

Annex 7: Submissions from Provincial Administrations action to address GBV and SARV

Provincial Recommendations

- **AROB**: The submission recommended: roll out of certified counselling trainings for all child protection and GBV/SARV case workers; investment in protections for registered case workers; provincial GBV funding to be provided by DFCDR.
- **East New Britain**: The submission recommended: more training for frontline service providers and other stakeholders to develop a common language for how to talk about GBV/SARV with people/communities; more funding to support a properly staffed Provincial GBV Secretariat; more work to run programmes in schools to address GBV; more education programmes specifically directed at addressing SARV; more infrastructure to support services for survivors.
- **Enga**: The submission recommended: urgent establishment of FSVU presences in their remaining 5 districts, Wapenamanda, Kompiani, Wabag, Laigam and Kandep; police personnel to be better trained and resourced; Ward Councillors to be trained to support survivors and become part of the referral pathway.
- **Milne Bay**: The submission recommended that: DPM issue a directive requiring all Provincial Human Resources Managers to advertise and recruit provincial GBV positions as a priority; direct the Ministry for Rural Development to include addressing GBV/SARV as funding priorities in SIP guidelines; direct provinces and districts to establish at least one safe house each, which can operate as hubs for care of survivors.
- **Morobe**: The submission made a number of recommendations, including: including the GBV Programme Coordinator in the PA structure (using one of the empty GESI slots); creating a stand-alone Ministry for Village Courts and Land Mediation to strengthen their capacities, including with training on the FPA and LPA; giving more training to police prosecutors; stationing a GBV-trained police officer in every district; sensitising all magistrates to GBV/SARV; changing the FPA to allow Village Courts to issue Protection Orders; including FSCs in district rural health centres, with a sensitised Nursing Officer/HEO; creating a National Safe House Policy framework; create a separate “vote” in the budget for provincial GBV funding;
- **NCD**: The submission called for a national meeting on GBV Data Management to identify options for (i) supporting provincial data collection and sharing and (ii) encourage MOUs to share data across key government agencies working to address GBV.
- **Oro**: The submission made a number of recommendations including: Provincial, District, LLG and Ward Development Plans need to capture GBV prevention interventions and attached a clear budget; more capacity building activities are needed for service providers and CBOs; the GBV Secretariat needs to be fully resourced, including a vehicle to support monitoring and support to survivors; a database needs to be developed to assist provincial secretariats to track services being provided and use it to inform planning and budgeting; and the development of “sub-district response centres” that can support referral, counselling, basic case management, and the collection of data to report to authorities.
- **WNB**: The submission recommended: immediate investment into developing a national GBV information management system to be rolled out with provinces to help them more systematically collect data; more capacity building training for provincial GBV partners, in particular on the referral pathway and on data collection and information management; and more funding for provincial responses, with provinces already having a Provincial GBV Strategy getting preference for support.
- **Western**: The submission identified a number of challenges including: under-funding of the Division of Community Development which is responsible for GBV; lack of skilled, trained

people; lack of proper infrastructure; isolation of service providers across a large province with limited transport; lack of data sharing between health, police and DCD and highlighted the need for a central database. They requested more training and capacity development and identified the need for more funding and staff to run a proper Provincial GBV Secretariat. They also recommended the roll out of standard design and costings for safe houses and family support centres.

Autonomous Region of Bougainville

AROB has a Family and Sexual Violence Action Committee which meets quarterly to review progress and address issues. They also have a Women, Peace and Security (WPS) Working Group whose mandate also overlaps with issues relating to women’s safety. AROB developed a specific WPS Action Plan, which guided their efforts. More recently, they have developed a draft Gender Equality, Women’s Empowerment, Peace and Security Policy (2023-2027) which includes a specific policy directive on addressing GBV and SARV, as well as a specific directive on WPS. That Policy calls for the establishment of an Office for Gender Equality which would include a specific GBV Officer. Currently, there is a GBV Focal Point who works withing DCD. However, there was a major setback for that team when their office burned down in late 2022, destroying all of the records and office equipment.

In the formative years of the FSVAC, a referral pathway was also established, and has been refined over the years. The Nazareth Centre for Rehabilitation operates 4 Safe Houses all three regions. The Nazareth Rehabilitation Centre also provides counselling and rehabilitation services for men. The Haku Women’s Collective also runs a safe house in the northern-most part of Bougainville. In addition, there is an FSC based in Buka that provides a range of health services to GBV survivors, but more health services (including psycho-social counseling) are needed. There are 5 FSVUs across AROB, staffed by 8 officers in total, but they are under-resourced. Police prosecutors need capacity building to help minimize the number of cases that are struck out or dismissed at the committal stage. The OPP prosecutor flies in to address cases in the national courts which are located in Buka, Buin, and Arawa, but there was limited support for some time because of OPP staff shortages.

Central Province

No submission received

Eastern Highlands Province

No submission received

East New Britain Province

ENB drafted a 5-year ENB Provincial GBV Strategic Plan (2016-2020), which is currently being updated for the another five years, with support from DFCDR and UNDP. A decision was made after a 2013 meeting of the CIMC FSVAC in Port Moresby to establish an ENB Provincial FSVAC. It was this process which led to the establishment of the current Provincial FSVAC, which includes government and CSO representatives. A GBV Secretariat was also established in 2015, which has one staff member who provides support services to the FSVAC, as well as co-ordinating FSV case responses, quality monitoring, supporting prevention activities and supporting data collection.

The GBV Secretariat and Childfund PNG have been working closely since 2020, with Child working to strengthen the capacity of the Secretariat with mentoring, and ongoing support. This has been achieved by Childfund PNG placing a staff member in ENBP to work with the Secretariat. This has provided clear benefits, with support for annual planning and the creation of a landmark “Provincial Family and Sexual Violence Response Protocol”, which helps guide the referral pathway. There is an FSC located at Nonga General Hospital and St Mary’s Hospital Vunapope also provides services to survivors. Coupe Safe House provide refuge, counselling and reintegration and

repatriation support to survivors. Kokopo, Rabaul and Kerevat have officers stationed from the Sexual Offences Squad and the Family Sexual Violence Unit.

East Sepik Province

East Sepik did not provide a written submission but they presented to the Parliamentary Committee in person in 26 May 2023.

Enga Province

In January 2021, the Enga Provincial Government passed the resolution that established the Enga Provincial Family and Sexual Violence Committee chaired by the Deputy Provincial Administrator (Social Services). An annual funding of K70, 000.00 was committed to support the FSVAC. Since its inception, the FSVAC prioritized the development of the Enga Provincial GBV Prevention and Response Strategy and Work Plan (2023 – 2026), which is currently being finalised. There is no GBV/SARV designated officer so the Director, Community Development has been the GBV Focal Point since 2021. Going forward, the Provincial Government has approved 12 new positions to implement the LPA, including a GBV/SARV-Child Protection Officer.

There is 1 FSV operating from Wabag General Hospital which responds to all emergency cases that present there. The Human Rights Defenders network from the Caritas Wabag (Catholic Church) and Tribal Foundation (in partnership with Lutheran church) often provide subsequent follow up recovery and reintegration support to survivors, together with the Rural Commanding team (Wabag, Porgera and Kandep) from the Police. Many GBV/SARV survivors are also supported by network partners outside of Enga Province, such as Oxfam International (Goroka, Eastern Highlands Province), Voice for Change (Banz, Jiwaka Province) and Kafe Women’s Association (Goroka, Eastern Highlands Province). This makes collecting data on cases difficult. Caritas Wabag at Sari Parish provides Safe House services to some survivors.

There is 1 FSVU operating out of Porgera District. The other 5 district police stations do not have operational FSVUs, which means cases are reported at the main counter as rape and/or sexual assault cases and are often not followed through for prosecution. Christian Churches in Enga as well as other CSOs have been proactive in raising awareness on GBV/SARV. Annually, the Enga Provincial Council of Churches conducts awareness of GBV, SARV, drugs, alcohol and substance abuse.

Gulf Province

No submission received

Hela Province

No submission received

Jiwaka Province

No submission received

Madang Province

No submission received

Manus Province

Manus Province is currently working to develop a Provincial GBV Strategy, with support from DFCDR and UNDP. The current Manus Corporate Plan includes the establishment of a GBV Secretariat, but one is not currently in place. However, the province has just completed a staffing restructure and has included a GBV Officer (Grade 12) in the structure (a TOR was attached to the submission), under DCD and reporting to the Coordinator of Family and Child Services. The province does not have GBV Action Committee in place, but plans to establish one. The province does not have a GBV data collection system in place currently but indicates it is a priority.

There has been no provincial budget allocated for GBV to in previous years, but funding is allocated to key service agencies such as the PHA and RPNGC. There are currently no specific crisis

support services available in the province but they envisage that the development of the new Strategy will help attract resources. There is no safe house, nor a Family Support Centre. However, some counselling services are provided by churches. There is one FSVU with 2 police officers. There have been no specific prevention activities funded by the Provincial Government but awareness is raised during other special events, as well as through government visits to LLGs. The PA has plans to expand prevention efforts through the media in the near future.

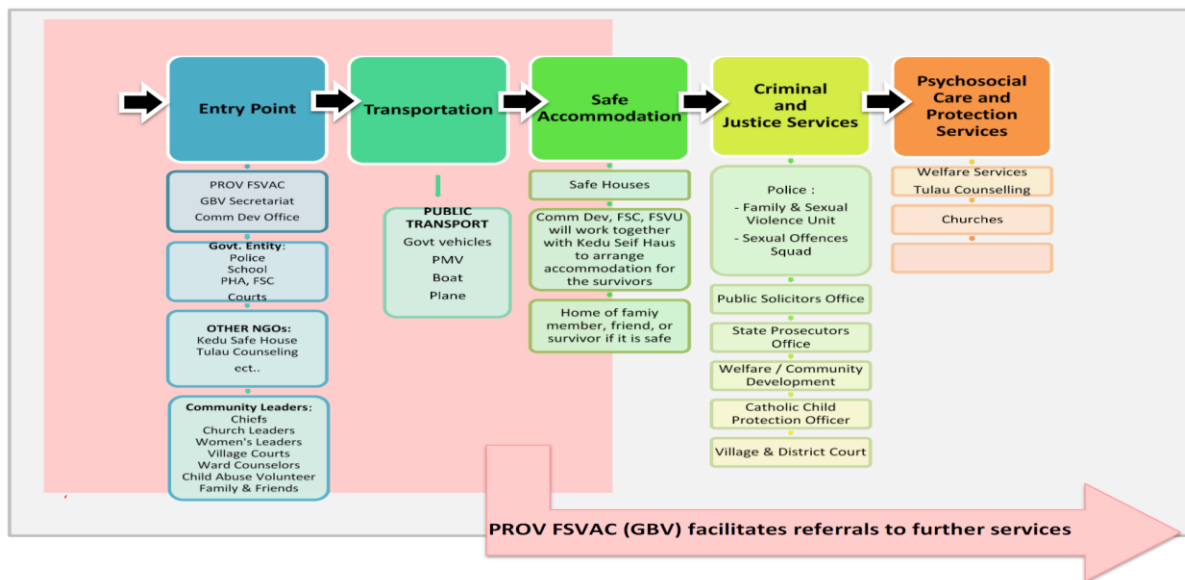
Milne Bay Province

Milne Bay endorsed a Provincial GBV Strategy in 2020 and it will run until 2025. The Strategy had 4 pillars: improving services for survivors; preventing GBV through awareness and training; increasing advocacy through evidence-based data; and strengthening GBV stakeholders' networks and coordination. Their 2023 annual GBV budget was K 1.195 million, with K1 million provided by a donor agency to establish a safe house. The Provincial Government usually allocates K70-100,000 to support GBV activities, with the GBV Coordinator position (Grade 12) covered each year in addition. There is a provincial FSVAC, supported by DCD, which coordinates GBV activities. They had a plan to support District GBV Secretariats, but that stalled with COVID19. In April 2023, the DCD team visited Samarai Murua District and established an FSVAC as a first step.

There is an FSC which provided clinical support to GBV/SARV survivors. The Kedu Safe House is the only safe house in the province, providing shelter, counselling and rehabilitation programmes. Counselling services are provided by Tulau Counselling, the safe house and the FSC. There is only 1 police officer manning the 1 FSVU in the province. They make referrals to the Sexual Offences Squad and the Criminal Investigation Division. The province has 4 district courts and village courts. Prevention activities are implemented as part of the work of other agencies, but there are no specific programmes run by the Provincial Administration. There are a handful of CSOs working to address GBV, including Link Milne Bay Inc, Bung na Yumi Senis, the Mothers Union in the Anglican Church and the Alotau Urban Youth Development Council.



FSVAC (GBV) Referral Pathway For Survivors of Family and Sexual Violence and Child Abuse



Morobe Province

Morobe Province has had a Provincial GBV Secretariat for more than a decade. Initially, a Provincial FSVAC was set up and in 2014, and a proper Secretariat Office was set up in 2015. The first Morobe GBV Strategy ran from 2015-17. In later years, progress stalled somewhat. A revised GBV Strategic Plan (2024-2026) has now been developed and is due to be finalised and endorsed in the coming months. Currently, there is only one officer seconded from DCD who operates as a GBV

Focal Point and manages the Secretariat Office. This officer is not under the Provincial Administration structure and is not budgeted for, with work mainly reliant on funding from the DFAT JSS4D Project. There is still a GBV Action Committee (which meets quarterly and coordinated effectively), a Juvenile Justice Committee and a Child and Welfare Council. Out of 10 districts, 8 have been sensitised on GBV issues by the DCD GBV Focal Point. It was reported that there is no support from the district level to support district GBV focal points. District Community Development Officers play a role in assisting survivors within their current TORs.

The FSC at the Angau General Hospital currently provides the medical response to GBV survivors. They have a Health Information System that tracks the cases they support. For 2022, data showed 973 cases of sexual or intimate partner violence being treated with another 311 cases of child physical or sexual abuse. There are four safe houses in Lae, all run by faith-based organisations. Three accommodated women only and one is for children. Femili PNG does cases management in the provinces and women's CSOs as well as churches also provide services. Their Human Rights Defender network and Community Volunteer Counsellors also perform important services within their communities which eases the load on other service providers.

There are 19 FSVU officers in Morobe, 11 are in the Lae Metro Command and 8 are in the Rural Command. Rural Command looks after 9 districts and has an FSVU in Bulolo and in Mumeng. There are three prosecutors in the province and GBV cases are heard in the Lae District Court. In 2022, 328 GBV-related cases were heard in the committee Court and 961 GBV summary offences. Additionally, 321 IPO/PO cases were handled. The submission noted that there is a lack of data on the role the Village Courts are playing in issuing IPOs and mediating GBV cases. Issues with IPOs included: confusion over how to apply and process them; no power for VC to charge if an IPO is breached; high cost in accessing District Court Services for IPOs. Most of the prevention awareness undertaken happens during the 20 Days Campaign.

National Capital District

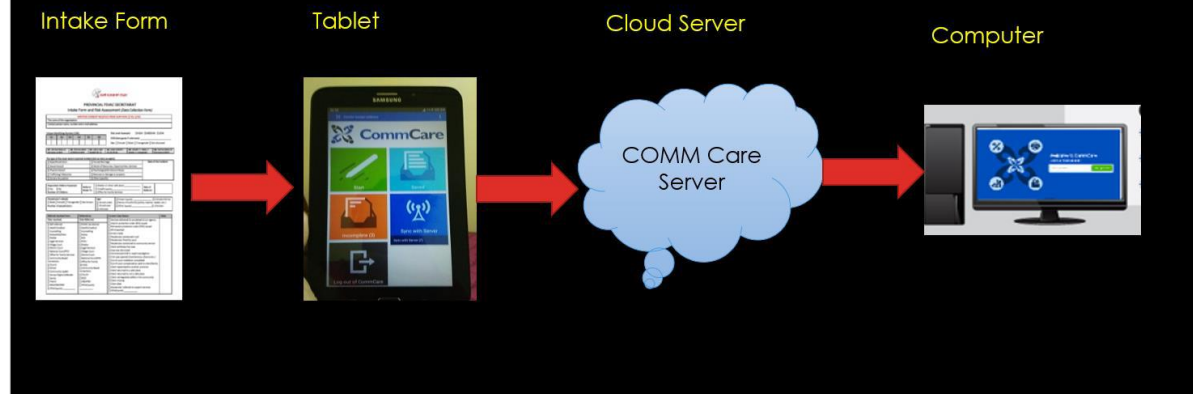
NCDC has been one of the leading sub-national units in the country, driving change through the implementation of their GBV Strategy 2020-2022. The NCD has a well-staffed, well funded GBV Secretariat, with 7 staff (GBV Secretariat Manager, 3 GBV Case Coordinators, 1 Data/Admin & 2 drivers) all paid by NCDC and included in the formal NCDC structure. There is FSVAC Committee and also a GBV Task Force Group, though those were merged in late 2020 to form one NCD GBV Council. The Secretariat facilitates Multi-Agency Case Conferencing. Case management is done with service providers especially Bel Isi Case Management Centre (with whom they have an MOU), safe houses, police, FSCs, etc. In the submission, they provided a detailed list of service providers in the NCDC. NCDC partnered with POMCCI to launch a GBV Legal Desk in March 2020 to help survivors access legal aid and the POMCCI recruited a lawyer for 12 months with a new lawyer to joining NCDC soon. They are also working with the Magisterial Service to support their effort to progress the "Building of Safe Courts for Women and Children" project in NCD. There are 8 safe houses in the city with 106 bed spaces available (but only 4 comply with Safe House Guidelines).⁴³ There are 8 Police Stations in NCD which each have an FSVU attached.

Their submission listed a number of achievements including: 778 staff information sessions conducted; 80% of staff signing Anti-GBV Pledges (including the Governor, City Manager and NCDC EMC Board and Management) as well as 10 major contractors and 70 smaller contractors; GBV Workplace Policy/Anti-Sexual Harassment Policy in progress; partnering with Business Coalition for Women develop GBV workplace policy for the major contractors; investments in market areas and recreation spaces to make them safer; Bus Stop Wardens to minimize attacks on innocent women/children; roll out of Meri Safe Bus for all women and girls in NCD; Behavior Change Programs with young people and women groups in settlements in NCD.

⁴³ Only 4 are recognized and operational while 2 as shelters, 1 a drop in Centre and 1 HIV/Aids Orphanage

In terms of good practice, the NCD GBV Data Management System was established in May 2016 as part of a pilot project (with Morobe, Milne Bay and ENB) with support from UNDP, DFCDR and the National FSVAC Office. It still operates as one of the only functioning GBV databases in the country.

- From the Intake Form, GBV data is entered into the tablet using the COMM CARE system.
- From the tablet, data is sync on a forth nightly basis onto the main COMM CARE Server.
- Data officer logs into the COMM CARE Server and retrieves raw data and generates reports.



New Ireland Province

No submission received

Oro Province

The submission reported that SARV cases are a particular issue, and use of “Glassman” is common in the province. Most SARV cases are not reported but there have been awareness efforts carried out in communities where violence and deaths have occurred as a result of sorcery accusation. The Office of Community Development has a full-time position for a GBV Focal Point / Secretariat. This Officer is responsible for coordinating all Gender and SARV activities in the Province. There is a also very active Gender / Disability Desk stationed with DCD, which is staffed by two full-time officers which takes care of issues including GBV. There is a GBV Action Committee which meets quarterly and reports to the GBV Focal Point on issues facing service providers. The quarterly meetings are facilitated by Femili PNG, Lae. The GBVAC currently receives no funding from the Provincial Government.

Referral pathways and linkages between service providers need to be strengthened. Popondetta General Hospital receives cases of violence everyday, but there is no dedicated FSC to assist survivors with treatment and counselling. Sohe District has a Safe House and the Anglican Church is about to establish a Safe House in Popondetta District. This means that the Ijivitari District needs support to establish a Safe House and by 2024, they want safe houses in each of their 8 sub-districts. Femili PNG is key CSO partner, providing the GBV Secretariat and all partners with technical advice, training and capacity building, as well as support for repatriations/relocation/reintegration. The Northern Coalition for Disability Rights and the Oro Provincial Council of Women both work closely with the GBV Focal Point to deliver programs that empower the women and protect them from violence. There is one FSVU based in Popondetta which has two officers. The Provincial Court House in Popondetta deals with GBV cases and maintains and shares data. In the private sector, Higaturu Oil Palms through its Security, Welfare and Health sections has been attending to GBV and FSV cases effectively and referring them to clinics. Through Project Zero, the Kokoda Tracking Foundation works to change community attitudes about women/girls, including a reduction in violence. KTF has also provided capacity building trainings for all partners working the GBV space.

Sandaun Province

No submission received

Simbu Province
No submission received
Southern Highlands Province
No submission received
West New Britain Province
<p>West New Britain Province is one the leading provinces that took the initiative to develop its own Provincial GBV Strategic Plan (2021-2025). The Plan has 12 Strategic Priority Action Areas. A key part of the plan has been the development of critical infrastructure, namely the plans to build a Safe House Centre at Hoskins LLG in the Nakanai District and Family Support Centres in Talasea and Kandrian/Gloucester Districts. WNB has a Provincial FSVAC which was established via a PEC Decision in 2020. It includes a range of government and CSO partners.</p> <p>There is an FSC already established by the PHA. There is also 1 FSVU which is staffed by a single police officer. There are some active CSOs supporting the referral pathway, in particular, the three safe house providers, namely, the WNB Province Meri Seif Haus Association, the House with Yellow Ribbon an Patwe Out of Home Care for Children.</p>
Western Province
<p>Western has no Provincial GBV Strategy in place. They advised that with DFCDR support, they are planning to develop and submit a new Strategy in late 2023. They do not currently have a Provincial GBV Secretariat in place. The current Community Development Officer operates as their provincial GBV focal point. They estimated that K100,000 was allocated to address GBV in their 2023 provincial budget, but only K40,000 has been provided so far. The three districts in the province each have a district Family and Sexual Violence Action Committee, but they need funding and capacity development support.</p> <p>There are is an FSCs in South Fly District at the Daru General Hospital. The other two districts provide health and counselling services at their district hospitals. There are two FSVUs established, on in Daru with one officer and one in Kiunga with one officer (a total of two FSVU police officers). In 2022, the Touching the Untouchables CSO started work to set up two safe houses - one in Kurunti is now complete and is ready for launching, while the one in Waidoro is under construction.⁴⁴ The hospital, health centres, NGOs and churches provide some counselling services and do referrals to other service providers. There is some GBV education work being undertaken, with churches undertaking various programmes.</p>

⁴⁴ The safe house project is funded by Women’s Peace and Humanitarian Fund (WPHF) under UN Women.