurrence?
2. Do mobile GBV circuit courts lower case withdrawal rates in rural vs. urban areas?
3. Which AI risk predictors (paydays, extractive camps) have highest accuracy?

Dissemination Channels:

- **Frontline:** *GBV Insights* app (push notifications to health workers).
- **Policy:** Parliamentary briefings + CEDAW shadow reports.
- **Global:** South-South exchanges via UNDP’s CARE-GBV platform.

Example Learning Output:

- Finding: Perpetrator rehab + job links reduce recidivism by 58% (vs. 12% baseline).
- Action: Amend SOP 4.1 to mandate extractive industry hiring quotas for rehab graduates.

e. Decision-Making Triggers

Dashboard Metric	Threshold	Adaptive Action
Rural service coverage	<50%	Redirect 30% extractive levies to CSOs (SOP 6.2)
Male GBV acceptance	>60%	Double youth ambassador deployments
Budget utilization	<70%	Freeze province funds + NGBVS takeover

f. Culture & Safeguards

- **Survivor Leadership:** 30% of Policy Lab seats reserved for survivors.
- **Anti-Retaliation:** Whistleblower protections for frontline workers.
- **Ethical AI:** Bias audits every 6 months (UPNG Data Ethics Lab).

L. Risk Register: National GBV Strategy 2026–2035

1. Operational Risks

Risk Scenario: Province fails to activate GBV Secretariats by 2028 due to staffing shortages.

- **Probability:** High (65%) | **Impact:** 8/10 (Delayed rural coverage)
- **Owner:** Provincial Governors | **Mitigation:** Mandate 30% female staff quotas + NGBVS-led recruitment drives.

- **Contingency:** Redirect 50% of provincial administration budgets to CSO-run secretariats if <50% operational by Q4 2027.

Risk Scenario: Mobile court deployment delays due to magistrate attrition.

- **Probability:** Medium (45%) | **Impact:** 7/10 (Case backlog surge)
- **Owner:** Chief Magistrate | **Mitigation:** Train 200 village magistrates/year in trauma-informed procedures (SOP 4.1).
- **Contingency:** Deploy retired judges on 6-month contracts if case resolution time exceeds 90 days.

2. Financial Risks

Risk Scenario: Donor fund misalignment (>20% variance from national priorities).

- **Probability:** Medium (50%) | **Impact:** 9/10 (Fragmented programming)
- **Owner:** NGBVS Donor Coordination Unit | **Mitigation:** Quarterly Gender Forum alignment checks.
- **Contingency:** Redirect 15% extractive levies to fill gaps (trigger: >15% variance in Q2 allocations).

Risk Scenario: Provincial budget reallocations reduce GBV funding by >30%.

- **Probability:** High (70%) | **Impact:** 9/10 (Service collapse)
- **Owner:** Provincial Treasurers | **Mitigation:** Enforce K500k minimum GBV budgets via NEC Directive 2026.
- **Contingency:** Freeze non-GBV provincial projects until compliance (trigger: 2 consecutive underfunded quarters).

3. Political Risks

Risk Scenario: Post-election instability diverts GBV focus.

- **Probability:** High (60% in election years) | **Impact:** 8/10 (Policy paralysis)
- **Owner:** Prime Minister's Office | **Mitigation:** Pre-sign bipartisan GBV Compact with all parties.
- **Contingency:** Activate CSO-led GBV Task Force if cabinet reshuffle delays NGBVS funding >60 days.

Risk Scenario: Customary leader resistance to GBV bylaws.

- **Probability:** High (55%) | **Impact:** 7/10 (Low rural compliance)
- **Owner:** Village Magistrates | **Mitigation:** Co-design bylaws with 22 village councils (Annex 3 of SOP 5.2).
- **Contingency:** Withhold 10% provincial funds if <40% villages adopt reforms by 2030.

4. Cultural Risks

Risk Scenario: Bride price disputes escalate to lethal violence.

- **Probability:** Very High (80% in Highlands) | **Impact:** 10/10 (Mass casualties)
- **Owner:** Provincial GBV Coordinators | **Mitigation:** Cap bride price at K10,000 + mediation councils.
- **Contingency:** Deploy rapid-response mobile GBV circuit courts if >5 incidents/month reported (SOP 3.2).

Risk Scenario: Youth normalization of cyber-GBV.

- **Probability:** Emerging (35%) | **Impact:** 6/10 (Underreporting)
- **Owner:** Education Department | **Mitigation:** Integrate digital ethics into school curricula by 2030.
- **Contingency:** Block perpetrator SIM cards via Digicel API if cyber-GBV spikes >40% quarterly.

5. Data Security Risks

Risk Scenario: Dashboard breach exposes survivor identities.

- **Probability:** Low (20%) | **Impact:** 10/10 (Retaliation risks)
- **Owner:** NGBVS Cyber Unit | **Mitigation:** AES-256 encryption + biometric access controls.
- **Contingency:** Activate manual reporting protocols if anomaly detection alerts >5 unauthorized logins/hour.

Risk Scenario: AI model bias undercounts rural cases.

- **Probability:** Medium (40%) | **Impact:** 7/10 (Resource misallocation)
- **Owner:** Data Analysts | **Mitigation:** Monthly bias audits using UPNG's Ethical AI Framework.
- **Contingency:** Revert to 2025 sampling methods if rural case variance exceeds 25%.

Scenario Planning for High-Risk Events

1. Natural Disasters (Cyclones/Floods)

- **Impact:** Disrupts safe houses (30% occupancy loss), spikes GBV in evacuation centers.
- **Contingency:**
 - Pre-position 10% of GBV funds in disaster-prone provinces (Western, Milne Bay).
 - Train 500 first responders in GBV triage using WHO's MHPSS guidelines.
 - Activate satellite-linked telehealth units within 72hrs (Search Result 9).

2. Election Cycles

- **Impact:** Politicization of GBV funds, diversion of police/resources.
- **Contingency:**
 - Freeze GBV budget reallocations 6 months pre-election.
 - Deploy AU/UN election monitors to track GBV service continuity.

3. Major Resource Projects (Mining/Gas)

- **Impact:** Influx of workers → 50% rise in transactional sexual violence.
- **Contingency:**
 - Mandate 2% project revenue for GBV-safe camps (Porgera Mine model).
 - Deploy 24/7 FSVU patrols if camp populations exceed 500 workers.

4. Cyber-GBV Pandemic

- **Impact:** 45% youth exposure to non-consensual image sharing.
- **Contingency:**
 - Partner with Meta/TikTok to auto-remove flagged content (<2hr response).
 - Train 200 cyber-GBV counselors by 2030 (SOP 4.1).

Triggers for Contingency Activation

Indicator	Threshold	Action
Provincial budget utilization	<60% for 2 quarters	NGBVS takeover + CSO subcontracting
Conviction rate	<10% for 3 months	Deploy High Court judges to GBV circuit courts

Survivor satisfaction	<4/5 score	Mandate provincial secretariat reshuffle
Data-to-action cycle	>30 days	Activate manual audits + AI retraining

Governance & Accountability

- **Risk Oversight:** Quarterly reviews by PPC-GEWE using OECD-DAC fragility criteria.
- **Survivor Validation:** Biometric surveys co-analyzed with village magistrates to ensure cultural fidelity.

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M. Stakeholder Roles & Responsibilities

National Level

Stakeholder	Roles	Key Deliverables
Government	<ul style="list-style-type: none"> - Enact GBV legislation - Allocate 0.5% national budget to GBV - Host quarterly Policy Labs 	National GBV Dashboard updates OECD-compliant audits
CSOs	<ul style="list-style-type: none"> - Operate 80% of safe houses - Co-design survivor surveys - Lead parliamentary advocacy 	550K youth reached/year 30 survivor-led policy proposals/year
Private Sector	<ul style="list-style-type: none"> - Fund 22 rehab centers - Adopt GBV-safe workplace certification 	K19M/year contributions 10K survivor job placements by 2030
Donors	<ul style="list-style-type: none"> - Pooled funding via Gender Forum - Technical assistance for dashboard AI 	90% aligned investments Annual DAC evaluation reports
Faith Leaders	<ul style="list-style-type: none"> - Reform harmful rites of passage - Train 500 clergy in GBV response 	50 villages adopt new ceremonies by 2028
Survivor Groups	<ul style="list-style-type: none"> - Validate NGBVS scorecards - Lead community accountability circles 	100% survivor input in SOP updates

Provincial Level

Stakeholder	Roles	Key Deliverables
PGBVS	<ul style="list-style-type: none"> - Execute provincial action plans - Manage K500k+ budgets 	100% quarterly report compliance 60% rural service coverage
CSOs	<ul style="list-style-type: none"> - Mobile court logistics - Telehealth triage 	<48hr trauma care response 80% survivor satisfaction
Extractive Companies	<ul style="list-style-type: none"> - Fund motorcycle ambulances - Hire rehab graduates 	2 safe houses/province 30% female workforce quota
Churches	<ul style="list-style-type: none"> - Host village dialogues - Refer survivors to FSCs 	200 "Tok Stret" sessions/quarter

District Level

Stakeholder	Roles	Key Deliverables
Village Courts	<ul style="list-style-type: none"> - Issue community protection orders - Monitor perpetrator rehab 	95% IPO enforcement 50% recidivism reduction
Male Champions	<ul style="list-style-type: none"> - Model positive masculinity - Mediate bride price disputes 	10K trained by 2027 30% attitude shift in hotspots
Youth Ambassadors	<ul style="list-style-type: none"> - Deliver school prevention programs - Run #SanapWantaim digital campaigns 	70% youth exposure rate 500K social media engagements/year

2. Feedback Mechanisms

Structured Engagement Timeline

Mechanism	Frequency	Participants	Output
Survivor Councils	Quarterly	2 survivors/province + NGBVS	Priority-adjusted SOPs
Community Scorecards	Biannual	Village chiefs + 10% households	Red/Yellow/Green service ratings
Donor Roundtables	Annual	DFAT, EU, UNDP + NGBVS	Funding alignment dashboard
GBV Policy Labs	Quarterly	PM's Office, CSOs, Data Analysts	Resource reallocation directives

Survivor Feedback Protocol

1. **Collection:** Biometric voice surveys + SMS hotline (#737).
2. **Triangulation:** Cross-check with police logs/health data ($r^2 \geq 0.85$ validity).
3. **Action:** Escalate outliers (>10% dissatisfaction) to mobile court circuits.

3. Public Accountability Tools

Accessible Reporting Framework

Tool	Format	Audience	Update Cycle
Provincial Scorecards	Tok Pisin posters + radio jingles	Villages	Quarterly
GBV Dashboard	Mobile-friendly web + SMS alerts	Parliament	Real-time
OECD Audits	Braille/audio summaries	Donors	Annually

Key Features:

- **Dashboard Layers:**
 - **Risk Prediction:** Alcohol sales × payday cycles → patrol triggers.
 - **Service Gaps:** >50km from safe houses → motorcycle ambulance dispatch.
- **Scorecard Metrics:**
 - Budget utilization rate (Green: ≥80%; Red: <60%).
 - Male attitude shift (Baseline: 83% → Target: 40%).

4. Cultural Protocol Integration

Harmonized Engagement Practices Examples

Region	Customary Practice	Strategy Alignment
Highlands	Bride price mediation	Cap at K10,000 + chief oversight

Islands	Tubuan mask rituals	Male ally initiation ceremonies
Southern	Singsing networks	Early warning systems for GBV

Training:

- 200 village magistrates/year in CEDAW-compliant mediation.
- 500 faith leaders in trauma-informed counseling by 2027.

5. Escalation Matrix

Issue	Owner	Resolution Pathway
Budget misallocation	Provincial Treasurer	Freeze funds → NGBVS takeover
Data discrepancies >15%	NGBVS Cyber Unit	Manual audit + API reset
Low rehab completion	Probation Officers	Double community patrols

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N. Cost-Benefit Analysis (CBA) & Value-for-Money Framework

1. Pillar-Level CBA

Pillar	Investment (2026–2035)	Key Interventions	Annual Savings (2035)	ROI (K Saved/K Invested)
Governance	K570M	Provincial Secretariats, Policy Labs, Magistrate Training	K4.8B (reduced case delays + fraud)	8.4
Survivor Services	K760M	Safe Houses, Telehealth, Trauma Care Training	K6.2B (healthcare savings + productivity)	8.2
Prevention	K285M	Youth Programs, Male Champions, School Curricula	K2.5B (future GBV reduction)	8.8
Justice	K180M	Mobile GBV circuit courts, Rehab Centers, Legal Aid	K1.7B (recidivism reduction)	8.9
Data Systems	K95M	Dashboard, AI Analytics, Audits	K850M (efficiency gains)	8.9

ROI Methodology:

- **Cost of Inaction** = (Baseline GBV prevalence × Economic burden/K case) – Program cost.
- **Economic Burden:** K7.4B/year (OECD, 2019).

2. Provincial Breakdown

Highlands (Hela, Enga, Southern Highlands)

Intervention	Cost/Province (K)	Benefit	ROI
Mobile GBV circuit courts	2.1M/year	65% faster case resolution	9.1
Safe Houses	1.8M/year	40% trauma care access	7.8
Male Champions	750K/year	25% attitude shift	6.5

Islands (East New Britain, ARoB)

Intervention	Cost/Province (K)	Benefit	ROI
Cyber-GBV Units	1.2M/year	50% case resolution in ≤72hrs	8.0
Maritime Clinics	950K/year	120 survivors/year reached	7.2

Financial Sustainability: 30% of costs covered by extractive levies (Porgera Mine model).

3. Multi-Year Budget Allocation

Year	Governance	Survivor Services	Prevention	Justice	Data Systems
2026	20%	45%	15%	12%	8%
2030	18%	40%	20%	15%	7%
2035	15%	35%	25%	18%	7%

Scaling Logic:

- **2026–2028:** Institutional setup (Secretariats, dashboards).
- **2029–2032:** Service expansion (safe houses, courts).
- **2033–2035:** Community ownership (30% FSCs transitioned).

4. Value-for-Money Metrics

Intervention	Cost per Outcome	Comparison Benchmark
Mobile Court Circuit	K12,000/case resolved	K18,000 (traditional courts)
Telehealth Unit	K850/survivor served	K1,200 (in-person clinic)
Male Champion Training	K2,500/attitude shift	K3,800 (media campaigns)

Prioritization: Mobile GBV circuit courts > telehealth > school curricula (highest ROI order).

5. Financial Sustainability Plan

Funding Mix:

- **Government:** 60% (K114M/year via 0.5% parliamentary appropriation + 2% extractive levy).
- **Donors:** 30% (K57M/year through EU Spotlight, DFAT, UNDP).
- **Private Sector:** 10% (K19M/year via BSP Women’s Fund, Oil Search CSR).

Contingency Triggers:

- **Budget Shortfalls:** Redirect 15% extractive levies (SOP 6.2).
- **Donor Withdrawal:** Activate K30M contingency fund from Treasury bills.
- **Natural Disasters:** Pre-position 10% of GBV funds in disaster-prone provinces.

6. Risk-Adjusted ROI

Scenario	Probability	Impact on ROI
Political Instability	25%	ROI drops to 6.1

Data Breach	15%	ROI drops to 7.0
Customary Resistance	40%	ROI drops to 6.8

Mitigation:

- **Customary Resistance:** Co-design bylaws with 22 clan councils (K500K/village incentive).
- **Data Breach:** Blockchain encryption + K10M cyber-insurance.

7. Key Recommendations

1. **Extractive Leverage:** Scale the East Sepik model (K500K/year/province) to all 22 provinces.
2. **Donor Alignment:** Tie 20% of EU/DFAT funds to provincial scorecard targets ($\geq 60\%$ rural coverage).
3. **Private Incentives:** Offer 15% tax rebates for companies funding ≥ 2 safe house beds/100 employees.

The National Papua New Guinean Strategy to Prevent and Respond to Gender-Based Violence 2026 to 2035: Implementation Plan

A Call to Action for a Safer Future

This Implementation Plan is the compendium to the National Papua New Guinean Strategy to Prevent and Respond to Gender-Based Violence 2026 to 2035. It encompasses the Monitoring, Evaluation and Learning Framework which is a stand-alone document and is informed by the results of the Comprehensive Study on Gender-Based Violence (Corlis & Sepoe, 2025) which was conducted specifically for the purposes of preparing the 2026 to 2035 Strategy.

Table of Contents

Executive Summary

3

Strategic Objective and Theory of Change 5

Implementation Framework 6

Detailed Project Plan and Phased Implementation 16

Governance and Accountability 22

Monitoring, Evaluation, and Learning 24

Risk Management 26

Implementation Timeline 29

Appendices 32

Executive Summary

Papua New Guinea's National Strategy to Prevent and Respond to Gender-Based Violence (GBV) 2026–2035 Implementation Plan is a comprehensive, results-driven roadmap designed to address one of the world's most acute GBV crises and transform the nation's approach to prevention, survivor support, and justice. PNG faces a historic inflection point: GBV prevalence remains among the highest globally, with nearly seven in ten women experiencing violence in their lifetimes, conviction rates languishing below 1%, and the economic toll exceeding 6% of GDP annually. Without decisive intervention, projections indicate that up to eight million women could be affected by 2046, perpetuating cycles of trauma, economic exclusion, and social instability.

The Implementation Plan pivots PNG from fragmented, reactive interventions to an integrated, whole-of-nation strategy anchored in five mutually reinforcing pillars: transformative governance and institutional reform, survivor-centered services, prevention and youth engagement, justice system repair, and data systems and accountability. Central to this approach is the institutionalization of Provincial GBV Secretariats (PGBVSs) and the National GBV Secretariat, which will enforce gender parity (50% female leadership), disability inclusion, and rural outreach, operationalizing constitutional mandates and international obligations such as CEDAW and SDG 5. Early actions focus on building capacity, deploying trauma-informed services, and ensuring that every survivor—regardless of gender, ability, or geography—can access timely, affordable, high-quality care. The strategy mainstreams disability and rural inclusion through ADA-compliant facilities, sign language-enabled telehealth, and satellite-linked governance, while allocating 40% of budgets to remote districts and deploying mobile ambulances and GBV circuit courts to reach isolated communities.

A paradigm shift in prevention is achieved by embedding large-scale, evidence-based programs in schools and communities, targeting over one million youth and training 5,000 “GBV Champions” by 2030. These interventions are designed to disrupt intergenerational cycles of violence, reduce male acceptance of GBV from 83% to below 40%, and catalyze a 40% decline in GBV acceptance among young people by 2035. Youth engagement is institutionalized through quotas in governance, peer navigator programs in survivor services, and youth justice liaisons in provincial courts, ensuring that young people are both beneficiaries and agents of change.

The justice system pillar seeks to increase conviction rates fivefold to 25% by 2035, halve recidivism, and expand access to justice through the rollout of mobile GBV circuit courts, perpetrator rehabilitation centers, and the integration of customary and formal legal

pathways. Survivor-centric reforms include female magistrate quotas, witness protection, and restorative justice programs for youth offenders, addressing both systemic bias and the unique needs of vulnerable populations.

Data-driven governance and accountability are embedded through the launch of an AI-powered National GBV Dashboard, enabling real-time monitoring, predictive risk analytics, and adaptive management via quarterly “GBV Policy Labs.” Data flows seamlessly from frontline responders in all 95 districts and 22 provinces, with rigorous validation, cleaning, and triangulation at every stage. Survivor privacy and data security are prioritized through AES-256 encryption, tiered access controls, and anonymization protocols. Quarterly reporting on 32 KPIs, public scorecards, survivor feedback loops, and biannual parliamentary hearings drive transparency and continuous improvement, with donor and private sector investments tied to performance milestones.

The Implementation Plan is underpinned by a diversified, whole-of-government funding model—K180 million annually, sourced from government (60%), donors (30%), and the private sector (10%)—and leverages innovative mechanisms such as a 2% extractive industry levy and performance-linked microloans for survivors. Every kina invested is projected to yield a ninefold return, driven by reductions in health system burdens, increased workforce productivity, and the prevention of intergenerational cycles of violence.

Phased implementation ensures sustainability and scale: the first phase builds governance and expands core services; the second scales proven interventions and pilots innovations; the final phase institutionalizes oversight and transitions to community-led sustainability, underpinned by robust monitoring, evaluation, and learning. By 2028, all provinces will have operational and resourced GBV Secretariats; by 2030, rural access to safe houses and trauma care will exceed 60%; and by 2035, conviction rates will reach 25%, with severe GBV cases reduced by 40% and up to K60 billion in lost GDP reclaimed.

In summary, the Implementation Plan for PNG’s National GBV Strategy 2026–2035 is a transformational, data-driven blueprint that institutionalizes prevention, survivor empowerment, and justice at every level of society. By embedding equity, leveraging digital innovation, and fostering adaptive learning, PNG is positioned to halve GBV prevalence, restore public trust in institutions, and create a safer, more just, and more prosperous future for all its people—a model for the region and a generational imperative whose time has come.

Strategic Objectives and Theory of Change

The vision of the new GBV Strategy is to achieve zero tolerance for GBV in PNG by 2050, creating a society where every individual—regardless of gender, age, ability, or location—can live free from fear, with dignity, safety, and equitable access to justice. This vision is rooted in the country’s constitutional commitment to equality and justice and Vision 2050 and is reinforced by its obligations under international frameworks such as CEDAW and the Sustainable Development Goals. The mission of the strategy is to dismantle the systemic drivers of GBV through a survivor-centered, multi-sectoral approach that weaves together governance reform, trauma-informed and accessible services, robust prevention efforts, justice system transformation, and real-time, data-driven accountability.

At its heart the new GBV Strategy is guided by principles of survivor-centered equity—ensuring that the voices and needs of survivors, especially those from marginalized and vulnerable groups, are central to all interventions. It is equally committed to cultural integration, harmonizing customary dispute resolution mechanisms with formal justice systems. Accountability is embedded at every level, with rigorous monitoring, transparent budgeting, and public reporting. The strategy also prioritizes preventive governance, using predictive analytics and early-warning systems to move from crisis response to proactive risk management, and embraces intersectionality by ensuring that all interventions are disaggregated and responsive to the compounded vulnerabilities faced by women, children, people with disabilities, and those in rural and remote areas.

The RBM logic model underpinning the strategy ensures that every input—whether financial, human, or technological—is strategically aligned to targeted activities, measurable outputs, and transformative outcomes and impact. Substantial annual investments, such as the K180 million dedicated to GBV prevention and response, are channeled into building and resourcing PGBVs, deploying trauma care and telehealth services, training justice officials and health workers, and rolling out AI-powered data systems. These activities generate concrete outputs, including 100% provincial coverage of GBV services, 60% rural access to safe houses and trauma care, and the engagement of almost a million youth in prevention programs. The model is designed to deliver outcomes such as a 50% reduction in rural service gaps, a reduction from 83% to 40% of male acceptance of GBV by 2035, and a 25% conviction rate for GBV cases. Ultimately, these outcomes are intended to yield the highest-level impact: halving GBV prevalence nationwide, reclaiming K60 billion annually in lost GDP, and catalyzing a generational shift toward zero tolerance for violence.

Implementation Framework

4.1 Strategy

The Implementation Plan for PNG's new GBV Strategy is anchored in five mutually reinforcing strategic pillars, each meticulously designed to address the complex, interlinked drivers of GBV and to deliver measurable progress in line with Vision 2050, CEDAW, the Sustainable Development Goals, and the nation's legal framework.

At the foundation is transformative governance and institutional reform, which recognizes that effective leadership, robust coordination, and accountability are prerequisites for meaningful change. This pillar establishes the NGBVS as a statutory authority and mandates the creation of PGBVSs across all provinces and the Autonomous Region of Bougainville, ensuring that policy harmonization, budget oversight, and interministerial collaboration are not only aspirational but operational realities. By embedding gender parity in leadership, enforcing transparent budgeting, and instituting rigorous monitoring and evaluation systems, this pillar directly advances Vision 2050's call for good governance, the Law and Justice Policy's emphasis on sector-wide coordination, and CEDAW's requirements for institutional accountability in addressing discrimination and violence against women.

Survivor-centered services form the second pillar, reflecting a deep commitment to human rights and dignity as articulated in the PNG Constitution and international conventions. The plan prioritizes the expansion and professionalization of trauma-informed care, ensuring that every survivor—regardless of gender, age, disability, or location—can access timely, quality support. This includes deploying telehealth units to remote areas, scaling up safe house coverage, and training frontline workers in WHO LIVES protocols, all underpinned by a robust referral and case management system. By targeting a reduction in trauma care wait times and increasing rural access to services, this pillar operationalizes SDG 5's mandate to eliminate violence against women and girls, while also delivering on the Law and Justice Policy's objectives of improved access to justice and just results. Survivor feedback mechanisms and biometric satisfaction surveys ensure that services remain responsive, adaptive, and grounded in lived experience.

The third pillar, prevention and cultural shifts, is designed to disrupt the intergenerational transmission of GBV by transforming social norms and empowering communities as agents of change. This pillar mainstreams comprehensive GBV prevention curricula in schools, supports youth ambassador programs, and mobilizes male champions to challenge hyper-masculinity and promote positive models of masculinity. It also engages customary and faith leaders in reforming rites of passage, mediating bride price disputes, and addressing sorcery

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accusation-related violence, ensuring that interventions are culturally resonant and locally owned. Through these efforts, the plan advances Vision 2050's goal of building safe, inclusive communities, aligns with SDG 16's focus on peace, justice, and strong institutions, and fulfills CEDAW's call for the modification of social and cultural patterns that perpetuate discrimination and violence.

Justice system repair is the fourth pillar, targeting the entrenched impunity and systemic barriers that have historically undermined GBV prosecution and survivor trust in the rule of law. The plan invests in expanding GBV circuit courts, scaling up magistrate and police training in trauma-informed and gender-sensitive procedures, and establishing robust perpetrator rehabilitation programs linked to economic reintegration. By aiming to increase conviction rates, reduce recidivism, and enforce interim protection orders, this pillar directly addresses the Law and Justice Policy's objectives of improved criminal justice outcomes and the integration of informal and formal systems. It also aligns with CEDAW's Article 2 obligations to ensure effective legal protection and remedies for survivors, and with SDG 16's emphasis on access to justice for all.

Finally, the data systems and accountability pillar provides the digital backbone for evidence-based decision-making, adaptive management, and public transparency. The Implementation Plan mandates the launch of a national GBV dashboard integrating real-time data from police, health, and community sources, supported by AI-powered predictive analytics to identify emerging risks and optimize resource allocation. This pillar also institutionalizes regular OECD-standard audits, public scorecard publication, and survivor-led validation of data accuracy, ensuring that progress is not only tracked but acted upon. By embedding disaggregated data collection and reporting, the plan fulfills SDG 17's emphasis on data for sustainable development and enables the government and its partners to target interventions where they are most needed, address equity gaps, and demonstrate measurable progress toward zero tolerance for GBV.

Together, these five pillars form a coherent, ambitious, and accountable framework that is fully aligned with PNG's national development aspirations, legal mandates, and international commitments. The Implementation Plan ensures that every action—from policy reform to frontline service delivery, from cultural engagement to digital innovation—contributes to the overarching goal of a safer, more just, and more inclusive society by 2035.

4.2 Structure

The governance structure underpinning the Implementation Plan for PNG's new GBV Strategy is designed to deliver whole-of-nation accountability, survivor-centered leadership, and robust coordination across all levels of government and society. At the apex of this structure

sits the NGBVS, established as a statutory authority with a clear legislative mandate to drive policy harmonization, oversee national data systems, and ensure the effective implementation of GBV prevention and response across the country. The NGBVS functions as the operational and strategic nerve center, reporting directly to the Prime Minister's Office and working in close partnership with the Department of Justice and Attorney General, the National Health Authority, the Education Ministry, the Ministry of Community Development, and other sector agencies as outlined in the Law and Justice Policy. Its statutory status ensures that GBV priorities are insulated from political cycles and have the budgetary autonomy and authority necessary to enforce standards, coordinate interministerial action, and hold all actors to account through performance-based scorecards and OECD-standard audits.

Beneath the national secretariat, the architecture extends to the Provincial GBV Secretariats (PGBVS), which are established in all 21 provinces and the Autonomous Region of Bougainville. The PGBVSs are the frontline engines of implementation, responsible for translating national directives into locally tailored action plans, managing provincial GBV budgets, and coordinating the delivery of survivor services, prevention programs, and justice interventions at the subnational level. Each PGBVS is mandated to maintain a minimum staffing standard-including 50% female leadership-ensuring gender balance and local legitimacy. The PGBVS are also tasked with convening regular provincial stakeholder forums, integrating inputs from district officials, civil society, churches, youth, and village leaders to ensure that implementation is contextually relevant and culturally responsive. Their direct reporting lines to the NGBVS guarantee vertical accountability and enable real-time data flow from the most remote districts to the national dashboard, facilitating evidence-based decision-making and adaptive management.

Central to this governance model is the National GBV Council, a high-level multi-stakeholder body chaired by the Prime Minister or a delegated senior Member of Parliament, which provides strategic oversight, policy direction, and cross-sector alignment for the national GBV agenda. The Council brings together representatives from key government ministries (Justice, Community Development, Police, Health, Education), the judiciary, parliament (including the Permanent Parliamentary Committee on GBV), provincial governors, donor partners, private sector leaders, faith organizations, and civil society. Its mandate includes setting annual GBV reduction targets, reviewing progress against key performance indicators, resolving policy bottlenecks, and ensuring that the voices of marginalized and vulnerable groups are reflected in national priorities. The Council also serves as the principal forum for donor coordination, aligning external investments with national objectives and ensuring that development partner support is harmonized and accountable.

A unique and transformative element of the governance structure is the formal institutionalization of the Survivor Council, a national body composed of survivors of GBV from diverse backgrounds, including women, youth, people with disabilities, and representatives from rural and urban communities. The Survivor Council is empowered to provide direct input into policy and program design, participate in monitoring and evaluation processes, and co-validate the accuracy and relevance of data collected through the national dashboard. Survivor Council members are selected through transparent, inclusive processes at the provincial level and receive capacity-building support to ensure their meaningful participation. Their perspectives are integrated into quarterly “GBV Policy Labs,” annual strategic reviews, and the continuous improvement of standard operating procedures, ensuring that survivor experiences and needs are at the heart of every decision.

This multi-tiered governance structure is explicitly designed to overcome the fragmentation, duplication, and urban bias that have historically undermined GBV prevention and response in PNG. By combining strong statutory authority at the national level, empowered and accountable provincial secretariats, high-level multi-sectoral oversight through the National GBV Council, and the authentic, ongoing participation of survivors, the Implementation Plan creates a resilient, adaptive, and inclusive system. This system can drive the ambitious targets of the strategy—such as zero tolerance for GBV by 2050, 100% provincial coverage, and a 40% reduction in severe GBV cases—while remaining flexible enough to respond to emerging risks, local contexts, and the evolving needs of PNG’s diverse communities.

4.3 Systems

The systems architecture for the implementation of PNG’s new GBV Strategy is purpose-built to drive accountability, real-time learning, and survivor-centered service improvement at scale. At its core is the National GBV Dashboard and Integrated Management System, a digital platform that aggregates, analyzes, and visualizes data from every province and district in real time. This system draws on police records, health facility reports, survivor feedback, and community-level alerts, using advanced AI-powered analytics to flag emerging risks, identify service gaps, and track progress against key performance indicators. The dashboard is not merely a reporting tool but the operational hub for evidence-based decision-making, enabling the NGBVS, Provincial Secretariats, and sector partners to deploy resources dynamically, respond to hotspots, and ensure that interventions are tailored to the evolving landscape of GBV risk across the country. Data security and survivor privacy are foundational, with robust encryption, tiered access controls, and anonymization protocols that meet global best practice and national law.

To ensure that the system remains responsive and adaptive, the strategy institutionalizes quarterly “GBV Policy Labs”: dynamic, cross-sectoral review forums that bring together

government leaders, provincial administrators, CSOs, survivor representatives, private sector partners, and donors. These Policy Labs are designed as structured spaces for collaborative problem-solving. In the Policy Labs, participants interrogate dashboard data, share frontline experiences, and co-design rapid adaptations to programs, protocols, and resource allocations. Decisions in these labs are guided by a traffic-light system, allowing for the scaling of high-impact interventions, piloting of innovative approaches, and sunseting of underperforming activities. The outputs of each Policy Lab are formalized in adaptation directives, which are disseminated to all implementing partners and integrated into updated standard operating procedures and provincial action plans. This approach ensures that the strategy is not static but evolves in real time, grounded in both quantitative evidence and the lived realities of survivors and frontline workers.

Financial sustainability and strategic alignment are reinforced through a donor-pooled funding mechanism with performance-linked disbursement. Major development partners, including the EU, Australia, and UN agencies, contribute to a unified funding pool managed by the NGBVS. Disbursements to provinces and implementing partners are tied to the achievement of agreed milestones-such as improvements in rural service coverage, conviction rates, or survivor satisfaction scores-creating strong incentives for results-driven delivery and transparent reporting. This pooled funding approach not only streamlines donor coordination but also ensures that external investments are fully aligned with national priorities and that resources can be rapidly redirected in response to emerging needs or underperformance.

At the heart of service delivery are standardized protocols that guarantee quality, accessibility, and survivor dignity across all touchpoints. These protocols are informed by international best practice (including WHO LIVES and Istanbul Convention guidelines) and are continuously refined through direct survivor feedback loops. Survivors are invited to provide confidential, biometric-verified feedback on their experiences with health, justice, and social services, either digitally or through community scorecards facilitated by trusted local actors. This feedback is triangulated with administrative data and used to trigger targeted audits, retraining, or resource reallocations where necessary. By closing the loop between survivor experience, frontline delivery, and system-wide adaptation, the implementation plan ensures that every layer of the response is accountable, inclusive, and relentlessly focused on measurable impact. Through this integrated system of digital innovation, adaptive management, pooled funding, and survivor-centered protocols, PNG's GBV strategy sets a new standard for evidence-based, equitable, and sustainable violence prevention and response.

4.4 Shared Values

The implementation plan for PNG's new GBV Strategy is fundamentally anchored in a set of shared values that guide every aspect of its design, execution, and evaluation. At its core is an unwavering commitment to survivor-centeredness, ensuring that the dignity, safety, and agency of survivors are prioritized at every stage-from policy formulation to frontline service delivery and feedback mechanisms. This approach is complemented by a deep-rooted dedication to gender equality, recognizing that the elimination of GBV is inseparable from the broader struggle for women's rights, empowerment, and the dismantling of patriarchal norms that perpetuate discrimination and violence. The value of inclusivity is woven throughout the plan, with deliberate strategies to reach and support those most frequently marginalized, including people with disabilities, other vulnerable individuals, linguistic minorities, and rural or remote communities. Every intervention is designed to be accessible, intersectional, and responsive to the diverse realities of PNG's population.

Accountability stands as a non-negotiable pillar of the implementation plan, operationalized through transparent monitoring, performance-linked funding, regular public reporting, and robust mechanisms for holding all stakeholders-government, civil society, private sector, and donors-answerable for their commitments and results. The strategy is equally grounded in evidence-based action, making use of real-time data, rigorous evaluation, and adaptive learning cycles to ensure that resources are targeted where they are most needed, and interventions are continuously refined for maximum impact.

The plan is shaped by the principle of cultural adaptation and community ownership. Recognizing the rich cultural diversity and the centrality of community in PNG's social fabric, the strategy is designed to be flexible and context-sensitive, co-created with local leaders, customary authorities, faith groups, and survivors themselves. It honors and integrates positive traditional practices, while challenging and transforming those that perpetuate harm. By fostering genuine community ownership-where prevention, response, and accountability efforts are led and sustained by local actors-the implementation plan ensures that change is not only effective and measurable, but also meaningful and enduring. These shared values collectively form the ethical and operational backbone of the strategy, ensuring that the journey is just, inclusive, and transformative for everyone.

4.5 Skills

A successful implementation of PNG's new GBV Strategy will require a comprehensive and multi-layered skills framework that empowers every actor in the system-from the national secretariat to the most remote frontline worker-to deliver survivor-centered, evidence-based, and culturally responsive services.

At the frontline, 2,200 health workers will need in-depth training in trauma-informed care, including the ability to recognize, sensitively respond to, and refer survivors of violence. This includes not only clinical management of sexual assault and psychological first aid, but also skills in non-judgmental communication, confidentiality, and the navigation of complex referral pathways. For police, especially the 500 specialized GBV officers trained each year and those staffing Family and Sexual Violence Units (FSVUs), core competencies will include survivor-centered interviewing, forensic evidence collection, risk assessment, case management, and a nuanced understanding of the legal framework for GBV, including child protection and mandatory reporting requirements. Magistrates and village court officials must be equipped with knowledge of trauma-informed judicial procedures, CEDAW-compliant mediation, and the ability to balance customary practices with statutory law, particularly in cases involving sorcery accusations or bride price disputes. Family Support Centre (FSC) staff will require skills in case management, psychosocial support, and interagency coordination to ensure seamless survivor care.

The rehabilitation of perpetrators demands a separate skillset for those delivering cognitive behavioral therapy (CBT) and other evidence-based interventions, including motivational interviewing, relapse prevention, and the ability to link rehabilitation with economic reintegration programs. Staff working with survivors in psychosocial and mental health services must be trained in trauma counseling, crisis intervention, and the management of vicarious trauma, as well as referral to specialized psychiatric care when needed. Economic empowerment facilitators will need expertise in microfinance, vocational training, and the integration of GBV prevention into livelihoods programming, ensuring that economic support is both safe and transformative for survivors.

In the education sector, teachers-both those working with youth and those engaging very young children-must be trained to deliver age-appropriate, gender-sensitive GBV prevention curricula, foster inclusive and safe classroom environments, and identify and support at-risk students. Youth ambassadors (190,000 nationally) and GBV Champions (at least 100 per district) will require leadership, advocacy, peer counseling, digital literacy, and campaign management skills to mobilize their peers and communities for social norm change, as well as the ability to represent youth perspectives in local and national forums^l.

For civil society organizations (CSOs) and provincial staff, capacity-building must cover strategic planning, program management, financial oversight, partnership development, and robust monitoring and evaluation, as well as participatory community mobilization and advocacy skills. Staff must also be equipped to manage data ethically and securely, ensuring survivor confidentiality and compliance with national and international standards.

At the governance level, the NGBVS and PGBVSs will need advanced competencies in policy analysis, multi-sectoral coordination, strategic communication, stakeholder engagement, and adaptive management. Staff must be adept at using integrated management systems and dashboards, interpreting real-time data for decision-making, and leading cross-sectoral teams in a dynamic environment. The National GBV Council and provincial multi-sectoral committees will require high-level skills in governance, consensus-building, legislative advocacy, resource mobilization, and oversight, as well as a deep understanding of gender, human rights, and the socio-cultural drivers of GBV. All actors across the system must demonstrate cultural sensitivity, inclusivity, and a survivor-centered ethos, ensuring that every intervention upholds safety, dignity, and non-discrimination.

Collectively, this skills architecture ensures that every link in the GBV response chain—from national policy to village-level support—is equipped to deliver on the strategy’s ambitious targets, adapt to emerging challenges, and drive sustainable, transformative change for survivors and communities across PNG.

4.6 Style

The implementation of PNG’s new GBV strategy demands a leadership and management style that is as bold and transformative as the vision it seeks to realize. At its core, this style must be anchored in visible, accountable leadership at the highest levels of government, with the Prime Minister personally chairing quarterly reviews to signal national commitment and urgency. These reviews, complemented by regular, bi-annual parliamentary hearings, ensure that GBV remains a standing agenda item not only within the executive but across the legislative branch, fostering a culture of cross-party accountability and sustained political will. This visible leadership cascades down through all levels of the strategy’s governance structure, setting clear expectations for provincial governors, secretariat heads, and sectoral partners to champion GBV prevention and response as a top priority within their own mandates.

Equally essential is a data-driven, transparent, and participatory management ethos. Decision-making must be grounded in real-time evidence, with the National GBV Dashboard and Integrated Management System serving as the nerve center for tracking progress, identifying gaps, and adapting interventions. All stakeholders—from government agencies and CSOs to donors and private sector partners—are expected to engage in open data sharing and transparent reporting, with performance metrics and budget utilization published in accessible formats and local languages. This transparency is not merely technical but deeply participatory: quarterly “GBV Policy Labs” and annual public scorecards create structured opportunities for survivors, youth, and frontline workers to interrogate the data, share lived experiences, and co-design solutions. The strategy’s management style actively seeks out

and values dissenting voices, recognizing that constructive challenge and diverse perspectives are essential for adaptive learning and innovation.

Central to this approach is the authentic engagement of survivors and youth in governance at every level. Survivor councils and youth ambassador networks are not token consultative bodies but empowered partners in decision-making, monitoring, and accountability. Their insights inform the design of services, the refinement of protocols, and the development of prevention campaigns, ensuring that the strategy remains grounded in the realities of those most affected by GBV. This participatory ethos extends to the provincial and community level, where local leaders, customary authorities, and faith groups are mobilized as co-owners of the change process. By modeling visible leadership, data-driven transparency, and genuine participatory governance, the implementation strategy creates a culture of shared responsibility and relentless focus on results—one that can overcome entrenched barriers, sustaining momentum, and delivering lasting change for all Papua New Guineans.

4.7 Staff

The staff section of the implementation plan for PNG's new GBV strategy is designed to build a resilient, professional, and community-rooted workforce capable of delivering survivor-centered, evidence-based, and culturally responsive services at scale. At its core, the plan introduces performance-linked pay for GBV coordinators at both the national and provincial levels, directly tying compensation to measurable progress on key indicators such as rural service coverage, survivor satisfaction, and conviction rates. This approach not only incentivizes excellence and accountability but also helps attract and retain high-caliber leadership in a sector where burnout and turnover are persistent risks.

To ensure deep expertise and sustained commitment, the strategy establishes gender and GBV specialization tracks within the civil service, enabling staff at all levels—from frontline health workers and police officers to magistrates and provincial administrators—to pursue advanced training, certification, and career progression in gender equality, trauma-informed care, and GBV prevention and response. This includes the annual training of 2,375 frontline health workers in trauma-informed protocols, 500 specialized GBV police officers each year (with a focus on survivor-centered interviewing, forensic evidence collection, and risk assessment), and the scaling up of Family and Sexual Violence Units (FSVUs) staffed by officers with advanced skills in case management and child protection. Magistrates and village court officials will receive targeted training in trauma-informed judicial procedures, CEDAW-compliant mediation, and the integration of customary and statutory law, while Family Support Centre (FSC) staff will be equipped with competencies in psychosocial support, case coordination, and interagency referral.

A cornerstone of the plan is the mobilization of a vast community-based workforce to drive rural outreach and prevention. This includes the training and deployment of 190,000 youth ambassadors nationally and at least 100 GBV Champions in every district, each equipped with skills in peer counseling, advocacy, digital literacy, and campaign management. These youth leaders will serve as the vanguard for school and community-based prevention, digital campaigns, and the early identification of at-risk individuals. Teachers, both in primary and secondary schools, will be trained to deliver age-appropriate, gender-sensitive curricula, foster safe and inclusive learning environments, and support children and youth affected by violence.

Capacity-building for civil society organizations (CSOs) and provincial staff is prioritized, with structured programs in strategic planning, financial management, participatory community mobilization, and robust monitoring and evaluation. Staff working in economic empowerment initiatives will develop expertise in microfinance, vocational training, and the integration of GBV prevention into livelihoods programming, while those in psychosocial and mental health services will be trained in trauma counseling, crisis intervention, and the management of vicarious trauma.

At the governance level, the National and PGBVSs require advanced skills in policy analysis, multi-sectoral coordination, strategic communication, adaptive management, and the use of integrated management systems and dashboards for real-time decision-making. The National GBV Council and provincial multi-sectoral committees must demonstrate high-level governance, consensus-building, legislative advocacy, resource mobilization, and oversight capabilities, as well as a sophisticated understanding of gender, human rights, and the socio-cultural drivers of GBV.

By aligning incentives and workforce planning, staffing can be used to accelerate the implementation of the strategy can ensure that the priority of well-served survivors is met. For example, implementing a performance-linked pay could be tested by tying 15% of provincial coordinators' salaries to survivor satisfaction scores. In addition, by partnering with universities to create a GBV specialization track for civil servants and a pipeline for skilled staff. Lastly, by offering tax breaks to companies hiring survivors or funding safe houses.

This comprehensive workforce strategy is supported by ongoing professional development, communities of practice, and resource-sharing networks, ensuring that staff remain equipped to adapt to emerging challenges and sustain momentum. By investing in specialized skills, performance incentives, and community-based leadership, the implementation plan lays the foundation for a strong, sustainable GBV workforce that can deliver on the strategy's ambitious targets and driving transformative change across PNG.

Detailed Project Plan and Phased Implementation

Phase 1: Foundation (2026–2028)

Phase One of PNG's new GBV Strategy establishes the governance, infrastructure, and community engagement frameworks necessary to catalyze systemic change. Anchored in the National Executive Council (NEC) Decision No. 337/2016 and aligned with the Medium-Term Development Plan IV, this phase prioritizes institutionalizing accountability, launching critical services, and embedding prevention into national consciousness.

1. Statutory Establishment of NGBVS and PGBVS

The NGBVS is formally enacted as a **statutory authority** under its own legislation, the *NGBVS Act 2025*, granting it independent budgetary control, staffing autonomy, and mandate to enforce cross-sector compliance. The NGBVS Director, appointed through a parliamentary vetting process, oversees the recruitment of 10 core staff, including data analysts, policy specialists, and survivor engagement officers, all trained in gender-responsive governance and CEDAW compliance. Simultaneously, **22 PGBVSs** are operationalized, each staffed with a Provincial Coordinator (Grade 18 civil service) and two GBV Officers focused on rural outreach and cultural mediation. These secretariats are mandated to draft provincial GBV action plans within six months, incorporating inputs from district councils, village leaders, and survivor networks.

2. National GBV Dashboard and Rural Safe House Pilots

The **National GBV Dashboard** launches as the central monitoring hub, integrating real-time data from police FSVUs, health facilities, SMS hotlines (#737), and community reports. Built on ODK Collect for offline rural data entry and powered by AI-driven predictive analytics (ARIMA models), the dashboard identifies high-risk zones—such as mining camps or post-payday periods—and auto-generates alerts for GBV circuit courts deployments. Concurrently, **15 pilot safe houses** are established in rural hotspots (e.g., Hela, East New Britain, and Western Province), co-designed with local communities and faith-based organizations. These facilities adhere to WHO safety standards, with ADA-compliant infrastructure, trauma-trained staff, and local ambulance networks for emergency evacuations.

3. National Prevention Curriculum Rollout

A standardized **GBV prevention curriculum**, aligned with UNESCO's *Connect with Respect* toolkit, is introduced in 50% of primary and secondary schools. The curriculum includes modules on consent, healthy relationships, and digital safety, delivered by 5,000 teachers trained in gender-sensitive pedagogy. Complementing this, **youth ambassador programs** engage 10,000 adolescents in peer-led campaigns, leveraging TikTok and community radio to challenge harmful norms. Village leaders co-develop prevention materials, integrating positive cultural practices (e.g., *tubuan mask rituals* for male allyship) and reforming harmful traditions (e.g., capping bride prices at K10,000 in Highland provinces).

Cross-Cutting Alignment

- **Funding:** The 2% extractive industry levy is enacted, channeling K30M annually to rural safe houses and GBV circuit courts.
- **Accountability:** Provincial scorecards track progress against KPIs (e.g., 40% rural service coverage, 50% survivor satisfaction), with underperforming provinces facing budget reallocation.
- **Survivor Engagement:** Biometric feedback systems are piloted in five provinces, enabling survivors to anonymously rate services via voice or SMS.

Challenges & Mitigations

- **Legislative Delays:** Contingency clauses allow the NGBVS interim measures to adopt NEC directives if the *NGBVS Act* faces parliamentary delays.
- **Cultural Resistance:** Village councils in Enga and Southern Highlands receive K500K grants to co-design SARV mediation protocols.

Phase One lays the groundwork for PNG's transition from fragmented interventions to a unified, survivor-centered system. By 2026, the NGBVS reports directly to the Prime Minister, PGBVs are established and 40% of youth reject GBV norms-setting the stage for scaled impact in subsequent phases.

5.2 Phase 2: Scaling (2029–2032)

Building on the institutional foundations of Phase One, Phase Two focuses on scaling service delivery, deepening prevention efforts, and securing sustainable partnerships to achieve measurable progress toward zero tolerance for GBV.

1. Expand GBV circuit courts, Telehealth, and Survivor Services

In Phase Two, the strategy shifts decisively from foundational establishment to nationwide scaling, ensuring that the reach and quality of GBV prevention and response are felt in every province, district, and community. The expansion of GBV circuit courts is central to this transformation. By increasing the number of operational circuits to twenty-two-up from ten in Phase One-the strategy directly addresses the justice gap in provinces with significant service deficits, such as Gulf, Western, and Madang, where survivors have historically faced daunting distances and delays in accessing legal redress. These GBV circuit courts are staffed by two hundred magistrates newly trained in trauma-informed adjudication, and their operations are underpinned using blockchain evidence logs to safeguard the integrity of case records and prevent tampering. Through coordinated patrols and community alert systems, these courts are mandated to resolve 85% of rural GBV cases within three days, a dramatic improvement from the six-day baseline established at the end of Phase One.

Simultaneously, the telehealth network undergoes a major scale-up, expanding to 220 facilities to achieve full provincial coverage. The integration of Starlink terminals enables real-time consultations and support in even the most geographically isolated communities, overcoming the barriers of remoteness that have long hindered timely survivor care. One thousand five hundred additional health workers are trained in advanced trauma care, with specialized modules addressing the complexities of methamphetamine-linked violence and the emerging challenge of cyber-GBV. This expansion is complemented by the establishment or refurbishment of ninety-five safe houses, raising rural coverage from 15% to 85%. These facilities, co-managed by civil society organizations and provincial health authorities, provide not only shelter and medical and psychosocial care but also serve as economic empowerment hubs in all 21 provinces plus AROB, connecting ten thousand survivors to microloans which might be for micro-businesses or advanced education degrees or technical training and agroforestry job opportunities that foster long-term independence and resilience.

2. Scale Up Youth and Community Prevention Programs

The scaling of youth and community prevention programs is equally ambitious and transformative. The national GBV prevention curriculum is mainstreamed in 95% of Papua new Guinea's which serve an estimated (2018) 2.4 to 2.5 million students, supported by intensive teacher training aligned to UNESCO's Connect with Respect framework. The curriculum is further enriched with disability-inclusive modules-such as sign language for deaf students-and digital ethics content to address the rising threat of cyber-GBV. The youth ambassador network grows to twenty-two thousand, with one thousand ambassadors per province trained in peer counseling, social media campaigning under a common banner, and the operation of early warning systems for community risk. School enrollment is now linked to parental pledges against child marriage and the exchange of bride price, reinforcing the message that prevention begins at home. Community mobilization is deepened by the

certification of nearly 10 thousand male and female GBV champions, each leading village dialogues on positive masculinity and the reform of rites of passage, while partnerships with fifty “singsing” groups embed GBV prevention messages into the fabric of cultural performances and local storytelling.

3. Strengthen Donor and Private Sector Partnerships

Recognizing that sustainable change requires robust and innovative partnerships, Phase Two also focuses on strengthening donor and private sector engagement. Through the GBV Council, K150 million per year in donor funding is pooled, with 30% earmarked for rural innovation projects such as local ambulances and solar-powered clinics. Performance-linked disbursement is institutionalized, with 20% of donor funds tied to the achievement of survivor satisfaction scores above four out of five and conviction rate targets of 15% by 2030. The private sector is mobilized as a key partner, with one hundred fifty companies certified as GBV-safe workplaces and required to implement survivor hiring quotas and invest in corporate social responsibility initiatives. A K10 million Innovation Fund is launched to support tech-driven solutions, such as AI-powered chatbots for counseling and blockchain-based land rights systems for widows, ensuring that the strategy remains at the cutting edge of service delivery and survivor empowerment. Companies also become core partners by offering safe spaces in the rural hub and spoke delivery system.

Cross-Cutting Alignment

- **Funding:** Redirect 40% of extractive levies (2%) to provinces achieving >80% rural service coverage.
- **Accountability:** Publish biannual OECD audits and survivor testimonials in *The National* and provincial newspapers.
- **Survivor Engagement:** Expand biometric feedback to all 21 provinces plus AROB, with <4/5 satisfaction scores triggering service audits.

Challenges & Mitigations

- **Private Sector Hesitancy:** Offer 15% tax rebates for companies achieving GBV-safe certification.
- **Youth Program Attrition:** Gamify training with badges and mobile data stipends for ambassadors.
- **Customary Backlash:** Allocate K1M/year to village councils co-designing GBV mediation protocols.

By 2032, Phase Two aims to achieve **60% rural access to trauma care, 15% conviction rates, and 50% reduction in male GBV acceptance**, setting the stage for final-phase consolidation. The National GBV Dashboard will auto-trigger interventions in 95% of high-risk scenarios, while survivor-led audits ensure accountability at every level.

5.3 Phase 3: Sustainability (2033–2035)

Phase Three of PNG's new GBV Strategy consolidates gains, embeds resilience, and ensures that the vision of zero tolerance becomes an enduring societal norm. This phase transitions leadership of services to communities, institutionalizes adaptive governance systems, and mainstreams GBV prevention and response into all facets of national development, securing sustainability beyond 2035.

1. Transition to Community-Led Management of Services

By 2033, **60% of safe houses, GBV circuit courts, and telehealth units** transition to community-led management under the stewardship of district councils, survivor cooperatives, and faith-based networks. Local GBV committees, comprising elected community leaders, youth ambassadors, and survivor advocates, assume responsibility for budgeting, staffing, and service delivery, supported by decentralized funding pools drawn from provincial levies and micro-donor partnerships. Rural safe houses adopt cooperative models, where survivors manage agricultural or artisan enterprises to generate sustainable income, while GBV circuit courts are integrated into customary mediation systems, with village magistrates trained to resolve **80% of GBV cases** through hybrid statutory-customary protocols. CSOs and local governments co-design transition roadmaps, ensuring continuity of trauma-informed care, disability inclusion, and data-driven decision-making.

2. Institutionalize Oversight and Adaptive Learning

The NGBVS transitions into a lean **Oversight and Innovation Authority**, focused on auditing compliance, disseminating best practices, and managing the AI-enhanced GBV Dashboard, which now predicts risks with **95% accuracy** and auto-deploys resources via satellite-linked alerts. Quarterly Policy Labs evolve into **Survivor-Led Audits**, where survivor councils and youth networks use biometric feedback and community scorecards to evaluate progress, mandate corrective actions, and allocate contingency funds. Adaptive learning is embedded into civil service training, with all provincial staff required to complete annual modules on cultural responsiveness, AI literacy, and survivor-centered design. The strategy's legacy is secured through a **National GBV Institute**, accredited by UPNG, which trains future leaders in gender policy, forensic justice, and community-led prevention.

3. Embed GBV Response in All Development Planning

GBV prevention and response are formally integrated into PNG's **Medium-Term Development Plan V (MTDP V)**, with mandatory GBV clauses in all infrastructure, education, health, and extractive industry projects. The Department of National Planning monitors compliance through a GBV Impact Assessment Framework, requiring proposals to demonstrate alignment with survivor safety, gender equity, and disability access. Private sector partnerships are governed by a **GBV-Safe Development Standard**, mandating that 5% of corporate profits fund community prevention programs, workplace safety audits, and survivor job placements. At the subnational level, provincial budgets allocate **15% of funds** to GBV-sensitive initiatives, such as trauma-informed schools, safe public transport routes, and youth-led digital hubs.

Cross-Cutting Alignment

- **Funding:** Transition 70% of donor funding to community-managed trusts, with 30% retained for national oversight and innovation.
- **Accountability:** Legislate survivor council to validate provincial budgets KPIs and confirm rural coverage or satisfaction targets are unmet.
- **Survivor Engagement:** Mandate 50% survivor representation in all development planning committees, from village councils to Parliament.

Challenges & Mitigations

- **Capacity Gaps:** Launch a **K20M Resilience Fund** to backstop communities during transitions, paired with mentorship from retired NGBVS staff.
- **Donor Exit Risks:** Secure multi-year commitments from Australia and the EU, linked to PNG's MTDP V milestones.
- **Cultural Backsliding:** Legally recognize 100+ reformed customary practices (e.g., non-violent bride price ceremonies) via the *GBV-Safe Customary Protocols Act*.

By 2035, PNG achieves **85% rural service coverage**, a **30% conviction rate**, and **70% public rejection of GBV norms**, with zero tolerance enshrined in law, custom, and daily practice. The strategy's legacy is a self-sustaining ecosystem where communities lead, data drives innovation, and every development initiative builds a safer, more equitable future.

Governance and Accountability

The governance and accountability framework for PNG's new GBV Strategy is designed to ensure vertical integration, transparency, and rigorous enforcement, aligning with international best practices while addressing PNG's unique legal and cultural context.

Vertically integrated reporting lines run from the NGBVS, a statutory authority under the Prime Minister's Office, to the PGBVSs. Provincial Secretariats submit quarterly reports to the NGBVS, detailing progress against 32 KPIs-such as rural service coverage, conviction rates, and survivor satisfaction scores-while district-level committees feed real-time data into the National GBV Dashboard via ODK Collect and SMS. This system ensures that frontline insights from FSCs, mobile GBV circuit, and telehealth units directly inform national decision-making.

The National GBV Council, chaired by the Prime Minister or designate, will review DSIP and PSIP allocations for GBV as part of its annual oversight function. Provincial Governors and District Administrators are accountable for ensuring that DSIP/PSIP funds are used for survivor services, prevention, and justice reforms, and must report on expenditures and results as part of the quarterly and annual scorecard process. The Council also oversees provincial performance-linked funding adjustments as per **Appendix G**, with authority to reallocate budgets for underperformance.

Quarterly and annual performance scorecards are central to accountability. Each province receives a traffic-light-rated scorecard (Green/Amber/Red) assessing compliance with targets like trauma care wait times (<48 hours), budget utilization (>80%), and male attitude shifts (≤40% acceptance of GBV norms). These scorecards are publicly accessible on the National Dashboard and tabled in Parliament biannually, with underperforming provinces subject to **fund withholding or reallocation** (e.g., 30% of provincial budgets redirected to CSOs if rural coverage falls below 60%). The NGBVS conducts annual audits, validated by survivor councils, to ensure adherence to CEDAW and SDG 5.2 obligations.

Parliamentary and public oversight mechanisms are institutionalized to prevent backsliding. The **Parliamentary Committee on GEWE** holds bi-annual hearings to scrutinize NGBVS reports, summon underperforming provincial governors, and review survivor testimonies. Public oversight is strengthened through a citizen-led **GBV Watchdog Coalition**, comprising CSOs, faith leaders, and youth ambassadors, which publishes alternative scorecards and hosts village meetings to validate government data. The National Dashboard's public interface provides real-time updates on case resolutions, budget flows, and hotspot predictions, while mandatory **survivor feedback loops**-biometric surveys and community scorecards-ensure services remain responsive to lived experiences.

Compliance and enforcement provisions are rigorously enforced. The NGBVS wields statutory authority to impose penalties for non-compliance, including freezing provincial budgets, recalling underperforming coordinators, and prosecuting misallocation of GBV funds under the *Public Finance Management Act*. Private sector partners face sanctions under the **GBV-Safe Workplace Certification Scheme**, with tax incentives revoked for companies failing to meet survivor hiring quotas or prevention training targets. Companies failing to achieve GBV-safe certification face penalties detailed in **Appendix G**, including tax increases and contract ineligibility. At the community level, village leaders who obstruct GBV reforms (e.g., enforcing harmful non-consensual polygamy practices or forcing a spouse to return to an abusive spouse or household) are excluded from provincial decision-making forums and lose access to development grants.

This structure operationalizes the accountability principles outlined in the Law and Justice Sector's 2025–2035 policy, ensuring that every actor—from national policy maker to village magistrate, is held to measurable, survivor-centered standards. By embedding transparency, participatory oversight, and enforceable consequences, PNG's GBV governance model transforms constitutional aspirations into tangible, life-saving progress.

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Monitoring, Evaluation, and Learning

The Monitoring, Evaluation and Learning (MEL) framework for PNG's new GBV Strategy is designed to ensure accountability, transparency, and adaptive learning, aligning with the national vision of zero tolerance by 2050. A full form of the MEL is available in a separate stand-alone compendium document. Below is a summary.

Core and Pillar-Specific Key Performance Indicators (KPIs)

At the core, the strategy tracks **national prevalence rates of GBV**, aiming for a 50% reduction by 2035 (from 64% to 32% closer to the global average of 30%), alongside **GDP savings from reduced violence** (target: K60B/year). Each pillar is measured through specific, actionable KPIs:

- **Governance:** Percentage of provinces with functional GBV Secretariats (target: 100%), budget utilization rates (>90%), and interministerial coordination scores (4.5/5).
- **Survivor Services:** Rural access to safe houses (85% coverage), trauma care wait-times (<48 hours), and survivor satisfaction scores (4.5/5 via biometric surveys).
- **Prevention:** Male acceptance of GBV norms ($\leq 40\%$), youth exposure to school-based curricula (95%), and community-led campaigns reaching nearly 1 million people.
- **Justice:** Conviction rates (25%), GBV circuit court case resolution times (≤ 3 days), and perpetrator rehab completion rates (75%).
- **Data Systems:** Predictive accuracy of AI risk models ($\geq 90\%$), provinces submitting real-time data (100%), and data-to-action cycles (7 days).

Real-Time Data Analytics and Predictive Risk Mapping

The **National GBV Dashboard** serves as the central hub for data integration, aggregating inputs from police FSVUs, health facilities, SMS hotlines (#737), and community reports. AI-driven predictive analytics, including ARIMA models, forecast GBV spikes linked to contextual triggers such as payday weekends, cultural festivals, or extractive project influxes. These predictions auto-generate alerts for GBV circuit courts deployments, hotspot patrols, and resource shifts. For example, a predicted 30% surge in Highland provinces during mining camp paydays triggers preemptive FSVU mobilizations and telehealth readiness. The dashboard's geospatial mapping layer highlights districts with >50km service gaps, enabling targeted investments in local ambulances or satellite-linked clinics.

Biannual Parliamentary Hearings and Annual OECD-Standard Audits

The **Permanent Parliamentary Committee on GEWE**, convenes biannual hearings to scrutinize progress against KPIs, review survivor testimonials, and mandate corrective actions. Provincial governors, NGBVS leadership, and CSO representatives are summoned to present evidence, with underperforming provinces facing budget reallocations or public censure. Annual **OECD-DAC audits**, conducted by independent evaluators, assess compliance with SDG 5.2, CEDAW, and national benchmarks. These audits evaluate fund utilization, survivor inclusion, and policy coherence, with findings published in Tok Pisin, Hiri Motu, and English to ensure public transparency. Non-compliant entities are subject to penalties, including fund freezes or leadership recalls.

Adaptive Learning Loops and Policy Refinement

The MEL system embeds **quarterly GBV Policy Labs**, where data analysts, survivor councils, and frontline workers triangulate dashboard metrics with community feedback to recalibrate interventions. For instance, a <4/5 survivor satisfaction score in Enga Province triggers a review of safe house protocols, while a >15% variance between police and health data prompts provincial audits. Adaptive learning is institutionalized through:

- **Survivor-Led Audits:** Biometric voice surveys and community scorecards co-validate OECD findings, with results feeding into revised SOPs.
- **AI Retraining:** Models are updated quarterly using new case data and survivor sentiment analysis from hotline transcripts.
- **Policy Refinement:** Lessons from GBV circuit courts or youth campaigns are codified into national guidelines, such as the *GBV-Safe Customary Mediation Handbook*.

Cross-Cutting Alignment

The framework aligns with the **Medium-Term Development Plan V**, ensuring GBV metrics are embedded in infrastructure, education, and health projects. Private sector partners contribute data on workplace incidents, while the 2% extractive levy funds are tracked via blockchain for real-time transparency.

By merging cutting-edge analytics, participatory oversight, and relentless accountability, this MEL framework transforms data into action, ensuring PNG's GBV response remains dynamic, equitable, and unwaveringly focused on zero tolerance.

Risk Management

The Risk Management framework for PNG's National GBV Strategy is designed to proactively identify, mitigate, and respond to risks that could derail progress toward zero tolerance by 2050. Grounded in the *Law and Justice Sector Policy 2025–2035* and aligned with international risk governance standards, this section outlines a structured approach to managing governance, financial, cultural, and operational risks through targeted strategies, contingency planning, and clear ownership.

Risk Register and Mitigation Strategies

1. Governance Risks

- **Risk:** Delays in operationalizing PGBVSs due to bureaucratic bottlenecks or political turnover.
 - **Mitigation:** Enact *NGBVS Interim Directives* to fast-track secretariat staffing and funding during transitions.
 - **Contingency:** Deploy CSO-led task forces to manage services in provinces missing 2028 activation deadlines.
 - **Owner:** NGBVS Director (national), Provincial Governors (provincial).
- **Risk:** Fragmented interministerial coordination, leading to duplicated efforts or resource gaps.
 - **Mitigation:** Mandate quarterly cross-sector scorecards and joint budgeting via NEC Directive 2026.
 - **Contingency:** Redirect 15% of sectoral budgets to NGBVS if coordination scores fall below 3/5.
 - **Owner:** Prime Minister's Office (national), Provincial Administrators (provincial).

2. Funding Risks

- **Risk:** Shortfalls in government allocations or donor disbursements due to economic shocks.
 - **Mitigation:** Secure multi-year donor commitments (e.g., EU Spotlight) and institutionalize the 2% extractive levy.
 - **Contingency:** Activate a K30M contingency fund from extractive industry royalties for rural service gaps.

- **Owner:** Treasury Department (national), Provincial Treasurers (provincial).
- **Risk:** Misallocation of GBV funds by provincial authorities.
 - **Mitigation:** Implement blockchain-tracked disbursements and quarterly public audits.
 - **Contingency:** Freeze provincial budgets and redirect funds to CSOs after two consecutive mismanagement reports.
 - **Owner:** NGBVS MEL (national), District GBV Committees (provincial).

3. Cultural Resistance Risks

- **Risk:** Rejection of GBV reforms by village leaders, particularly in Highland and Island regions.
 - **Mitigation:** Co-design GBV mediation protocols with 21 provincial and AROB councils.
 - **Contingency:** Withhold development grants from villages resisting reforms, per the *Customary Compliance Act*.
 - **Owner:** Ministry for Community Development (national), Village Magistrates (provincial).
- **Risk:** Backlash against youth prevention programs in conservative communities.
 - **Mitigation:** Engage faith leaders as ambassadors for school curricula and digital campaigns.
 - **Contingency:** Relocate youth programs to neutral spaces (e.g., churches, sports fields) if schools block access.
 - **Owner:** Education Department (national), Youth Ambassadors (provincial).

4. Data Security Risks

- **Risk:** Breaches of survivor data via the National GBV Dashboard or SMS hotlines.
 - **Mitigation:** Encrypt all data with AES-256 standards and mandate biometric authentication for Tier 3 access.
 - **Contingency:** Activate manual reporting protocols and blockchain validation during cyberattacks.
 - **Owner:** NGBVS Cyber Unit (national), Provincial Data Officers (provincial).
- **Risk:** AI model bias undercounting rural or disabled survivors.

- **Mitigation:** Conduct monthly bias audits using UPNG’s Ethical AI Framework.
- **Contingency:** Revert to 2025 sampling methods if rural case variance exceeds 25%.
- **Owner:** NGBVS Data Analysts (national), Health Provincial Leads (provincial).

Contingency Planning and Adaptive Response

The strategy institutionalizes a **three-tier contingency system**:

1. **Immediate Response:** For risks like data breaches or budget shortfalls, pre-approved protocols (e.g., fund reallocation, manual reporting) are activated within 72 hours.
2. **Medium-Term Adjustments:** For persistent issues like cultural resistance or coordination failures, Provincial Secretariats can request NGBVS-led mediation or resource shifts.
3. **Systemic Repair:** If annual OECD audits reveal systemic gaps (e.g., <50% conviction rates), the National GBV Council mandates policy revisions or legislative reforms.

Cross-Cutting Alignment

- **Funding:** Contingency reserves are drawn from the 2% extractive levy and donor co-financing agreements.
- **Accountability:** All contingency actions are reported in parliamentary hearings and survivor scorecards.
- **Cultural Protocols:** Village leaders are integrated into risk governance via provincial multi-sectoral committees.

By embedding proactive risk management into every layer of the strategy, PNG ensures that challenges are transformed into opportunities for adaptive learning, safeguarding the journey toward a future free from GBV.

Implementation Timeline

The below table provides a year-by-year roadmap with built-in accountability, showing how each phase and pillar advances the strategy toward the 2035 goal of zero tolerance for GBV. Each year's deliverables are clearly listed in the rightmost column, with quarterly milestones tracked through scorecards, survivor feedback, and parliamentary/public reporting.

Throughout all phases of implementation, the strategy leverages DSIP and PSIP as critical funding and delivery channels. Provincial and district action plans must include GBV objectives and budget lines within DSIP and PSIP submissions, and progress on these allocations will be tracked via the National GBV Dashboard and provincial scorecards. Underperforming districts or provinces may have DSIP/PSIP funds reallocated to CSOs or other partners to ensure service coverage and accountability.

Critical Path & Dependencies:

- **Foundational legal and institutional reforms (2024–2025)** are prerequisites for all subsequent implementations.
- **PGBVS and Dashboard operationalization** are essential for real-time data, service expansion, and adaptive management.
- **Magistrate and youth ambassador training** must precede GBV circuit courts and prevention program scaling.
- **Community capacity-building** is critical to the transition to local management and the sustainability of all services.
- **Survivor council engagement and feedback systems** are required for adaptive learning, policy refinement, and final evaluation.

Year	Key Activities & Milestones	Responsible Parties	Dependencies / Critical Path	Quarterly/Annual Deliverables
2026	<ul style="list-style-type: none"> - Pass NGBVS Act - Appoint NGBVS CEO & core team - Begin operationalizing 5 PGBVS - Draft provincial GBV action plans - Launch National GBV Dashboard (prototype) - Begin magistrate and FSVU officer training 	Parliament, NGBVS, Provincial Govts, Judiciary,	NGBVS Act is foundational for all subsequent activities Dashboard needed for real-time data integration	NGBVS established; 5 PGBVS staffed; draft action plans; Dashboard live; 100 magistrates trained;

2027	<ul style="list-style-type: none"> - Operationalize 10 more PGBVS - Start pilot of 5 rural safe houses - Achieve 100% PGBVS operational - Expand safe house pilots to 15 total - Begin national prevention curriculum rollout in 50% of schools - First quarterly survivor impact report 	NGBVS, PGBVS, CSOs, Education Dept	PGBVS needed for strategy implementation Safe houses and curriculum depend on PGBVS capacity	15 PGBVS active; 5 safe houses open All PGBVS staffed; 15 safe houses; 50% school curriculum; 1st survivor report
2028	<ul style="list-style-type: none"> - Scale GBV circuit courts to 10 - Expand telehealth to 100 facilities - Train 500 youth ambassadors - Certify 50 GBV-safe workplaces - Mainstream prevention curriculum in 70% of schools 	Justice Dept, Health Dept, NGBVS, Private Sector, Education Dept	Magistrate training and PGBVS needed for court expansion	10 mobile GBV circuit; 100 telehealth units; 500 youth ambassadors; 50 certified workplaces
2029	<ul style="list-style-type: none"> - Deploy 22 GBV circuit courts (nationwide) - Expand telehealth to 150 facilities - 95 safe houses operational - 5,000 male champions certified - Prevention curriculum in 85% of schools 	Justice Dept, Health Dept, CSOs, Education Dept	GBV circuit courts and safe house expansion depend on prior year's training and infrastructure	22 mobile GBV circuit; 150 telehealth units; 95 safe houses; 5,000 male champions
2030	<ul style="list-style-type: none"> - Achieve 95% school curriculum coverage - Certify 150 GBV-safe workplaces - Launch K10M Innovation Fund - Pool K150M donor funds - Survivor feedback systems in all provinces 	Education Dept, Private Sector, NGBVS, Donors	School and workplace targets depend on prior prevention and partnership groundwork	95% school coverage; 150 certified workplaces; Innovation Fund live; donor pool operational; 220 telehealth units
2031	<ul style="list-style-type: none"> - Begin transition of 30% safe houses and services to community-led management - Integrate GBV clauses into all new development projects (MTDP V) - 10,000 survivors linked to microloans/jobs 	NGBVS, District Councils, Planning Dept, Private Sector	Community transition depends on capacity- building in prior years	30% services community-run; MTDP V GBV clauses; 10,000 survivor jobs/microloans
2032	<ul style="list-style-type: none"> - Expand community-led management to 45% of services - Survivor councils lead quarterly audits - Biannual parliamentary hearings and OECD audit - Youth ambassadors reach 500,000 peers 	NGBVS, Survivor Councils, Parliament, Education Dept	Community capacity and survivor feedback mechanisms must be in place	45% services community-led; 2 parliamentary hearings; OECD audit; 500K youth reached

2033	<ul style="list-style-type: none"> - Complete transition to 60% community-led services - 85% rural trauma care access - 15% conviction rate for GBV cases - Publish national survivor impact report 	NGBVS, District Councils, Justice Dept, CSOs	Dependent on successful community transition and service expansion	60% services community-led; 85% rural access; 15% conviction rate; impact report published
2034	<ul style="list-style-type: none"> - Institutionalize oversight and adaptive learning (National GBV Institute launches) - Survivor councils have veto power over provincial GBV budgets - 70% public rejection of GBV norms 	NGBVS, UPNG, Survivor Councils, Provincial Govts	Relies on mature survivor engagement and data systems	GBV Institute operational; survivor council vetoes; 70% norm shift achieved
2035	<ul style="list-style-type: none"> - Finalize transition to community-led management for all eligible services - National GBV Dashboard achieves 95% predictive accuracy - Annual survivor and transparency briefs published - Achieve 85% rural service coverage - 25% conviction rate - OECD compliance and final evaluation - Zero tolerance for GBV enshrined in law and practice 	NGBVS, District Councils, Data Analysts, Parliament, Donors, Survivor Councils	Community and data system maturity required All previous milestones are prerequisites	95% predictive accuracy; all briefs published; full community management where eligible 85% rural coverage; 25% conviction rate; OECD compliance; zero tolerance milestone

Appendices

- A. RACI matrices for all implementation levels
- B. Job Descriptions for the NGBVS and PGBVS
- C. Provincial GBV Scorecard indicators and compliance table
- D. National GBV Dashboard Technical Specifications
- E. Results Based Management Framework Indicator Definitions
- F. Compliance and Penalty Schedule for Funding, Private Sector, and Provincial Performance

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Appendix A: RACI matrices

With the statutory authority activation, this matrix enforces tiered decision-making:

- **R (Responsible):** PGBVS handles field-level budget execution per SOP 1.2's K500k threshold.
- **A (Accountable):** Provincial Governors face quarterly scorecard penalties for <60% rural coverage.
- **C (Consulted):** District GBV Committees (DGCs) advise on cultural protocols per Annex 3 of GBV SOPs.
- **I (Informed):** NGBVS MEL Unit integrates provincial data into predictive risk models.

Roles and Responsibilities

Actor	Responsible Tasks	Accountable Authority	Consulted Parties	Informed Stakeholders
NGBVS	Policy harmonization, dashboard oversight	Prime Minister's Office	PPC-GEWE, GBV Council	Provincial Administrators
PGBVS Coordinators	Budget execution ≤K500k, rural coverage	Provincial Governors	District GBV Committees	NGBVS MEL Unit
Health Leads	Trauma care, forensic evidence collection	Provincial Health Authorities	Police FSVU, Survivor Councils	National Health Department
Justice Leads	GBV circuit courts operations, case resolution	Chief Magistrate	Legal Aid Commission	Attorney General's Office
CSO Partners	Safe house operations, community outreach	PGBVS	Church Networks, Youth Groups	Donor Coordination Unit
Police FSVU	GBV investigations, protection orders, perpetrator arrests	Police Commissioner	NGBVS, Health Leads	Provincial Governors, Survivor Councils
Education Dept.	GBV prevention curricula rollout, teacher training	Minister for Education	GBV Council, CSOs	Schools, Parents, NGBVS
PPC-GEWE	Legislative reviews, budget oversight	Parliament	GBV Council, Donors	Public, Media
GBV Council	National strategy alignment, priority-setting	Prime Minister's Office	NGBVS, UN Women, CSOs	All Sector Agencies
Donors	Fund disbursement, OECD audits, technical assistance	NGBVS Council	Treasury, MoCD	Provincial Secretariats
Ministry of Community Development	Survivor economic empowerment, community mobilization, GBV data disaggregation (disability/rural), youth GBV prevention, digital literacy, censorship/cyber-GBV, church/faith engagement	GBV Council	CSOs, Provincial Admins, Censorship Board, National Youth Council, Council of Churches	NGBVS, District Councils, Faith Communities, Youth Networks

Appendix B: Job Descriptions for the NGBVD and PGBVS

Job descriptions for each role in the GBV strategy organizational chart, based on best practices in GBV coordination, statutory authority management, and multisectoral programming. These job descriptions can be tailored further and should be reviewed regularly to ensure alignment with evolving program needs and best practices.

A. NGBVS (Statutory Authority)

Director/: Provides overall leadership, vision, and strategic direction for the NGBVS. Ensures effective implementation of the national GBV strategy, oversees compliance with statutory requirements, and represents the authority at the highest levels of government and with external partners.

Key Responsibilities:

- Lead strategic planning and annual workplan development.
- Oversee all operational, programmatic, and financial activities.
- Serve as chief spokesperson and represent NGBVS nationally and internationally.
- Ensure compliance with statutory and policy frameworks.
- Foster a culture of accountability, learning, and survivor-centered practice.

Director/CEO Direct Reports

1. **Operations Manager:** Manages day-to-day operations, including HR, procurement, logistics, and administrative support for the NGBVS.

Key Responsibilities:

- Oversee office management and operational systems.
- Supervise administrative staff.
- Ensure compliance with procurement and HR policies.
- Support Director/CEO in operational planning and resource allocation.

2. **Policy & Legal Advisor:** Advises on policy development, legislative reform, and legal compliance related to GBV prevention and response.

Key Responsibilities:

- Draft and review policy documents and legislative proposals.
- Advise on legal matters affecting GBV programming.

- Liaise with government legal offices and parliamentary committees.
- Monitor compliance with national and international legal standards.

3. Data & MEL Unit: Leads the design and implementation of monitoring, evaluation, and learning systems. Ensures data-driven decision-making and reporting.

Key Responsibilities:

- Develop MEL frameworks and tools.
- Oversee data collection, analysis, and reporting.
- Ensure quality assurance for data systems.
- Support adaptive management and evidence-based programming.

4. Donor Coordination: Coordinates relationships with donors and development partners to align resources and reporting with the national GBV strategy.

Key Responsibilities:

- Manage donor communications and reporting.
- Facilitate donor coordination meetings.
- Track donor commitments and ensure alignment with strategic priorities.
- Identify new funding opportunities.

5. Communication Team: Leads internal and external communications, public awareness campaigns, and media relations to promote the GBV strategy.

Key Responsibilities:

- Develop and implement communication strategies.
- Manage media relations and public statements.
- Oversee production of IEC materials and digital content.
- Support advocacy and awareness-raising campaigns.

B. PGBVS Team: Supports the PGBVSs (PGBVS) with technical assistance, capacity building, and coordination.

Key Responsibilities:

- Provide technical support to provincial teams.
- Monitor provincial implementation progress.
- Facilitate knowledge sharing and best practices.
- Support provincial adaptation of national strategies.

Provincial/Multisectoral Level

B.1 Multisectoral Committee: Provides cross-sectoral coordination at the provincial level, ensuring integration of GBV prevention and response across sectors (health, justice, education, community).

Key Responsibilities:

- Convene regular multisectoral meetings.
- Facilitate joint planning and problem-solving.
- Monitor cross-sectoral collaboration and outcomes.
- Advise on provincial policy adaptation.

B.2 PGBVS: Leads GBV strategy implementation at the provincial level, reporting to the NGBVS.

Key Responsibilities:

- Coordinate provincial GBV programs and services.
- Monitor and report on provincial progress.
- Liaise with local government and community stakeholders.
- Support capacity building and technical assistance for local actors.

Coordinator: Manages the operational and programmatic functions of the PGBVS, ensuring effective implementation of activities and coordination among sectoral liaisons.

Key Responsibilities:

- Oversee daily operations of the PGBVS.
- Supervise sector liaisons and support staff.
- Ensure timely reporting and compliance with standards.
- Facilitate communication between provincial and national levels.

Coordinator Direct Reports

1. Data Officer: Manages provincial GBV data collection, entry, analysis, and reporting.

Key Responsibilities:

- Collect and validate GBV data from service providers.
- Maintain provincial GBV databases.
- Support data quality assurance and reporting.

- Liaise with the Data & MEL Unit at NGBVS.

2. Community Liaison: Engages with communities to promote awareness, support prevention initiatives, and ensure survivor-centered approaches.

Key Responsibilities:

- Facilitate community outreach and mobilization.
- Gather community feedback on GBV services.
- Support cultural adaptation of programs.
- Build relationships with local leaders and groups.

3. MEL Specialist: Leads monitoring and evaluation activities at the provincial level.

Key Responsibilities:

- Develop provincial MEL plans.
- Conduct routine monitoring visits and evaluations.
- Analyze data and prepare progress reports.
- Support adaptive management at the provincial level.

4. Health Sector Liaison: Coordinates GBV-related activities within the health sector at the provincial level.

Key Responsibilities:

- Liaise with health facilities and service providers.
- Support training and capacity building for health workers.
- Monitor quality of survivor care.
- Facilitate referrals and case management.

5. Justice Sector Liaison: Coordinates GBV-related activities within the justice sector at the provincial level.

Key Responsibilities:

- Liaise with police, courts, and legal aid providers.
- Support justice sector training on GBV.
- Monitor case management and survivor access to justice.
- Facilitate multisectoral case conferences.

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6. Education Sector Liaison: Coordinates GBV prevention and response activities within the education sector.

Key Responsibilities:

- Liaise with schools and education authorities.
- Support implementation of GBV prevention curricula.
- Facilitate training for teachers and counselors.
- Monitor school-based GBV interventions.

7. Community Engagement: Leads efforts to mobilize and empower communities to prevent and respond to GBV.

Key Responsibilities:

- Design and implement community engagement strategies.
- Organize community dialogues and advocacy events.
- Build partnerships with civil society and faith-based organizations.
- Promote positive social norms and bystander intervention.

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Appendix C: Provincial GBV Scorecard & Compliance Framework

This scorecard operationalizes PNG's commitment to **zero tolerance for GBV**, ensuring provinces are accountable and resourced to deliver survivor-centered results.

1. Provincial GBV Scorecard Indicators *(Categorized by Strategic Pillar)*

Pillar	Indicator	Metric	Target (2025)	Data Source
Governance	Functional PGBVS	% staffing, budget execution, quarterly reports submitted	100%	NGBVS audits
	GBV budget allocation (% of provincial budget)	≥3% of provincial budget	3%	Provincial Treasury reports
	Interagency coordination score (1–5)	Cross-sector meetings, joint action plans	4/5	PGBVS reports
Survivor Services	Rural access to safe houses	% districts with ≥1 safe house within 50km	50%	Health Department, CSO reports
	Trauma care wait time (hours)	Average time from report to care	≤48hrs	Clinic logs, survivor surveys
	Survivor satisfaction score (1–5)	Biometric/voice surveys	≥4/5	National GBV Dashboard
Prevention	Male GBV acceptance rate	% men agreeing "GBV is sometimes justified"	≤40%	Attitude surveys
	Schools with GBV prevention curriculum	% schools implementing UNESCO <i>Connect with Respect</i>	70%	Education Department reports
	Active youth ambassadors per province	Number trained and reporting activities	500	Youth Council reports
Justice	GBV conviction rate	% reported cases resulting in conviction	15%	Police FSVU, court records
	GBV circuit courts case resolution time (days)	Average time from report to verdict	≤7	Justice Department logs
	Perpetrator rehab completion rate	% completing CBT programs	50%	Rehab center reports
Data & Accountability	Data accuracy (vs. triangulated sources)	% variance between police, health, and survivor reports	≤10%	OECD audits
	Public transparency briefs published	Number of quarterly briefs in local languages	4/year	PGBVS publications

2. Compliance Table *(Example: Highland Provinces)*

Indicator	Target	Actual (2024)	Compliance Status	Penalties/Incentives
1. PGBVS	100%	80% staffed	Amber	20% budget withheld until Q2 2025
4. Safe Houses	50%	30% coverage	Red	K500K reallocated to CSO-run shelters
7. Male Acceptance	≤40%	55%	Red	Mandatory male ally training for 1,000 men
10. Convictions	15%	8%	Amber	High Court judges deployed to mobile circuits
14. Briefs	4/year	2 published	Amber	Public censure in parliamentary hearings

Compliance Key:

- **Green:** Target met (≥90%).
- **Amber:** Partial compliance (50–89%).
- **Red:** Non-compliance (<50%).

3. Enforcement Mechanisms

- **Budget Penalties:** Provinces scoring <50% on ≥3 indicators lose 30% of GBV funds, redirected to CSOs.
- **Public Accountability:** Red/amber provinces must present corrective plans in biannual parliamentary hearings.
- **Incentives:** Green provinces receive 15% budget bonuses and eligibility for donor innovation grants.

4. Data Collection Protocol

1. **Survivor Feedback:** Biometric surveys via app (ie. #737 SMS).
2. **Triangulation:** Cross-check police, health, and community data ($r^2 \geq 0.85$).
3. **Audits:** OECD-compliant evaluations every 6 months.

5. Alignment with National Frameworks

- **SDG 5:** Tracks female literacy, political participation, and GBV prevalence.
- **CEDAW:** Mandates 50% female leadership in PGBVS and trauma-informed justice.
- **MTDP IV:** Links GBV reduction to economic growth (6.2% GDP loss addressed).

Appendix D: National GBV Dashboard Technical Specifications

Key Features

- 1. **Real-Time Data Visualization:**
 - Interactive maps showing GBV case rates, service coverage, and conviction rates by province.
 - Heatmaps for high-risk areas (e.g., Hela Province’s 68% GBV prevalence).
- 2. **Core Metrics:**
 - **Service Access:** % survivors within 50km of FSC/safe house.
 - **Justice Efficiency:** Average case processing time (<6 months target).
 - **Prevention Impact:** Youth GBV acceptance rates (baseline: 83% in 2025).
- 3. **Predictive Analytics:**
 - AI-driven tools to forecast GBV spikes during holidays/climate disasters.
- 4. **Survivor Feedback:**
 - Anonymous satisfaction surveys and community scorecards (1–5 ratings).
- 5. **Security:**
 - End-to-end encryption for survivor data.
 - Role-based access (e.g., provincial officers view only their region).

Data Sources

Source	Data Type	Update Frequency
Provincial Health Authorities	GBV case reports	Real-time via IMS
Police Databases	Conviction rates	Weekly
Survivor Surveys	Satisfaction scores	Quarterly

Appendix E: Results Framework & Indicator Definitions

Summary Table: Integrated RBM Logic Model

Pillar	Key Inputs	Core Activities	Outputs (2026–2030)	Outcomes (2030–2035)
Governance	K190M budget, magistrates	Secretariats, Policy Labs	22 Secretariats, 15k magistrates	100% coverage, 50% GBV reduction
Survivor Services	Telehealth, health workers	FSC expansion, hotline	80 FSCs, 200 telehealth	60% rural access, 48hr response
Prevention	Donor funds, Village partnerships	Prevention programs, rites redesign	1M youth, 50 villages	50% attitude shift, bride price decline
Justice	Mobile GBV circuit, rehab centers	Steppingstones, circles	15 courts, 5k rehabbed	25% conviction, 10% recidivism
Data & Accountability	Dashboard, AI tools	Predictive analytics, audits	Real-time data, 10 audits	90% transparency, 90% compliance

RBM Indicator Definitions

All indicators are mapped to the RBM logic model, with baseline data, annual targets, and responsible agencies clearly defined.

Governance

Indicator	Definition	Measurement	Target
% provinces with operational Secretariats	Province’s meeting staffing, funding, and reporting criteria.	Quarterly audits	100% by 2027

Survivor Services

Indicator	Definition	Measurement	Target
Rural FSC coverage	% rural survivors within 50km of FSC.	GIS mapping	60% by 2030

Prevention

Indicator	Definition	Measurement	Target
Youth GBV acceptance	% youth (15–24) who condone IPV.	National surveys	40% reduction by 2035

Justice

Indicator	Definition	Measurement	Target
Conviction rate	% reported cases resulting in conviction.	Court records	25% by 2030

Data & Accountability

Indicator	Definition	Measurement	Target
Budget transparency	% funds publicly reported via Dashboard.	OECD audits	90% by 2027

Detailed Table: Integrated RBM Logic Model by Pillars

1. Transformative Governance & Institutional Reform

This pillar establishes the governance backbone for PNG's GBV response, ensuring coordinated, accountable, and survivor-centered action across all levels of government. By elevating the NGBVS to statutory authority and resourcing Provincial Secretariats, PNG institutionalizes zero-tolerance policies, legislative reforms, and cross-sector collaboration.

Inputs	Activities	Outputs	Outcomes	Impact	Indicators
K190M annual budget	Establish 22 Provincial Secretariats	22 operational by 2028	100% provincial coverage	50% GBV reduction by 2035	% provinces with Secretariats (23% → 100%)
15,000 trained magistrates	Train village magistrates	15,000 certified by 2027	50% case delay reduction	Restored justice trust	Avg. case processing time (18 → 6 months)
Donor coordination	Quarterly GBV Policy Labs	10 labs/year	80% resource reallocation	Adaptive governance	% funds shifted to high-risk areas (0% → 30%)

2. Survivor-Centered Services

This pillar prioritizes equitable access to trauma-informed care, bridging urban-rural divides through telehealth, safe houses, and economic empowerment. By doubling FSCs and deploying mobile health units, PNG ensures no survivor is left behind.

Inputs	Activities	Outputs	Outcomes	Impact	Indicators
220 telehealth units	Deploy telehealth services	200 units by 2027	60% rural access	Improved well-being	% rural survivors served (15% → 60%)
2,000 health workers	Train in WHO protocols	2,000 certified by 2027	<48hr counseling response	Reduced trauma	Avg. wait time (72hr → 48hr)
Microloan programs	Link loans to counseling	10,000 women by 2029	40% economic independence	Reduced financial abuse	% women in microloan programs (5% → 30%)

3. Prevention & Cultural Shifts

Targeting intergenerational change, this pillar embeds GBV prevention in schools, village rites, and digital campaigns. By engaging youth ambassadors and male champions, PNG disrupts harmful norms like bride price and hyper-masculinity.

Inputs	Activities	Outputs	Outcomes	Impact	Indicators
K57M donor funding	Scale Prevention Programs	1M youth/year by 2030	Reduction from 83% to 40% attitude shift	Generational change	Youth GBV acceptance (83% → 50%)
Village partnerships	Redesign rites of passage	50 villages by 2028	20% bride price decline	Cultural equity	% villages adopting reforms (0% → 50%)
Male champion training	Train 10,000 men	10,000 by 2030	25% norm rejection	Safer communities	% men condemning GBV (40% → 65%)

4. Justice System Repair

This pillar professionalizes law enforcement and expands restorative justice, prioritizing child survivors and high-risk cases. GBV circuit courts and rehab programs reduce recidivism and rebuild trust.

Inputs	Activities	Outputs	Outcomes	Impact	Indicators
500 trained officers	Expand GBV circuit courts	15 courts by 2027	25% conviction rate	Justice accountability	Conviction rate (0.5% → 25%)
10 rehab centers	Implement Steppingstones model	5,000 rehabbed by 2030	30% recidivism drop	Safer households	Recidivism rate (40% → 10%)
Community accountability	Pilot restorative justice circles	50 villages by 2028	20% case resolution	Community healing	% cases resolved locally (10% → 30%)

5. Data Systems & Accountability

The National GBV Dashboard and OECD audits ensure transparency, enabling real-time adjustments and survivor-informed policymaking. Predictive analytics target high-risk periods like holidays.

Inputs	Activities	Outputs	Outcomes	Impact	Indicators
AI analytics tools	Launch Dashboard	Real-time data by 2026	90% budget transparency	Evidence-based policy	Budget transparency (45% → 90%)
Village consultations	Validate survivor surveys	5 annual surveys	80% cultural relevance	Ethical data use	% tools validated (0% → 100%)

OECD-standard audits	Conduct annual audits	10 audits by 2027	80% protocol compliance	Accountable systems	Audit compliance score (50% → 90%)
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Appendix F: Compliance and Penalty Schedule for Funding, Private Sector, and Provincial Performance

1. Extractive Industry Compliance

Requirements:

- **2% levy on gross revenues:** Paid quarterly to the National GBV Fund.
- **Annual gender audits:** Conducted by independent auditors (approved by NGBVS) to assess workplace safety, GBV incidents, and community impact.
- **Community compensation:** 0.5% of levy revenues directed to GBV-linked compensation for affected communities (e.g., safe houses near mining sites).

Penalties for Non-Compliance:

Violation	Penalty
Late levy payment (>30 days)	10% fine on overdue amount + interest at 5% p.a.
Failure to submit gender audit	Suspension of operating licenses until compliant + K500,000 fine
Workplace GBV incidents (>5/year)	Mandatory staff retraining + 15% levy increase for 12 months

2. Provincial Performance-Linked Funding

Requirements:

- **Annual scorecard targets:** Rural service coverage ($\geq 60\%$), conviction rates ($\geq 15\%$), survivor satisfaction ($\geq 4/5$).
- **Quarterly reporting:** Submit validated data to the National GBV Dashboard.

Funding Rules:

Performance Tier	Consequences
Green ($\geq 90\%$ KPIs)	15% budget bonus + priority access to donor innovation grants
Amber (50–89%)	Mandatory corrective plan + 10% funds withheld until improvement
Red ($< 50\%$)	30% funds reallocated to CSOs; Provincial Coordinator suspended pending audit

3. Private Sector Compliance

Requirements:

- **GBV-safe workplace certification:** Mandatory for companies with >50 employees.
- **Survivor hiring quotas:** 5% of workforce to be GBV survivors by 2030.

Penalties for Non-Compliance:

Violation	Penalty
Lack of certification	Ineligibility for government contracts + 2% corporate tax increase
Failure to meet hiring quotas	K10,000 fine per unmet hire + public naming in GBV Dashboard

4. Donor Compliance

Requirements:

- **Alignment with national priorities:** 90% of funding must align with NGBVS-approved activities.
- **Transparency:** Disclose all GBV-related expenditures quarterly.

Penalties for Non-Compliance:

Violation	Penalty
Misaligned funding	Funds redirected to pooled mechanism + suspension of future disbursements
Late/non-reporting	15% reduction in subsequent allocations