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SPECIAL PARLIAMENTARY COMMITTEE INQUIRY INTO GBV- HEALTH SECTOR SUBMISSION | June 21st , 2021

Purpose
The purpose of this submission is to provide the committee with an insight into the health sector's Gender Based Violence (GBV) response, successes, key problems, Limitations and Challenges and propose new innovative interventions that will improve, further strengthen coordination, advocacy and partnership to improve Sexual & GBV response at all levels.

Background
As the Lead Government Agency for health, the National Department of Health (NDOH) is obliged to international commitments and efforts of ending GBV in PNG. And in line with the Papua New Guinea Vision 2020"Zero Tolerance of any form of Gender based Violence (GBV)", the NDOH in its National Health Plan (NHP) 2011-2020, aligns its effort with those of the Papua New Guinea to Prevent and Respond to Gender Based Violence, 2016-2025.

The National Health Plan,2011-2020, Key Result Area 7 outlines, objective 7.1 as to: **'increase health sectors response to prevention of injuries, trauma, and violence with an impact on families and the communities''**. Its priority strategy being 7.1.2" **Increase the roll-out of and access to family support centers to reduce the impact of violence in the home and community.**

With guidance and technical support from the World Health Organization (WHO), the NDOH aligns response strategy to the 2016 WHO Global Plan of Action on Strengthening the Role of the Health System, within a National Multisectoral Response, to address interpersonal Violence, in particular against women and girls and against children.

The objectives of the Global Plan of Actions are;
1. To address health and other negative consequences of interpersonal violence, in particular against women and girls, and against children by providing quality comprehensive health services and programming and by providing access to multisectoral services;
2. To prevent interpersonal violence, in particular against women & girls, and against children.

Strategic Direction is;
To achieve the objectives, four strategic directions are proposed that address both, the health system mandate of the plan and the Public Health Approach to address interpersonal violence, in particular against women and girls, and against children.

Four Strategic Directions
1. **Health system leadership and governance**

- Actions related to advocacy within the system and across sectors, setting and implementing policies, financing including budget allocations, regulation oversight and accountability for policy and program implementation, and coordination of efforts with other sectors;
- Establishing and Strengthening leadership, advocacy, governance & partnerships at all level but focusing more on sub national level, the provincial & Districts in the response to GBV.

2. **Strengthen health service delivery and health workers/providers capacity to respond.**
   - Actions related to improving service infrastructure referral, accessibility, affordability, acceptability, availability and quality of care, integrating services ensuring access to quality safe, efficacious and affordable medical products and vaccines and training and supervision of the health workforce.
   - Strengthening the workforce capacity to effectively and efficiently provide quality comprehensive treatment, care & support to survivors, victims, of GBV.

3. **Strengthening program to prevent interpersonal violence.**
   - Action's to prevent violence that the health system can directly implement by identifying people at risk and a carrying out health promotion activities, as well as those prevention activities to which it can contribute to multi-sectoral actions.
   - Establishing and Strengthening the Health system capacity & Referral provisions to effectively and efficiently respond to gender health programing, Sexual Gender Based Violence, Human rights to health and mostly in the elimination of all forms of violence perpetrated against women, girls, and children as well as other minority and vulnerable population.

4. **Improve Information and Evidence**
   - Actions related to epidemiological, social science and interventional research and data collection, improved surveillance, including through health information systems; and program monitoring and evaluation.
   - Improving health management information system, data reporting and research in the areas of GBV and human rights.

Current Status

Gender-based violence against women has been acknowledged worldwide as a violation of basic human rights. It is a pervasive and worldwide problem in almost all societies. It permeates all social, cultural, economic, and ethnic groups. Violence can take many forms, including physical, sexual, emotional, economic, and psychological abuse. It can impact the health and well-being of women. Gender-based violence is widespread throughout the country.

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The 2016 - 2018 PNG Demographic & Health Survey (DHS), included a series of questions for women to collect information on both domestic violence (also known as spousal violence or intimate partner violence) and violence committed by other family members and unrelated individuals. Demographic Health Survey (DHS) projecting a GBV prevalence of **59%** of women & girls who have experience violence (Sexual & Physical) in an intimate partner violence (IPV) in the last 12 months. In real terms, many women in PNG (two out of three) have experienced Gender Based Violence.

In terms of STI/HIV/AIDS, PNG became the fourth country in the Asia-Pacific region to reach the level of a generalised HIV and AIDS epidemic. Since 2003, numbers of women diagnosed with HIV each year have exceeded those of men. Due to a combination of biological, socio-economic and cultural factors, women and girls are less able to protect themselves against HIV infection, and suffer more from its impact than men and boys. **Women's economic dependence puts them in a vulnerable position and limits their options for self-protection.**

Fear of abandonment as well as of violence are some of the barriers that women face that affects their willingness to negotiate for safer sex, to be tested for HIV, to disclose a diagnosis of HIV to their partner, or to access services for STI and HIV treatment. Married women account for half of all new infections. The male-female ration of HIV infection is roughly 50-50; but with more females being infected at a younger age than men. Factors affecting the vulnerability of men and boys to HIV and AIDS are also crucial. **Gender inequality and the high rates of sexual violence are, in part, fuelling the spread of HIV.**

Given the National Initiative to address GBV and the activities being undertaken in the country, the coordination and partnership across sectors and among partners, including within the NDoH is vital. The NDoH currently takes lead in building partnerships and coordinating the implementation of the Health Sector's Policy Response to addressing SGBV, institutionally and programmatically through the existing GBV Technical working group (TWG) comprising of NDoH as the Lead Agency. Government Sectoral

Agencies & Inter-Government Agencies, Non-Government Agencies (NGO's) Development/ International Partners and UN Organizations etc., The Establishment of the Gender and Men's Health Program in 2012 under the Family Health Service Branch, Public Health Division was to coordinate the Health Sector Response to SGBV.

The NDoH currently works with Department of Justice and Attorney General, The Office of Public Prosecution, Constitutional Law Reform Commission (CLRC), Department of Community Development, Youth and Religion and the National Office for Child and Family Service (NOCFS), Department of Police. The Law and Justice Sector, Provincial and District levels, development partners and other stakeholders.

For equitable access to health care and most importantly the psychosocial outcome, the NDOH also aim in scaling up the provision of medical care through a decentralized approach, where health facilities at all level should be able to identify, receive and provide minimum care for Sexual & Gender Based Violence (SGBV) survivors, A few Health Authorities (PHAs) with established FSC's have begun district roll-out of SGBV Prevention and Response Activities.

The SGBV Referral systems within the health sector is also gradually been strengthened and improving through the current workforce capacity building activities and public health programming including surveillance and data reporting system (through the NHIS as indicated by the 2018-2020 GBV Data Trend) and, the provision of referral services to legal justice and other social support services.

What the Health Sector Has Achieved in the Gender Based Violence Response.

a) National Health Plan 2011-2020 – Inclusion of the - Key Result Area;'' 7''.

b) National Guideline on the PHA/Hospital Establishment of Family Support Center (FSC), 2013.

c) Three Circular instructions dated **12th December 2009** and reinforced on the **18th July 2016**, directives from the Secretary for Health to all Provincial Health Authorities (PHA's) for the;

   I. Removal of fee's/charges for GBV, Sexual Violence and Child Abuse at all Hospitals, health centers and health facilities;
   II. Establish Hospital Based Family Support Centers (FSC) as a ''One Stop Shop'' Model to respond to Sexual & Gender Based Violence and integrated GBV response services to all lower - level health facilities;
   III. Inclusion of GBV Program activities and FSC Operations in Annual Implementation Plan.

d) National Health Gender Policy 2014 – 2020, developed & currently implementing.

e) Establishment of Family Support Center in ''18'' Strategic Hospitals providing Medical Essential Services for GBV/SV in respective provinces.

f) District Roll-Out of Family Support Center (FSC) to provide essential services in ''18'' Districts in 4 provinces, (AROB, Chimbu, SHP & Hela);

g) Gender Mainstreaming training for Health Managers since 2012; ''200'' Health Managers trained in all ''4'' regions. Provincial Roll out begin in 2020 integrating GBV Response in Emergency including COVID19, (Morobe, ENBP, EHP, SHP, Hela, Manus, New Ireland Province) ''180'' Healthcare providers trained.

h) The Gender Equity, Disability and Social Inclusion (GEDSI) Policy currently been integrated into the health system (PHA) through the human resource branch for the health workforce.

i) A men's health Policy, which includes men's engagement in ending violence and addressing health inequities that affect women, girls and children is been developed by the program.

j) A Gender/GBV Training Package to be integrated into the existing training curriculum to institutionalize mainstreaming of Gender Health Programming in all training institutions for under graduates and post graduate trainings, 2017.This training package was initially 'field – tested' in ''2'' provinces - Daru & AROB. It is currently being tested in other provinces.

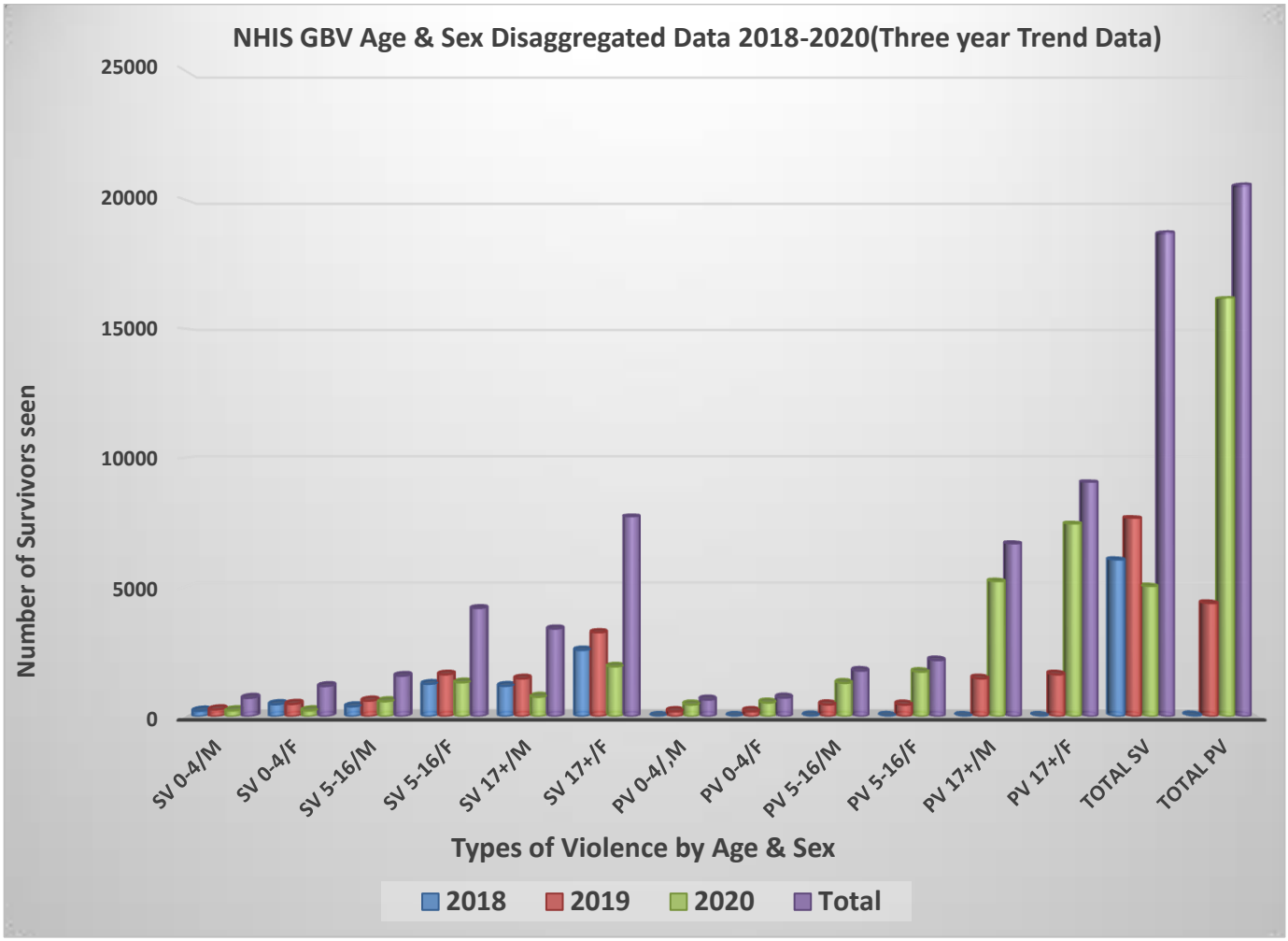
k) Developed a Sexual & Gender Based Violence (SGBV) Clinical Practice Guideline for Health Workers, 2020. More than 250 Clinicians including Medical Officers, Health Extension Officers, and Nursing Officers & Community Health Workers have been trained amongst others to provide care & treatment to SGBV Survivors. To be launched this year, 2021.

l) Inclusion of the GBV Indicators to the Demographic Health Survey (DHS) projecting a GBV prevalence of **59%** of women & girls who have experience violence in an intimate partner violence (IPV) in the last 12 months.

m) Inclusion of the GBV Indicators into the National Health Information System Data Base Capturing Sex & Age disaggregated data in 2017.

I. In the last''3''-year trend 2018-2020, reflecting a total of **18,759** of Sexual Violence cases were provided Medical care. ***Of the total Sexual Violence 0-16yrs Male child accounted for 2,279.*** Total Intimate Partner Violence (IPV) provided Medical Care accounted for **20,609** Survivors seen at the reporting health facilities.

II. This is only the ''Tip of the iceberg' 'Alarming for a country not at War.



- Over the last three years a total of **18,759** Sexual Violence survivors were provided medical care at the health facilities, whilst **20,609** survivors were treated for Physical Violence.
- In **2018** a total of **6,056** Sexual Violence survivors were provided medical care, whilst **23** were treated for Physical Violence.
- In **2019** a total of **7,672** Sexual Violence survivors were provided medical care, whilst **4,373** survivors of Physical Violence were provided medical care.
- In **2020** a total of **5,031** Sexual Violence survivors were provided medical care, whilst **16,213** survivors of Physical Violence were provided medical care (COVID19 related).

- The Total Survivors of Sexual and Physical Violence who sought medical care from **2018-2020** was **39,368,** Of these **3 year trend**, children within the age range of **0-16 years** accounted for **41%** of Sexual Violence whilst **26%** for Physical Violence Respectively.

Challenges & Limitations

I. Having access to health facilities/services remain a huge challenge, more so for rural communities. More needs to be done to improve district hospitals, provide medical equipment's and ensure human resources (Health workers are available in those facilities). The PHA reform is significant and requires greater support by central agencies to help them transition and reach their full status, in order to accommodate GBV Response in their AIP & budgetary processes, including the establishment of Hospital Based FSC to response to treatment /care & Management of survivors of Sexual & Gender Based Violence

II. GBV is another added burden of what the existing health system is faced with, NDOH need to strengthen its workforce capacity to respond to sexual & Gender Based Violence. Budget allocation for Gender Program is under Sexual Reproductive Health and is limited; GBV needs to be given prominence in terms of budget allocation from the recurrent (GoPNG).

III. The health sector has been operating in an environment that is severely under resourced and health expenditure has reduced from 22% to 10% of total GoPNG expenditure. Clinical workforce population ratios have reduced 20-25% to 0.9/1000, (WHO 2008). The situation needs to be better reversed for Gender Based Violence response timely & effectively.

IV. Limited support to Gender Program at the National Level for provincial coordination in the NCD, Central and Gulf Provinces. This results in slow progress in NCD with relevant partners, no progress in Central and Gulf respectively.

V. The EU-UN Spotlight initiative funding has its priority projects within its project impact areas (Provinces) Limiting the program to reach out to other neglected provinces such as Manus, Oro, NIP, Gulf, Central, New Ireland & WNBP, to provide equitable services provision.

VI. Special Funding Allocation not made available for GBV respond in emergencies including COVID19, Data reported as per NHIS for Sexual Violence & Intimate Violence has escalated in 2020 during the Pandemic.

VII. The cost of medical services is still a key barrier. This is despite an NDOH directive that all medical services be free of charge for survivors. Sexual and reproductive health services remain limited, especially for young people which places them at greater risk of violence and its consequences.

Recommendations to the committee

1. Renewed focus on GBV-Health financing and budgetary system to prioritize GBV program implementation at the National Level.

2. Improve the Health Workforce by Strengthening the workforce capacity including the Medical Officers (MD), Health Extension Officers (HEO), Nursing Officers (NO), Community Health Workers (CHW) and others, recruitment of staff in respective organizational structure to provide specialized GBV services in established FSC's and health facilities.

3. PHA's/Hospitals to take ownership of establishing the New Hospital Based Clinical Units (FSC) for managing and responding to Sexual & Gender Based Violence as per the circular directives.

4. PHA's to recruit Provincial GBV Health Response Coordinators to coordinate FSC services and Gender Equity Disability Social Inclusion (GEDSI) integration into the PHA workforce.

5. Mainstreaming of Gender Programming into all National and Sub National Public/Curative health services through a Gender-Sensitive workforce. All health workforce to be Gender-Sensitized (in-service, while strategizing its institutionalization).

6. Strengthen the health workforce capacity to provide survivor-centred specialised GBV services and adolescent and youth-friendly sexual and reproductive health care. Including but not limited to Medical Officers (MD), Health Extension Officers

(HEO), Nursing Officers (NO), Community Health Workers (CHW) and others. This covers **accurate**, non-judgemental, age-appropriate information and services including family planning and gender based violence for example through Comprehensive Sexuality Education/Life Skills curricula.

7. Political and Provincial support in establishing FSC's in all provincial hospitals and integration of Sexual & Gender Based Violence (SGBV) services at lower facilities.

8. Ensure compliance with the directive that all medical services for survivors of violence be free of charge and expand the workforce authorised to issue medical. This includes services provided by other clinics/wards in cases where FSC have to refer for full clinical management of intimate partner and sexual violence services. Raise awareness for the elimination of the practice of 'domestic violence' fines and punishment for healthcare providers who implement financially punitive measures against survivors and/or their families including perpetrators.

9. The EU-UN Spotlight initiative funding to be aligned with NDOH Gender Program priority to be equitable to other ''6'' neglected provinces. (''6'' Provinces urgently need to establish Hospital Based Clinical Units (FSCs), Manus, WNBP, Oro, Gulf, Central and New Ireland Province).

10. Strengthen Coordination at National program level to roll-out program activities in NCD, Central and Gulf provinces in partnership with other organizations, government agencies and partners.

11. Strengthen existing health system GBV data management systems and practices including the safe and ethical sharing of data along referral pathways. Further training of healthcare providers in GBV data management.

12. Update and fully implement the Adolescent Health Policy as per with obligations and recommendations under CEDAW including provision of comprehensive, accurate, age-appropriate and youth-friendly sexual and reproductive health information and services.

13. Enactment and full implementation of the Women's Health Protection Bill in alignment of GoPNG obligations under CEDAW for the promotion and protection of women's and girls' full and equal rights to healthcare, bodily autonomy and to live free from violence. Review and removal of punitive provisions regarding abortion to support women's and girls' full access to comprehensive sexual and reproductive health services.

14. Inclusion of health in the Inquiry's Terms of Reference under Item C alongside justice and security sectors and greater focus on health in subsequent public hearings, including through the equal participation of health sector representatives relative to that of other essential services.

Multi Sectoral Partnership & Collaboration

The Gender Health Unit / Program have been unanimously funded by the United Nation & Development Partners (UN & DPs). With Guidance & Technical Support from WHO, assisted by the implementing partners as indicated below;

UN Partners
WHO
UNICEF
UNFPA
UNAID

Development Partners (DPs)
DFAT
USAID
Oil Search Limited (OSL)

Provincial Health Authorities (PHAs)

Implementing Partners
Family & Sexual Violence Action Committee (FSVAC) Consultative & Implementation Monitoring Council (CIMC).
Family Health International (360)
Population Service International (PSI)
PNG Family Health Association (PNGFHA)
Marie Stops PNG (MSPNG)

International NGOs
Civil Society Organizations (CSOs)
Non-Government Organizations (NGOs)
Faith Based Organizations (FBOs)

Other Government Agencies
Department of Community Development, Youth & Religion (DCDYR)
National Office for Child & Family Service (NOCFS)
Department of Justice & Attorney General (DJAG)
Office of Public Prosecutor (OPP)
Constitution Law Reform Commission (CLRC)
Royal Papua New Guinea Constabulary (RPNGC)
Department of National Planning & Monitoring (DNPM)
Road Traffic Authority (RTA)

Provincial Administrations

Others

Health is Everybody's Business