

VSA Assignment Description

Assignment title	Family Sexual Violence Specialist
Country	Autonomous Region of Bougainville (ARoB), Papua New Guinea
Location	Buka (with travel to Arawa & possibly Buin) ¹
Partner organisation	ARoB Department of Health
Duration	1 year (with option to shorten by mutual agreement)



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1. Assignment goal

Family Support Centres (FSCs) and relevant agencies enhance the standard of medical data collection and reporting required for court proceedings.²

2. Assignment outcomes

Outcome 1

An analysis of the current support for survivors of sexual and gender-based violence (SGBV) and the referral pathway within health facilities and FSCs is executed, with a specific focus on medical evidence gathering and reporting.

Outputs

In consultation with FSC coordinator:

- Conduct a preliminary literature review to inform the development of the analysis tool and methodology
- Finalise a tool, methodology and brief concept note outlining the analysis approach, which will be consistent with relevant standards³
- Consult and confirm the situation analysis outline with key partners
- Formulate a questionnaire, identify appropriate stakeholders and compile a list of interviewees
- Conduct the situation analysis⁴
- Distribute, discuss and conduct validation exercises with other Family Sexual Violence Action Committee (FSVAC) agencies and selected partners

¹ Both FSCs are currently under development. The number and duration of visit to Arawa and Buin will depend on construction of FSCs and hiring of staff.

² It is envisioned that enhancing the standard of medical reporting will enable the timely prosecution of offenders of SGBV. It should be noted that the overarching goal of FSCs is to provide effective medical and wrap-around services to survivors and their families, and to work with relevant agencies to establish a coordinated, survivor-centred approach to service delivery.

³ Primary reference document: Medical and Psychosocial Care for Survivors of Sexual and Gender Based Violence: National Clinical Practice Guidelines (2015).

⁴ The analysis is including, but not limited to: initial entry/examination at health facility, FSC medical and legal reporting, case documentation and data collection, and post-FSC utilisation/effectiveness of medical and legal reports

Outcome 2

A post-analysis report with recommendations and a feasible work plan is drafted and circulated to relevant service providers and partners.

Outputs

Working alongside FSC staff:

- Collate and analyse findings and feedback from the analysis
- Develop a report with clear recommendations on improving the referral pathway at health facilities and FSCs
- Identify and report on resource constraints for meeting standards set out in the National Clinical Practice Guidelines (2015)
- Draft a work plan to remedy identified issues, this may include, but is not limited to: an immediate training programme for FSC staff and service providers (to be executed by volunteer and/or development partners), on-going in-service/capacity building plan, and monitoring, evaluation and learning plan⁵
- Produce a summary report with recommendations on the above for the Autonomous Bougainville Government (ABG), partners, donors and other relevant stakeholders

Outcome 3

Lead and/or facilitate the implementation of report recommendations and work plan.

Outputs

Working alongside FSC staff:

- Implement report recommendations and work plan
- In line with report work plan, deliver some of the identified training sessions as relevant to the volunteer's skill set⁶
- If needed and tenable, facilitate external training for FSC staff and/or other service providers
- Provide ongoing day-to-day mentoring to key staff
- Provide and/or enable additional training if/when needed

Outcome 4 (optional⁷)

The newly established Arawa FSC is providing survivors with effective medical and wrap-around services in adherence with National Clinical Practice Guidelines (2015).

Outputs

Support FSC staff to:

- Establish an effective approach to initial interaction/reception of survivors so they are provided with correct and clear information
- Conduct effective medical interviews and physical examinations to ensure timely and appropriate medical care for survivors⁸

⁵ Volunteer to ensure the recommendations and work plan is feasible, has clear timeframes and outlines expected outcomes

⁶ The FSVAC deem it likely that the recommendations will include a programme of training, with specific focus on improving the standard and usability of medical reporting to enable prosecution, to be rolled out throughout FSCs in the ARoB. However, the analysis may find that a non-training intervention is required – FSVAC do not want to pre-empt the findings of the analysis and report.

⁷ This outcome is dependent upon the completion of the Arawa FSC, the successful recruitment of staff and the skill levels staff recruited.

⁸ The volunteer will not under any circumstances conduct medical interviews and physical examinations themselves. The volunteer will focus solely on installing effective systems to ensure that FSC can provide survivors of SGBV with the medical care required, including: Hepatitis-B and tetanus vaccinations, psychological first aid (PFA), prevention of STI, including HIV and prevention of pregnancy



- Raise awareness of the FSC by building trust and strengthening links within the community and all relevant sectors
- Improve the means and ability to identify survivors
- Ensure staff and volunteers are able to recognise the potential signs and symptoms of vicarious trauma and are able to protect themselves and others from burn out
- Ensure relevant agencies understand their roles in relation to their respective medico-legal responsibilities

As needs on the ground may change over time, the volunteer is encouraged to review and update the assignment description on arrival in consultation with the partner organisation and VSA programme manager.

3. Reporting and working relationships

The volunteer will train and mentor staff at FSCs throughout the ARoB, which according to the ARoB DoH Human Resource structure includes a Health Extension Officer (HEO), Nursing Officer (NO) and Community Health Worker (CHW).

The volunteer will also have considerable interaction with other service providers and development partners that work with the FSC and/or survivors.⁹

The volunteer will report to the Buka FSC Coordinator and be accountable to the Secretary of the ARoB Department of Health.

The volunteer and the ARoB DOH will have an ongoing relationship with the VSA programme manager in terms of assignment monitoring, reporting, professional advice and personal support.

4. Capacity building

The primary focus of the assignment is to review FSC current systems and practices, to provide recommendations and a work plan, and to design and execute a programme of immediate training and longer-term in-service training if required.

Capacity building will also be achieved through one-on-one mentoring and in-house trainings at FSCs throughout the ARoB (the extent to which these are completed and where will be dependent on earlier analysis). If required, the volunteer may also provide training to staff at the safe houses and other service providers responsible for the functioning of the referral pathway.

⁹ FSC partners and stakeholders include, but are not limited to: National Dept. of Health (NDoH), ARoB Dept. of Health, ABG Dept. of Community Development, Family and Sexual Violence Action Committee (FSVAC) & Consultative Implementation and Monitoring Councils' (CIMC), Department of Justice and Attorney General (DJAG), ABG Dept. of Police, Corrective Services and Justice, Bougainville Police Service, Office of the Public Prosecutor, Nazareth centre for Rehabilitation (NCfR), Bougainville Women's Federation (BWF), Letana Nehan Women's Development Agency, Hako Women's Collective (HWC), Justice Services & Stability for Development (JSS4D), Health & HIV Implementation Service Providers (HHISP), UNICEF, United Nations Development Programme, New Zealand Bougainville Community Policing Programme (BCPP), Marie Stopes Papua New Guinea (MSPNG), and Volunteer Services Abroad (VSA).



5. Person specifications (professional)

Essential

- A formal health qualification, ideally related to sexual and gender based violence (SGBV) and reporting/examination
- Significant experience in the SGBV sector
- Understanding of legal/medical procedures for collecting evidence and compiling reports/cases to be used as evidence for court prosecution
- Experience in change management and/or aligning service delivery to comply with minimum standards and policy requirements
- Experience conducting organisational reviews or situation analysis

Desirable

- A qualified Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE)
- Understanding of psychosocial supervision
- Records and data management skills
- Experiencing managing a SGBV support service

6. Person specifications (personal)

Essential

- A resilient person with a proven ability to reduce the risk of, and manage vicarious trauma
- Strong ability to think innovatively in an environment with limited monetary support
- Ability to work within diverse cultural and political settings
- Able to solve problems in a creative and timely manner

Desirable

- Willingness to travel with the ARoB
- Understanding and experience living in Papua New Guinea or Melanesia
- A willingness to learn and use Tok Pisin



Additional information

Residency status

VSA volunteers must be New Zealand citizens or have New Zealand permanent residency status, and currently living in NZ.

Partner organisation

The volunteer's partner organisation will be the Autonomous Region of Bougainville Department of Health.

Pre-departure briefing

As part of the volunteer's contract, successful candidates will be required to take part in a pre-departure briefing course run by VSA in Wellington and complete all required pre-reading.

Final appointment

Final appointment will be subject to satisfactory medical and immigration clearances (costs covered by VSA), partner organisation acceptance, and successful completion of the pre-departure briefing course.

Family status

VSA supports partners to accompany volunteers on assignments of six months or longer.

Fundraising

Volunteers are encouraged to fundraise at least \$2000 with the support of VSA's fundraising team. Accompanying partners are encouraged to raise the same amount. All funds raised will help VSA keep its programmes in action and support future volunteers.

Vaccination requirements

Potential volunteers are advised that VSA's insurers require volunteers to be inoculated, prior to departure, in accordance with the instructions of VSA's medical adviser. VSA covers the cost of any required vaccinations.

Volunteer package

The volunteer's package includes the following:

- **Reimbursements and grants**

1. Volunteers will receive an establishment grant of NZ\$500 to help them set up in their country of assignment. For volunteers with an accompanying partner (whether or not that partner is also a VSA volunteer), VSA will pay an establishment grant of NZ\$750 per couple.
2. For two year assignments, the volunteer will receive a rest and respite grant of NZ\$1000 on completion of the first year.
3. A resettlement grant of NZ\$250 will be paid for each month the volunteer is on assignment. This is payable on completion of the assignment.
4. The volunteer will receive a monthly living allowance of PGK1725.

- **Accommodation**

Basic, comfortable furnished accommodation will be sourced by VSA.

- **Airfares and baggage allowance**

VSA will provide the volunteer with economy airfares to and from New Zealand for their assignment plus a baggage allowance.

- **Insurance**

VSA will provide travel insurance to cover baggage and personal property, and non-routine medical expenses for the duration of the assignment. Further details of the insurance cover will be provided during the volunteer pre-departure briefing.

- **Utilities**



VSA will reimburse volunteers reasonable expenses for household utilities while on assignment.

Final terms and conditions relating to the specific volunteer assignment will be confirmed in a personalised volunteer contract prior to departure.

Attachments

Appendix 1: Background to the assignment

Appendix 2: Living situation

Appendix 3: Autonomous Region of Bougainville, Papua New Guinea

Appendix 1: Background to the Assignment

ARoB Department of Health

The ARoB Department of Health (DoH) is situated on Sohano Island in Buka. Since the beginning of 2013 the DoH has benefited from significant investment and technical support to overhaul the department's governance, human resource capability and infrastructure.

Part of this overhaul work includes the conducting of a comprehensive Rural Health Services Assessment (RHSA) consistent with the PNG National Health Service Standards (the first of its kind in PNG). The RHSA informs the Strategic Health Service Development Plan (SHSDP) which provides the ARoB DoH and its partners with guidance on how health services will be developed in the ARoB in the medium term.

The DoH is currently working to finalise the new organisation structure to meet the needs of a growing population and address the health needs of the autonomous region. The proposed structure will result in one unified integrated health system that provides for one service plan, one budget, one workforce, and brings rural and hospital services under one umbrella.

Family Support Centres in Papua New Guinea

In an effort to provide comprehensive medical, legal aid and psychosocial support for survivors of violence, the Government, through the Department of Health and with UNICEF support, established Family Support Centres (FSCs). The establishment of the FSC approach was a key recommendation emerging from a 2001 report analysing family and sexual violence in PNG (Bradley Report 2001). A strategy was developed soon after which saw the establishment of the National Family Sexual Violence Action Committee (FSVAC).

The primary purpose of FSCs is to respond to the high rates of abuse and violence experienced by women and children by providing comprehensive services including: medical, psychosocial and legal support. FSCs also aim to strengthen community capacity to prevent and respond to violence against women and children through community advocacy.

The FSC approach was first implemented in 2003, with the first FSC established in the Port Moresby General Hospital in 2004 as a joint initiative between Port Moresby General Hospital and the FSVAC. In October 2005, the Secretary for Health issued a circular that required all Provincial Hospitals to integrate FSCs into its operations.

In 2014 there were 14 FSCs that provided services in twelve provinces. UNICEF¹⁰ provided support to the establishment of 9 FSCs in collaboration with FSVAC, four of which were supported through public-private partnership with Digicel Foundation. A number of other development partners are now supporting the establishment and operation of FSCs throughout Papua New Guinea.

FSCs are part of the Government's strategy to provide multi-sectoral and integrated support to survivors of violence. The purpose of a FSC is to provide, in one location:

1. client centred care for the medical and psychosocial needs of survivors
2. create strong linkages and improve access to justice for survivors
3. assist in prevention of violence through advocacy and community education

¹⁰ UNICEF support also included the training of community advocates, which play a key role in awareness raising, as well as in identification and referral of cases of violence to health services and police.



Family Support Centres in the Autonomous Region of Bougainville

Currently there is only one FSC in the ARoB, which is part of Buka General Hospital in North Bougainville. The Buka FSC was four years in development and was the result of support from several partners. Donations to build and maintain the Buka FSC came from several development partners, including: UNICEF (major donor), FSVAC/CIMC, AusAID (law and justice support programme), Autonomous Bougainville Government, the ARoB Regional Member, Digicel Foundation and VSA.¹¹

The Centre was formally opened on 8 December 2013 and now gives survivors of gender-based violence, and their families, a place to come for both medical and psychosocial support.

Further, part of the overhaul of the ARoB health system (detailed in the SHSDP 2014 to 2020) includes the redevelopment of the Arawa Health Centre (AHC). Currently a level three health centre, the facility will soon be upgraded to a level four district hospital. This means an increase in staff, equipment and expected capability, including the construction and staffing of a FSC.

The Arawa FSC is currently near completion and is due to be opened the fourth quarter of 2017. Once completed, the Arawa FSC will give survivors of gender-based violence, and their families, a place to come for both medical and psychological support.

Assignment focus

The overarching goal of the FSCs is to provide effective medical and wrap-around services to survivors and to work with relevant agencies to establish a coordinated, survivor-centred approach to service delivery.

The Buka FSC is located within the grounds of the Buka General Hospital in North Bougainville and has been in operation for almost four years. During this period the FSC has been managed by dedicated health professionals (for the most part a Nursing Officer and Community Health Worker) and between two and three volunteer counsellors.¹²

The Buka FSC staff have built and maintained a client-centred centre, which is a central part of the referral pathway. The staff should be commended on the standard of medical and psychosocial care being provided, the strong links with other pathway service providers, and the advocacy and community education work which they've engaged in.

However, while anecdotal feedback suggests the referral pathway is functioning effectively, it has become apparent that the medical reports emerging from the Buka General Hospital/FSC are not of a standard that are enabling successful prosecution of offenders.

In an effort to remedy this issue, the volunteer will lead an analysis of the medical, psychosocial and legal pathway for survivors at the Buka, Arawa and possibly Buin FSCs. The analysis will range from the survivor's entry to the health facility, to when reports are delivered to police/public prosecutor. The volunteer will provide the FSC and relevant partners with a report of recommendations to address current issues. And finally, the volunteer will provide training and on-going mentoring to FSC and/or other service providers in line with the report's recommendations.

Further, with the opening of the Arawa FSC it is envisioned that new staff¹³ will require assistance in embedding a survivor-centred approach and ensuring the centre adheres to the minimum standards set out in the Medical and Psychosocial Care for Survivors of Sexual and Gender Based Violence: National

¹¹ VSA has had three volunteers based at the Buka FSC to assist in the instigation of the centre. See more at: <http://www.vsa.org.nz/blog/volunteer-stories/melanesia/opening-the-bougainville-family-support-centre-for-survivors-of-domestic-violence>.

¹² The counsellors are not on the ARoB DoH payroll, but have occasionally received stipends from donors, primarily UNICEF.

¹³ The ARoB DoH is in the process of appointing a Health Extension Officer (HEO), Nursing Officer (NO) and Community Health Worker (CHW) to the FSC



Clinical Practice Guidelines (2015). This final assignment objective cannot be confirmed as the FSC building has not been completed and staff have not yet been confirmed, at the time of writing.

Working Situation

The volunteer will be based at the Family Support Centre at the Buka General Hospital. The office has three staff, plus counsellors, and has access to medical personnel at the hospital. The working environment is basic, the volunteer will have a desk and a chair but power, internet and phone connections can be poor. The volunteer will need to bring their own laptop.

The volunteer will also travel to Arawa FSC and possibly Buin FSC. The Arawa FSC is currently under construction and the frequency of visits is dependent upon the completion of the Arawa FSC, the successful recruitment of staff and the skill levels staff recruited. A likely scenario is that the volunteer will visit Arawa 4-6 times over the six-month period and stay for up to one week.

The Arawa FSC is located at the Arawa Health Centre (AHC), which is the primary health facility for Central ARoB located in Section 17, Arawa town. After the Arawa General Hospital was completely destroyed during the Crisis, the PNG Defense Forces established a field hospital on the site. Following the ceasefire, the Division of Health, with help from development agencies, established the Arawa Health Centre (AHC) at the former nurses' home. Since then the AHC has been the primary health service provider for the approximately 95,000 people of the central district of Bougainville.

At the end of 2014 an assessment of AHC was done by the National Department of Health and the decision was made to upgrade AHC to a Level four District Hospital, becoming the Arawa District Hospital (ADH).



Appendix 2: Living Situation

Buka

The ARoB is tropical, often rainy and humid with temperatures between 25 to 35 degrees year round.

Buka is the administrative centre of the ARoB and the location of the Autonomous Bougainville Government (ABG). Buka also has the ARoB's only post office, general hospital and university centre. Buka is separated from Bougainville Island by the Buka Passage (a narrow strait between the ARoB two main islands). Fibreglass open boats (banana boats) run back and forth across the channel transporting people and goods each weekday and less frequently on weekends. The main road in Buka is tar-sealed and suitable for bicycling.

Most VSA accommodation is close to the road that runs into Buka. This road has a regular PMV service. The accommodation has a gas oven for cooking, tanked rainwater supply shower and flush toilet. The house is on mains power supply and operates on an 'easy-pay' (meter) system. Buka does experience some power problems with the mains generator and occasionally may operate on a load share system, although usually there is 24-hour power. Other volunteers are close by.

The airport in Buka has regular scheduled flights to other destinations in Papua New Guinea (PNG). There are five flights weekly between Buka and Port Moresby via Air Nuigini, although there are regular changes to flight schedules without notification of passengers (re-check your flight details 3 days before scheduled departure). The ship that services Buka-Rabaul-Lae also travels overnight to these destinations. Public motor vehicles (PMVs) travel the road on a daily basis between Buka and Arawa and on down to Buin. These are usually 10-seater or open backed Land-cruisers although there are some larger trucks also used for transporting people and goods. Roads are unsealed except in Buka and Arawa

There is limited western-style social life on the island with the main activities being swimming, snorkelling and fishing. Volunteers have joined local sports clubs such as soccer and netball. Volleyball is also very popular. There are potentially excellent tramping tracks, though there can be land access issues unless accompanied by a local. There are no hotels, but several basic guesthouses and restaurants have been established over the last 10 years. Kuri Lodge and Reasons Bar on the Buka Passage provide a popular evening gathering place for Buka residents and visitors.

Buka has an excellent weekday market with a good variety of fresh produce. Fresh fish is less available. Trade stores offer a variety of basic imported food and goods. Some frozen goods are available. A local bakery produces bread (white only) and other simple baked goods. Fresh dairy products are limited and only occasionally available.

Phone and internet communication is improving with Digicel 3G now available in Buka. Cellphones are widely used for communication.

It is recommended volunteers take precautions not to get bitten by mosquitoes. Malaria is endemic in the ARoB and the use of prophylaxis is mandatory. Dengue Fever is also prevalent.

Arawa

Arawa, once a prosperous coastal town, is in a dilapidated state due to destruction during the conflict and lack of maintenance for 25 years since then. Arawa was originally developed in the 1970s as a major service centre and to house mine workers and their families. The population, once 15,000, has stabilised at about 3,000 to 5,000 since the conflict.

There are many trade stores with a few having a surprising range of groceries (including milk and frozen foods), meats, hardware and clothing. Fresh and smoked fish is plentiful. Fresh vegetables and fruit are constantly available and of a reasonable variety. Arawa has several guesthouses, new and second-hand clothing stores, a number of takeaway food stores, ice-cream shops, two wholesalers, retail beer outlets and a small "pharmacy" (with basic supplies). There are two supermarkets and the BSP Bank has a branch with ATMs in town. Current volunteers enjoy showing newcomers where to find most things.



Swimming in the rivers and the sea away from the town area is a popular activity. With the sorts of sensible precautions applicable to any town almost world-wide, Arawa is a safe community.

Buka is 177 km to the north from Arawa and is where the main airport is situated. At the end of 2014 Aropa airport, 25 kms south of Arawa, was reopened after 25 years of closure. Public Motor Vehicles (PMVs) ply the coastal highway to and from Buka every day except Sunday and costs fifty kina each way. The trip takes three to four hours or longer depending on the state of the road.

PNG Power provides electricity to Arawa. Since a new generator was installed towards the end of 2015 the service has been generally good although there are still the occasional short blackouts.

Digicel and Telikom offer mobile phone and 3G (mostly) internet services. Telikom has recently introduced very competitive internet and rates and a 4G Lite internet service, however, Digicel has the most extensive coverage in the ARoB. Recently though, Digicel has suffered a number of outages and reductions in service.

The Arawa Town Council provides a weekly rubbish collection, an untreated water supply and a reticulated sewage collection (with untreated discharges into the lower reaches of the two rivers in Arawa).

Arawa has a number of churches of Catholic, Seventh Day Adventist, Methodist and Evangelical faiths and these are well attended.

The Arawa Health Centre is currently undergoing a major upgrade (funded by Australian Aid) and at the time of writing is offering limited services. The current upgrade is expected to be completed by mid-2017 and will include a new maternity ward, operating theatre and a school for nurses. While the upgrade is taking place most incoming patients are being referred to Buka Hospital.

On the whole, Arawa is a quiet town although there are a couple of "nightclubs" but these are hardly ever frequented by volunteers. Regular Friday evening get-togethers are a feature of expat life in Arawa.

Appendix 3: Autonomous Region of Bougainville (ARoB)

The ARoB emerged from nine years of civil conflict in 1998, suffering social trauma and with much of the island's infrastructure in tatters. The process of re-building and determining the region's political future follow a difficult and uncertain path. It will continue to take a combined effort, supported where appropriate by funding and technical assistance from international sources, to emerge as a fully functioning society. The ongoing desire of some for independence and the scarcity of development funding from Papua New Guinea create a challenging political and developmental environment.

While the autonomous region has had a particularly difficult colonial and post-colonial history, the people of Bougainville continue to demonstrate tremendous resilience in the face of these challenges. Bougainvilleans are a hardworking, proud and happy people, and continue to display innovation and strength in spite of complex political and social challenges.



For more information on ARoB, see:

- ABG Website: www.abg.gov.pg
- Bougainville Travel: www.bougainville.travel
- Bougainville News: www.bougainvillemews.com
- Radio Broadcasting Service: <http://www.bougainville.typepad.com>
- New Zealand Aid Programme in PNG: <https://www.mfat.govt.nz/en/aid-and-development/our-work-in-the-pacific/aid-partnership-with-papua-new-guinea/>

VSA in the ARoB

New Zealand, from the signing of the cease-fire in April 1998, has indicated a willingness to help the people of the ARoB help themselves. VSA, with funding from the Ministry of Foreign Affairs and Trade (MFAT) New Zealand Aid Programme, has been involved in the rehabilitation and reconstruction phase of the ARoB's recovery since May 1998.

Since 1998, VSA has built up a programme involving project management and volunteer placement in sectors including health, construction, education and governance. VSA volunteers are currently based in Buka, Chabai, Wakunai and Arawa and they are supported by a field office in Arawa and a sub-office in Buka. The Programme Manager is based between Arawa and Buka and a full time Programme Officer assists from the Buka sub-office.

General security

The physical, psychological, and cultural damage resulting from a decade of civil strife will take many years to heal. The peace process is still fragile and it will take time before people gain confidence and build trust within their communities and with outsiders.

Volunteers must be aware of, and accept the heightened risk, and adopt behaviour that reflects due caution. This includes taking precautions such as not moving around after dark alone, keeping the house secure and keeping items of value out of sight. All VSA volunteers to the ARoB must sign a set of security protocols that set out behaviour, designed to minimise risk.

VSA has confidence in the peace process and a commitment to the people of the ARoB. The Programme Manager is constantly monitoring the security situation. VSA has found the people of Bougainville to be incredibly hospitable, friendly and keen to watch over VSA volunteers as needed.