

NATIONAL PARLIAMENT OF PAPUA NEW GUINEA

REPORT TO PARLIAMENT: PART 1 INQUIRY INTO GENDER-BASED VIOLENCE IN PAPUA NEW GUINEA



Special Parliamentary Committee on Gender-Based Violence
9 August 2021

Executive Summary

Gender-based violence (GBV) is ravaging our country, with women and children bearing the brunt of the epidemic of violence which seems to increase every year. PNG's Demographic and Health Survey (DHS) 2016-2018 found that 56 per cent of women aged 15-49 have experienced physical violence, and 28 per cent have experienced sexual violence. Eighteen per cent of women experienced violence during pregnancy. Sixty-three per cent of married women between the ages of 15 and 49 have experienced spousal physical, sexual, or emotional violence at some point in their life. Among the women who reported any form of physical and/or sexual violence, and who sought help from anyone, a mere five per cent sought help from the police, five per cent from medical services and just three per cent from social services. The DHS data indicated that 28 per cent of adolescent girls aged 15-19 years had experienced sexual violence. Data from the National Health Information System Data Base states that from 2018-2020,¹ medical care was provided to a total of 18,759 sexual violence cases. Of these, boys under 16 years old accounted for 2,279 cases (12 per cent). In one study in the National Capital District (NCD), around 60 per cent of children who went to a women's shelter in Port Moresby had been abused.²

The impact of GBV on women, men, boys and girls across the country is hard to describe, with a growing feeling amongst communities across the country that violence is increasingly raging out of control with perpetrators facing little accountability. In this context, it must be recognised that the impact of GBV disproportionately affects women and children. The costs of violence are not only seen at a household and community level, but also affect the economy. A study from 2015 carried out with a number of PNG firms found that the impact of family and sexual violence resulted in the loss of 11 days on average for every staff member every year, with a cost to those businesses of between two and nine per cent of their payroll.³ GBV reduces the ability of women to participate in social and economic activities, increases the likelihood of job loss due to absenteeism as a result of violence, and negatively impacts on women's income generating power.⁴

In the last two years, COVID19 has also exacerbated GBV. The disproportionate impact of COVID-19 on women's social, political and economic wellbeing across the globe has been well-documented,⁵ as women's unpaid care and domestic workload increased with school closures and the need to care for sick relatives, funding for sexual and reproductive health services was diverted, women's economic security worsened considerably⁶ and GBV increased exponentially.⁷ Findings from the PNG GBV

¹ This data comes from the <u>Submission from the National Department of Health</u>, 30 June 2021.

² ChildFund, Stop violence against women and girls in Papua New Guinea (2013).

³ IFC: World Bank (2015) <u>Case Study: Addressing Gender-Based Violence With Companies in Papua New Guinea</u>; Emily Darko, William Smith and David Walker (2015) <u>Gender violence in Papua New Guinea</u>: <u>The cost to business</u>, Overseas Development Institute: London.

⁴ UPNG Political Science Department, <u>Submission related to Committee TOR (a) and (h)</u>, 30 June 2021.

⁵ UN Women and United Nations Secretariat (2020) *UN Secretary-General's policy brief: The impact of COVID-19 on women*, UN: New York: https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406.

⁶ An assessment of the impact of COVID-19 on market vendors, conducted by UN Women PNG in May and June 2020 highlighted an income loss of up to three quarters for women vendors in district markets as a consequence of 'lockdown' measures: (UN Women PNG Country Office (May 2020) COVID-19 Market Assessment, unpublished report referenced in UN Women (2020) Gender Alert On Covid-19 In Papua New Guinea, 5 August, https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/08/gender%20alert%20on%20covid19%20in%20png%20l%20issue%201.pdf?la=en&vs=1942)

⁷ (2020) *Guidance: Covid-19 and Its Impact on Violence Against Women & Girls,* Spotlight Initiative: New York, https://www.spotlightinitiative.org/sites/default/files/publication/KM Spotlight Initiative Guidance COVID-19 and its impact on violence against women girls V2 1.pdf; María-Noel Vaeza (2020) "Addressing the Impact of the

subcluster in 2020 revealed a 31 per cent decrease in the number of clients accessing GBV services pre- and post-COVID19's impact.⁸ In addition to the impact of COVID-19 on GBV, there have also been concerns raised by NGOs that COVID-19 has heightened the risk of sorcery accusation related violence, as deaths from COVID-19 have been attributed to sorcery and brutal violence has followed.⁹

In recognition of the enormity of the GBV problem facing the country, on 24 August 2020, a "High Level Meeting on Gender-Based Violence" was organised in Port Moresby, co-chaired by Governors Powes Parkop and Allan Bird. The meeting resulted in the formal establishment of the Coalition of Parliamentarians to End GBV, who endorsed a Resolution on Addressing GBV (see Annex 1).¹⁰ Under the leadership of the Coalition Co-Chairs, the Coalition organised the first ever National Gender-Based Violence Summit which was held from 8-10 November 2020. At the conclusion of that meeting, the members of the Coalition endorsed the GBV Summit Outcome Statement (see Annex 2),¹¹ which commits them all to working to address GBV across the nation. The Coalition now comprises 20 of the 111 members in the National Parliament.

"The prevalence and increasing rate of Gender Based Violence in Papua New Guinea in its many forms is cause for great concern.

To fully understand the issue, it has to be viewed within the context of the wider issue of the acceptance of violence as a response to social issues at a community or individual level in our country.

The examination of the broader underlying causalities of this are not the subject of this report, however if I were to point out one critical element that drives the disempowerment, poverty, family instability, violence cycle - it would be the inability of the woman to plan the timing of and number of children she has."

Hon Charles Abel MP Chair, Special Parliamentary Committee on GBV

One of the concrete outcomes of the Coalition's advocacy was the establishment of this Special Parliamentary Committee on GBV. This Committee is chaired by Hon Charles Abel and has six other members, Hon Allan Bird, Hon Powes Parkop, Hon Michael Dua, Hon Aiye Tambua, Hon Ginson Saonu and Hon Allan Marat. Hons Abel, Bird, Parkop, Dua and Saonu are also members of the Coalition. The Terms of Reference (TOR) for the Committee is attached at Annex 3.

The Members of this Committee wish to thank the Parliament for the mandate they have been given, to examine the current national response to GBV and identify recommendations for addressing the gaps and weaknesses in the current approach. The report is based on the testimony given at public hearings held from 24-25 May 2021, written submissions provided to the Committee and research and technical advice sourced by the Committee Secretariat.

When drafting this Report, the Committee sought to produce a document which would provide guidance to the Government on taking decisive action to deal with, reduce and hopefully eliminate GBV, and equally to inspire the people to embrace gender equality and help the country to realize the

COVID-19 Pandemic on Violence Against Women and Girls", UN Women: New York, https://www.un.org/en/addressing-impact-covid-19-pandemic-violence-against-women-and-girls.

⁸ PNG GBV Sub-Cluster Group (June 2020) *The State of Gender-Based Violence during the COVID-19 Crisis and State of Emergency*, UNFPA PNG: Port Morseby.

⁹ Natalie Whiting and Bethanie Harriman (2021) "Fears of COVID-19 'time bomb' in PNG as unexplained deaths spark sorcery claims, torture and murder", *ABC News*, 26 June, https://www.abc.net.au/news/2021-06-26/coronavirus-a-time-bomb-in-png-amid-sorcery-allegations/100227350.

^{**10} https://019c6425-665f-436e-a27d-cf729793144f.filesusr.com/ugd/7f0c06 dad0cb0a375447f08e1def0bdff632e4.pdf.

¹¹ https://019c6425-665f-436e-a27d-cf729793144f.filesusr.com/ugd/7f0c06 6618e8502e594b009d0f8b9cde069b9b.pdf.

fundamental human rights and aspirations that are the foundation stone of the National Constitution. A nation and people without values, virtues or vision will fail in its endeavours to deliver prosperity and high quality of lives for its citizens. This work to address GBV is central to the effort to return to the values and virtues that are important for successful nation building – namely, integral human development through equality, inclusive participation, and self-reliance. The Committee has done its utmost to produce a Report that will withstand time and criticism and will help the country by inspiring colleagues in Parliament and Government to take immediate action.

This Report contains more than 70 recommendations, directed towards the National Government for action. The Committee has tried to be as specific as possible in developing recommendations, to ensure that officials know clearly what the Committee expects of them. The Committee anticipates holding a second set of hearings in late 2021, which will follow up on the implementation of these recommendations as well as investigating additional lines of inquiry which have been identified during the current process.

The Committee recognises that this Report contains a large number of recommendations but notes that submissions received at the public hearings and in writing reinforce the reality that addressing GBV is a complex undertaking, requiring a multi-partner, multi-sectoral response. The Committee's recommendations are therefore directed at a range of different actors, who must all be resourced and capacitated to do their jobs properly.

The Committee takes this opportunity to stress our deep concern at the increasing levels of violence across the country. Committee Members discussed this at the public hearing, querying why violence has become the first response of many PNG people when they have disagreements or face problems. Key questions for the Committee include: Why do so many people think they can assault – oftentimes extremely brutally – their fellow human beings, who are commonly their own family members, as a response to their own unhappiness? Why do so many people think they can commit these acts with impunity? Why are so many communities willing to overlook these unacceptable acts? The Committee has sought to understand these issues in order to formulate concrete responses and recommendations to implement. It is important to understand the root causes of violence in order to more effectively tackle those root causes, and to prevent, rather than just respond to violence.

Recommendations for Immediate Action by Parliament and Government

The Committee's recommendations cover a very wide range of issues; all these issues must be addressed by the Government if there is to be any real change. That said, in this Executive Summary the Committee wishes to highlight some of those most critical issues in the Report to draw the attention of the Government to addressing these <u>immediate</u> priorities:

- Permanent GBV Committee: This Committee should be made permanent. Once a final report is submitted to Parliament, this Special Parliamentary Committee will cease to function. However, the Committee has already received considerable positive feedback from numerous stakeholders who appreciated the ability of this Committee to hold government officials to account for the national GBV and facilitate a national conversation on how everyone can work together to better address GBV. Parliament should establish this Committee as a permanent parliamentary committee, with a broad TOR to ensure oversight of the GBV response across the country (Recommendation 1).
- National GBV Secretariat: The National Gender-Based Violence Secretariat (NGBVS) should be immediately staffed and resourced by the Government. Staff should be recruited who have specific GBV expertise and the capacity to proactively drive the national GBV response. Sufficient

funding – no less than Kina 5 million per year – should be provided to the NGBVS, to support their coordination activities, as well as their efforts to support provincial and non-government stakeholders to address GBV across the country (*Recommendations 6, 7, 8, 9 and 11*).

- Sorcery Accusation Related Violence: The Sorcery Accusation Related Violence (SARV) National Action plan should be resourced in order to address the worrying increase of SARV cases around the country. In addition, specific examination should be given to the role of glasmen/glasmeri in inciting SARV cases, to identify whether law reform is necessary and to address the lack of prosecutions of SARV cases and of glasmen/glasmeri (*Recommendations 25-30*).
- **Counselling services:** Better counselling services (both in-person and by telephone) should be funded by the Government, across the country. Counselling can help prevent GBV, it is a critical crisis response, and it is useful as part of efforts to rehabilitate perpetrators. However, counselling services are currently severely under-funded (*Recommendation 38*).
- Support for family planning: Empowering women to have control over their own bodies is an essential part of gender equality. Family planning services are a critical to ensuring reproductive health rights. In PNG, population growth is outstripping economic growth, which impacts at the macro level, but also causes strain at the community and family levels, which can exacerbate GBV. GBV can also lead to unintended pregnancies which contribute to lower educational and employment potential and poverty for both mothers and their children, a cycle that can trap generations. In response, and in line with the National Population Policy 2015-24, the Committee has called for the National Department of Health (NDOH) to be properly resourced to provide family planning and reproductive health services to all women and girls across the country, free of cost and in safe, non-judgemental spaces which ensure that women and girls feel empowered. Such services should also include education on family planning, which should be tailored to reach both women and men (Recommendation 43).
- Access to justice: Law enforcement in relation to GBV should be immediately improved, in particular, through better police responses and investigation of GBV cases (*Recommendations 51-54*), more effective and timely prosecutions of alleged GBV perpetrators (*Recommendations 55-56*), and survivor-centred court processes (*Recommendations 57-64*). The Committee was interested in a proposal to establish a Family Court stream and has recommended that a proper concept and proposal be developed in advance of their next hearings (*Recommendation 63*).
- Reserved seats for women: The Government should immediately finalise legislation to introduce reserved seats for women in the Parliament, in sufficient time for laws to be enacted/amended in advice of the 2022 National General Election. The Committee does not ever again want PNG to have no women in the National Parliament and supports reserved seats as a temporary special measure to address this risk (*Recommendation 70*).

Summary of Committee Recommendations

Leadership to End GBV

Recommendation 1: Parliament should establish this Committee as a permanent parliamentary committee, with a broad TOR to ensure oversight of the GBV response across the country.

Recommendation 2: The NEC should add "Implementation of National GBV Strategy – Progress Report" as a standing agenda item on the NEC Agenda, with the Minister responsible for the NGBVS having responsibility for reporting back to the NEC at each meeting.

Recommendation 3: Every Governor and every Open Member of Parliament (MP) are encouraged to allocate funds from the Provincial Services Improvement Program (PSIP) and Direct Services Improvement Program (DSIP) respectively to support GBV prevention and crisis response in their home communities, in line with their relevant provincial GBV strategy and in support of provincial GBV structures. Where these do not yet exist, Governors and MPs are encouraged to work with the NGBVS and other partners to establish such frameworks.

Recommendation 4: Every MP is encouraged to work at their local level to build and support coalitions of government and non-government stakeholders who can work together to more effectively prevent and respond to GBV.

Recommendation 5: Government and non-government leaders across the country must make clear statements against GBV and should work with their communities to educate them to improve their behaviours towards each other and to provide support to GBV survivors.

Coordination to Address GBV

Recommendation 6: The Government must urgently provide skilled personnel and sufficient financial resources to the NGBVS to ensure they can effectively drive the implementation of the National GBV Strategy with government and non-government partners.

Recommendation 7: The Government is encouraged to consider moving the NGBVS to sit under Department of Prime Minister and National Executive Council (DPMNEC) to increase its ability to drive coordination and/or to review the level of independence and rank of leadership given to the NGBVS to ensure that it can function effectively as a leader of the national GBV response.

Recommendation 8: In line with the requirements of the National GBV Strategy, Provincial Governments should establish their GBV Provincial Coordination Secretariats as an immediate priority, and provide them with the powers and resources to coordinate, drive and monitor provincial GBV activities.

Recommendation 9: Provincial Governments are encouraged to develop Provincial GBV Strategies through inclusive and participatory processes. These Strategies should be integrated into provincial planning processes, funded through provincial budgets, and related staff should be added to provincial establishments.

Recommendation 10: The Department for Personnel Management (DPM) should take a proactive approach to ensuring that all government departments, state-owned enterprises, and provincial and Local Level Government administrations develop and implement workplace GBV policies as required

by the National GESI Policy. These workplace GBV policies should explicitly require that adhering to the GBV policy is part of the conditions of employment of all employees of the State.

Recommendation 11: The NGBVS should establish the GBV Advisory Group envisaged by the National GBV Strategy as a priority with a TOR to share good practice and lessons earned and to improve the coordination of GBV prevention and response activities. Representatives should include a mix of people from across the country representing non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations and the private sector.

Recommendation 12: The Committee will continue to use its inquiry powers to examine how donor funding has supported GBV activities and will use subsequent public hearings and reporting to provide more detailed analysis.

Recommendation 13: The National Office of Child and Family Services (NOCFS) and NGBVS must coordinate more effectively to ensure that GBV prevention and response activities are joined up, while still respecting and protecting the specific rights of mothers and children suffering from violence. NOCFS should coordinate with the NGBVS, the Department for Education and the DJAG Juvenile Justice Unit.

Recommendation 14: The NOCFS must appoint, gazette and resource sufficient Child Protection Officers to be deployed across the country to properly address violence against children.

Recommendation 15: Women with disabilities have largely been invisible in GBV policy and planning. The Department for Community Development and Religion (DfCDR)/NGBVS should ensure that women with disabilities are represented on all GBV policy-making and working committees and that current GBV policies and strategies are updated to be more inclusive of people with disabilities (PWDs).

Funding for GBV

Recommendation 16: The Government must allocate substantially more funding to support GBV efforts across multiple sectors (cross-reference recommendations below for specific sectoral funding recommendations). At a minimum, it is clear that the annual national budget should allocate at least Kina 20 million per year across key sectors and agencies (i.e., NGBVS, Royal PNG Constabulary (RPNGC), Ministry of Health (MOH), Department for Justice and the Attorney General (DJAG), courts) to ensure sufficient funding to meet current needs.

Recommendation 17: The Government should provide funding to the NGBVS to establish and manage a CSO Fund to Prevent and Respond to GBV which would provide CSOs with a more reliable source of national funding for their critical work and enable the NGBVS to better coordinate CSOs services to help encourage even service coverage across the entire country.

Recommendation 18: The Government should amend the PSIP and DSIP regulations and guidelines to require that a minimum budget allocation is directed towards GBV prevention and response initiatives, such as support for GBV coordination, local safe houses and counselling services.

GBV Research and Data

Recommendation 19: Recognising that the NGBVS has the official responsibility for coordinating data collection, under the National GBV Strategy, the Committee urges DfCDR/NGBVS to immediately convene key partners — in particular from DJAG, the RPNGC, NOCFS, Magisterial Services and

provincial representatives – to discuss and agree a practical strategy for developing and rolling out an integrated GBV data collection and management system.

Recommendation 20: Even in the absence of an integrated GBV data collection and management system, each of the key agencies responsible for addressing GBV – namely, the National Department of Health (NDOH), RPNGC, Magisterial Services – should publish a quarterly report, including data, of the number of GBV cases to which they have responded and the current case status. The NGBVS and each Province (through their Provincial Gender-based Violence Secretariat or other unit) should also produce a quarterly report on their GBV response.

Recommendation 21: The Government should provide specific funding to the NGBVS to support research on key topics relevant to GBV, such as bride price, polygamy, alcohol and drug abuse and the specific needs of GBV survivors with disabilities.

GBV Prevention and Education Approaches

Recommendation 22: Significantly more Government funding should be provided to support NGOs, the churches, and CBOs to undertake GBV prevention activities through values-based education and awareness raising, including through activities that specifically promote behaviour change (such as sports-based activities). The work of the private sector to support GBV prevention should also be acknowledged and built upon. The NGBVS is encouraged to produce a specific proposal for consideration by the Government, Treasury, and this Committee, including a budget, on how to roll out and manage civil society small grant funding for this work.

Recommendation 23: The National Department of Education (NDOE) should review all PNG school curriculum from kindergarten to Grade 12 to assess how key human rights values including gender equality and *'respectful relationships'* concepts can be integrated into the curriculum. The NDOE is encouraged to produce a specific proposal for consideration by the Government, Treasury, and this Committee, including a budget, on how to roll out such a curriculum.

Recommendation 24: The NGBVS is encouraged to convene organisations working on male advocacy and/or male GBV perpetrator programmes to identify good practice and lessons learned. This knowledge can be used to inform the development of new programmes and/or the scaling up of existing programmes to work with men and boys to prevent GBV.

Sorcery Accusation Related Violence (SARV)

Recommendation 25: DJAG and DfCDR should collaborate to reinvigorate the SARV National Action Plan (NAP) Committee and fund implementation of the SARV NAP, including funding to:

- (1) support local human rights defenders and organisations to carry out community awareness on the laws relating to SARV, GBV and human rights to increase understanding that violence is against the law;
- (2) update and rollout training for health providers, village courts magistrates and police to increase understanding of impacts of SARV, laws against SARV and their duties and responsibilities; and
- (3) collaborate with churches to encourage them to implement their SARV strategy.

Recommendation 26: DfCDR should explore options for establishing an emergency fund to support SARV survivors to escape violence and support the safe and long-term reintegration of victim/survivors of accusations back into their communities. This work could connect back into similar efforts being developed in support of GBV survivors under the National GBV Strategy.

Recommendation 27: Small grant funding should be made available by the Government to support CSOs and CBOs to design and rollout locally contextualised activities which aim to educate and support communities to address SARV in locally appropriate ways. Any such grant funding should be supported by a proper monitoring and evaluation (M&E) framework to ensure lessons are captured and shared.

Recommendation 28: Key government agencies – namely the MOH and RPNGC – should review their existing SARV response mechanisms to ensure they have proper personnel and processes in place to respond in a timely manner, including:

- (1) dedicating specific personnel in provinces where SARV rates are high to dealing with SARV complaints; and
- (2) developing Standard Operating Procedures (SOPs) and providing training to strengthen responses to SARV cases.

Recommendation 29: RPNGC and DJAG officers responsible for SARV cases should be given training on existing laws available to prosecute *glasman/glasmeri* as accessories in SARV cases and be supported and overseen by their senior managers to ensure they are applying the law properly.

Recommendation 30: DJAG should review current laws to assess whether they are fit-for-purpose in relation to criminalising all SARV offences, including the actions of *glasman/glasmeri*.

GBV Law Reform

Recommendation 31: Reflecting on the specific needs of women and children suffering from GBV, DJAG's current review of the *Family Protection Act 2013* (FPA) should be broadened to include all key GBV laws, regulations and supporting processes. DJAG should assess their effectiveness in practice and make recommendations for action, in relation to law reform, new/amended regulations and the production of SOPs/guidance notes to assist service providers to apply the law properly and consistently. The review should be participatory and should draw on advice and experience from the Constitution and Law Reform Commission as appropriate, and from GBV service providers to ensure that it reflects operational experience from the field.

Recommendation 32: DJAG should specifically review the *Criminal Code Act* (CCA) to:

- (1) align the CCA with the FPA and Lukautim Pikini Act (LPA);
- (2) ensure that assault offences used to charge GBV offences have proper maximum penalties; and
- (3) simplify the provisions relating to offences against the person as they are currently scattered throughout the CCA and may be contributing to confusion.

Recommendation 33: DJAG should review the Criminal Code Act defence of provocation to align it with current concepts related to the defence of 'battered wife syndrome'.

Recommendation 34: DJAG, in collaboration with the NDOH and other interested stakeholders, should review existing provisions of the CCA which impact on women's sexual health and reproductive rights and enact a Women's Health Protection Bill to align national laws with PNG's obligations under the *Convention on the Elimination of all forms of Discrimination Against Women* (CEDAW).

Recommendation 35: The Committee will continue to use its inquiry powers to examine whether and how to address issues related to GBV and: (i) the criminalisation of sex between men; (ii) the impact of the Adultery and Enticement Act 1988; and (iii) polygamy, in particular the introduction of criminal sanctions; and (iv) the illegal use of bush knives, including through law reform if necessary.

GBV Crisis Response Services for Survivors

Recommendation 36: More Government funding should be provided to establish and support GBV counselling services for women, men and children across the country, whether in person or through telephone/online approaches. To ensure efficiencies, the NGBVS is encouraged to convene existing providers of GBV counselling services, both in-person and online, to assess the current service offering, identify good practice and lessons learned, and develop an Action Plan and budget for addressing the current gap in counselling. The Action Plan should include recommendations to address the current lack of accredited and/or trained counsellors within PNG.

Recommendation 37: Recommendation 37: Significantly more Government funding should be provided to establish secure, accessible, properly designed and equipped safe houses across the country. At a minimum, every province should have at least one safe house, but many more facilities are needed to shelter GBV survivors across the country. Existing safe house providers should be brought together to assess the current service offering across the country, identify good practice and lessons learned, and develop an Action Plan and budget for addressing the current gap. Safe house SOPs and minimum benchmarks should also be endorsed and rolled out to ensure that adult and child GBV survivors are provided with adequate and safe shelter.

Recommendation 38: The NGBVS should work with other government and non-government partners to:

- (1) identify good practice examples of women's economic empowerment activities from across the country; and
- (2) explore options for developing government programmes and/or supporting non-government activities which support women's economic development, including specific support for GBV survivors.

Health Responses to GBV

Recommendation 39: The Government should provide sufficient funding to the NDOH to ensure that trained health providers are available to GBV survivors across the country to provide timely and quality care, including through properly resourced and staffed Family Support Centre (Ministry of Health and HIV/AIDS) (FSC) in all provincial hospitals and the integration of Sexual and Gender-based Violence (SGBV) services in lower-level facilities.

Recommendation 40: NDOH should direct specific funding and/or other assistance towards Provincial Health Authorities (PHA) to support the efforts to decentralise health services and improve accessibility at the district and village level. PHAs need to take ownership over FSCs and to make sure that SGBV response services are accessible down to the local level. PHAs are encouraged to recruit Provincial GBV Health Response Coordinators to coordinate FSC services and GESI integration into the PHA workforce.

Recommendation 41: NDOH should use its training and other awareness-raising channels to make clear that no fees are to be charged to GBV survivors in practice, in line with previous NDOH directives. Where part or all clinical services in response to GBV are provided through other clinics/wards, those services should also be provided free of charge.

Recommendation 42: NDOH needs to review its policy directives and training strategies to ensure that it is building an inclusive health service, with properly trained officials, capable of catering to the needs and realities of diverse populations, including young people, PWDs and people of diverse sexual orientation and gender identity.

Recommendation 43: NDOH should be properly resourced to provide family planning and reproductive health services to all women and girls across the country, free of cost and in safe, non-judgemental spaces which ensure that women and girls feel empowered. Such services should also include education on family planning, which should be tailored to reach both women and men.

Recommendation 44: NDOH should prioritise strengthening the health workforce capacity to provide survivor-centred specialised GBV services and adolescent and youth-friendly sexual and reproductive health care. This covers accurate, non-judgemental, non-discriminatory, age-appropriate information and services, including family planning. In support, the NDOH should update and fully implement the Adolescent Health Policy in line with recommendations provided by the CEDAW Committee to the PNG Government.

GBV and Access to Justice

Recommendation 45: RPNGC officers across the country need to be trained on the process for supporting GBV survivors to apply for Interim Protection Orders (IPOs) and Protection Orders (POs).

Recommendation 46: Additional resources should be allocated to support law enforcement agencies to ensure survivors have appropriate access to IPOs within the first 24 hours of making an application.

Recommendation 47: Village Courts and the Magisterial Services must collect data regarding how many IPOs are being processed by each court, within how many days of the application and whether a PO is subsequently processed. This data should be broken down per location and routinely published on each of their websites.

Recommendation 48: Consideration should be given by DJAG and the Magisterial Services to establishing some form of complaints mechanism to allow victims to provide feedback about the promptness of Village Courts and District Courts respectively in issuing orders, hearing cases and other areas of concern.

Recommendation 49: DJAG should produce SOPs and/or other guidance to law and justice officials on how IPOs and POs can be used to protect GBV child survivors, including how to balance the interests of the child and the parent in such cases.

Recommendation 50: DJAG and the RPNGC should collaborate to design some form of locally appropriate witness protection system which would ensure the protection of GBV survivors and other witnesses, including through legislation, official guidelines and/or specific funding mechanisms for safehouses.

Recommendation 51: The staff of the RPNGC FSVUs must be included in the official RPNGC establishment, with clear command and reporting structures. The Government should provide sufficient funding to the RPNGC to ensure that sufficient officers are trained on GBV issues to provide timely and proper responses to GBV survivors across the country. Specific effort must be made to ensure that proper police services are available to GBV survivors outside of PNG's major towns

Recommendation 52: The RPNGC must ensure proper training on GBV response and investigation processes for all new police candidates and refresher training for officers at all levels to ensure they understand their duties under the Criminal Code, FLA, LPA and Evidence Act.

Recommendation 53: The RPNGC must implement a zero-tolerance policy towards GBV amongst its own ranks. To this end, the RPNGC must ensure that there is a process for complaints to be made against police officers alleged to have perpetrated GBV offences, that such a process operates independently and effectively to investigate such allegations and that proper punishment is imposed where complaints are upheld (including termination and charges being laid).

Recommendation 54: RPNGC officers must implement the existing 'no-drop policy' for GBV complaints consistently and properly. They must also reject community or family efforts to coerce them or the complainants they have a duty to support to accept reconciliation or compensation.

Recommendation 55: The Director of Public Prosecutions (DPP) is encouraged to produce a specific proposal for consideration by the Government, Treasury, and this Committee, including a budget, on how to address weaknesses in the current capacities of the Office of Public Prosecutions (OPP) to prosecute GBV cases in a timely and effective manner, with a particular focus on ensuring services across the country. Such a proposal should be developed in collaboration with the RPNGC to integrate activities to strengthen the capacities of Police Prosecutors to run GBV cases in lower courts.

Recommendation 56: The RPNGC and DPP should develop independent complaints mechanisms to enable members of the public to make complaints regarding inadequate and/or slow investigations or prosecutions. Any such process should include transparency requirements, including regular reporting on complaints received and how they have been handled.

Recommendation 57: The Village Courts Secretariat and the Magisterial Service, in collaboration with the OPP (who operate as victim-advocates within the court system), should work together to examine how to more effectively provide victim support services to GBV survivors during the court process and produce concrete recommendations for action. These strategies should also address the specific needs of GBV survivors with disabilities.

Recommendation 58: All Village Court magistrates and officials must be made aware, and make clear to everyone that comes before them, that there are no fees to be charged by Village Courts.

Recommendation 59: The Village Courts Secretariat in DJAG should collaborate with other parts of the justice system to design and roll out a coordinated package of training and guidance materials for Village Court officials to ensure that they have a strong understanding of gender equality and child protection principles, key GBV laws and good practice, locally appropriate approaches to protecting women and children from violence.

Recommendation 60: The Village Courts Secretariat should develop a data collection and case monitoring system (in collaboration with other parts of the system) to enable better oversight of their operations, including audits and spot checks of decision-making.

Recommendation 61: The Government needs to work with the Magisterial Service to agree a strategy for resourcing District and Family Courts to enable them to properly discharge their mandates and dispense justice to adult and child GBV survivors. At a minimum, the Government must provide funding support to fill existing magistrate vacancies to reduce the current backlog in cases and ensure timely justice for GBV survivors.

Recommendation 62: All Magistrates should be required to participate in annual continuing legal education trainings on gender equality, GBV concepts, the Criminal Code, FPA, LPA and related regulations, the Evidence Act (in particular, the provisions related to testimony from survivors), and good practice approaches to ensuring survivor-centred justice approaches.

Recommendation 63: The Magisterial Service is encouraged to produce a specific proposal for consideration by the Government, Treasury, and this Committee, including a budget, on how to address weaknesses in the current legal framework, staffing and infrastructure of the District and Family Courts, with a particular focus on providing recommendations aimed at ensuring efficient justice services which are accessible to GBV survivors across the country. Such a proposal could be developed in collaboration with the Village Courts Secretariat to integrate joined-up activities to strengthen the capacities of these courts as well. Any proposal should also consider lessons learned from the Madang "Family Safe Court" pilot currently underway.

Recommendation 64: The National Court Registry is encouraged to review the Courts' internal case management rules and processes to ensure that GBV cases are designed to be survivor-centred, including by ensuring trials are managed in the most timely way possible.

Recommendation 65: The NGBVS should work with Government and civil society partner GBV service providers to:

- (1) undertake a systematic review of existing case management approaches to identify good practice and problems and produce action-oriented recommendations;
- (2) GBV service providers should collaborate to develop SOPs, including a Code of Conduct, to guide case management; and
- (3) the NGBVS should support a GBV Services One-Stop-Shop pilot to identify whether and how this concept could be adapted for PNG's context.

Recommendation 66: The Social, Law and Order (Departmental) Heads (SLOSH) working group should drive efforts to better coordinate the justice sectors GBV response and its coordination with other sectors, including the NGBVS, NOCFS, MOH and civil society.

Recommendation 67: Justice sector actors should collaborate to develop and roll out coordinated capacity development activities, which draw on lessons learned from existing 'train the trainer', mentoring and accompaniment models. Training should cover issues such as GESI principles, GBV concepts, legal frameworks, the rights of children and the rights of PWDs.

GBV Services for Perpetrators

Recommendation 68: The NGBVS should work with Government partners and CSOs to:

- (1) gather information about good practice activities focused on GBV perpetrators and lessons learned, including the specific approaches to rehabilitation and reintegration;
- (2) examine specific issues related to juvenile justice and rehabilitation; and
- (3) use that knowledge to scale up efforts to work with GBV perpetrators.

Recommendation 69: The Corrective Services Commission is encouraged to produce a specific proposal for consideration by the Government, Treasury and this Committee, including a budget, on how to develop and implement effective rehabilitation programmes for inmates convicted of GBV and/or for all inmates. This could be implemented as a pilot, from which lessons could be learned. Specific activities could be included for specific prisoner groups, such as women, juveniles and PWDs.

Reserved Seats for Women

Recommendation 70: In principle, the Committee supports the 2011 proposal to reserve 22 seats for women. However, while the Committee would prefer a greater number of seats to be reserved for women, the Committee will support a smaller number of women's seats if these can be implemented in time for the 2022 National General Election. The Committee urges the Government to urgently table a draft Bill in the National Parliament to create reserved seats for women.

Recommendation 71: The Government must ensure that women are able to participate in politics and decision-making meaningfully and safely across the country. Recognising the practical barriers still faced by many women who wish to engage in politics and decision-making, the Government should develop legal, policy and programming responses to empower women to be more effectively engaged in these processes.

This Report and its recommendations are endorsed by the Members of this Committee: Hon Charles Abel, MP Hon Allan Bird, MP Member for Alotau Governor, East Sepik Committee Charman Deputy Chairman Hon Powes Parkop, MP Hon Aiye Tambua, MP Governor, National Capital District Member for Goroka Committee Member Committee Member Hon Michael Dua, MP Hon Allan Marat, MP Governor, Chimbu Member for Rabaul Committee Member Committee Member Hon Ginson Saonu, MP Governor, Morobe Committee Member