



Oro Provincial Administration
Office of the Provincial Administrator

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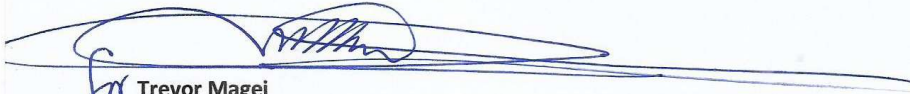
Special Parliamentary Committee on GBV
PNG National Parliament.

SUBJECT: STATEMENT ON GENDER BASED VIOLENCE (NORTHERN PROVINCE)

I acknowledge receipt of your letter requesting Northern Province Gender Based Violence Statement.

Attached herewith is giving you the insight progress report on addressing GBV in Northern Province.

Thank you,


Trevor Magei
Provincial Administrator

STATEMENT ON GENDER BASED VIOLENCE
Northern (Oro) Province
Papua New Guinea

Introduction

Gender based Violence is a major government issue today in this country as the country and the province face problems caused by violence faced mainly by women in this country and ofcourse men, however particular attention is given towards violence inflicted towards women and children.

Northern Province through the community Development Division had embarked on the efforts to deal with gender based violence. The Oro Provincial Government in very recent years have emphasised through its development goal shaver through the Provincial Administration have undertaken activities to combat violence against women and gender based violence.

The last four years since 2017, the community Development and interested stakeholders have seen an increased activities in gender based violence and violence against women.

Provincial Setup

The Gender Based Violence and Violence Against Women activities are overseen within the Community Development Division by the Gender Officer. This is the contact point where all Non-Government Organisations (NGOs) and other stakeholders consult and discuss issues of gender based violence.

It could be added that the desk also deals with; human rights, children's rights and other related issues. Certainly, there are evident in the province in efforts to address gender based violence.

Contact groups who are key players include;

1. Police Family & Sexual Violence Unit
2. Popondetta General Hospital
3. Gender Desk and Welfare Office

Developments Addressing GBV

The issue of GBV and Violence Against Women had been in the eyes of the administration over the last ten to fifteen years however limited efforts to an extent due to various reasons.

The awareness in the GBV and Violence Against Women have been here for a while. In fact, the division have carried out programmes addressing GBV

and Violence Against Women. This was mainly in association with the Police's Sexual Violence Unit.

The actions were mainly related towards conducting Awareness and distribution of pamphlets and posters.

The Division had a network of NGOs that by voluntary means carried out awareness and distributed information and this was overseen by the Gender Officer.

However since 2017 and 2018, the division has beefed up its activities in addressing GBV, Violence Against Women and Family Violence and Sexual Violence.

The Provincial Administration experienced a stepped up of visits by the Donor Agencies as well as from the National Department of Community Development and Religion.

We are very grateful that donor funds have come into assist the province over the years to address GBV.

But the contact point is Gender Desk.

Interest Provincial Groups

These are interests groups in consultation with gender Desk who actively participate to address gender based violence;

1. Oro Provincial Council of Women
2. District Court
3. Police Department-Family and Sexual Violence Unit
4. Popondetta General Hospital
5. Pamone Oreka Bande - Safe Meri Haus
6. Northern Coalition for Disability Rights
7. Anglicare Stop Aids
8. Higaturu Oil Palms
9. Oro Chamber of Commerce

Interest Groups from Outside

1. Department of Community Development, Sports & Religion
2. Consultative Monitoring & Implementation Committee
3. Law Reform Commission
4. UNDP

Data & Statistics of Activities

- 1. Provincial Activities since 2017**

Awareness

- 8 x Awareness undertaken

Meetings

- 10 x meetings conducted

Training

- 4 x training carried out internally
- 3 x training carried out by AusAID under Capacity Building and 3 by CMIC and one by Law Reform Commission-especially addressing sorcery related killings
- 2 x training carried out by DPM under its Gender Equality and Social Inclusion (GESI) Program
- 3 x trainings by IOM

Consultative Forums

- 2 x from DPM
- 2 x CMIC-Family & Sexual Violence Unit
- 2 x Donor Agencies – one being UNDP
UNDP was in particular a Public Hearing

Visits to Safe House

- 8 x a year so over 5 years = 40 visits minus or plus
- 1 x AusAID visit to Safe House
- 1 x IOM
- 1 x CIMC
- 1 x UNDP
- 1 x Law Reform Commission

Visits to People with Special Needs

- 8 x visits per year = approximately 40 visits minus or plus

Family Violence Cases since 2017

- 12 cases on record however there are cases that have not being recorded due records kept by hospital or police and other stakeholders.

Gender Based Violence Cases since 2017

- 18 cases on record however there are cases that have not being recorded with gender desk because the records are with hospital or police.
- 3 cases were involving children (school aged)

Counselling

- 2 cases of counselling

Budget Allocation

GBV does not have a particular budgetary item but allocation under the Provincial Budget is combined in the item for Women Activities and Gender Activities.

The Division of Community Development has informed the working group and the forum hosted by UNDP that they will push for a separate funding allocation for GBV.

Activity Plans

To address GBV, the gender desk normally during its annual plans draws up activities to address GBV Issues with other activities as well with estimates for budget.

Due to funding constraints, most activities are limited to awareness, whilst training is limited to volunteers.

During the UNDP Visit, we had discussions to establish a Provincial GBV Secretariat and also to design a Strategy to get achievable results.

Actually, the concerned groups are already in the processes of this establishment.

GBV Secretariat

There was always a working group addressing GBV issues however at that length within the confines of the other duties of the division.

However, on the announcement by the Special Parliamentary Committee on GBV and the visit by UNDP, it is realised that something more needs to be set up. After the forum, the province has fully supported the formation of a GBV Secretariat.

GBV Strategy

As discussed and mentioned, the establishment of the GBV Secretariat was already endorsed and several meeting held to that effects, so the province is moving in that direction.

As soon as the processes are undertaken, a strong strategy will be drawn to tackle GBV and to address GBV effectively.

The Strategy will cover the whole province in terms of awareness, training, counselling, formation of working groups, safe houses, and etc.

General Discussion

By observation and estimation in and in view of the data and statistics of recorded cases, it can be suggested that the rate of GBV prevalence in Northern Province is approx.41%.

This does not mean that Northern has low prevalence of GBV but rather, this is attributed to the lack of reporting.

It is felt that GBV is a very important issue on its own and there should be specific budgetary allocation under the provincial budget to cater for and address GBV Issues.

However, it will be great if donor agencies do assist us as they always do.

One thing Northern have moved forward is the establishment of the Safe House in the Sohe District as a result of collaboration between interest groups and community Development Division.

This is now known as **Pamone Oreka Bande**.

There are plans for one **Meri Safe House for Ijivitari District**.

After the visit by the UNDP, it is felt that the division needs to have an effective plan to address GBV better and effectively.

It is recommended that the **Provincial GBV Secretariat** to immediately design an **effective Provincial GBV Strategy**.

It is also intended that **district** and **sub-districts** will establish their own secretariats that will connect with the province. This will enable addressing GBV to the rural and remote areas possible.

Mentioning the data and statistics, the figures given are only a smokescreen because that is what has been reported, comparing to what is happening is much more. Cases are not reported because of the traditional and cultural barriers, other factors.

We need to come up with a **reliable strategy** and **body** that will see those strategies working towards achieving the **goals** that are put forward and to be **resourced adequately**.