30 June, 2021

**Special Parliamentary Committee on GBV Secretariat,**

**Papua New Guinea National Parliament,**

**P.O.BOX Parliament House,**

**Waigani.**

**Submission to Special Parliamentary Committee on Gender-Based Violence Inquiry**

**UNFPA**

UNFPA welcomes the Special Parliamentary Committee’s Inquiry on Gender Based Violence (GBV). Specialised health services are essential and life-saving for survivors of GBV. The health sector also plays a critical role in preventing GBV, promoting gender equality and achieving sustainable development. Women’s, men’s, girls’ and boys’ full access to accurate, comprehensive, timely, quality and age-appropriate sexual and reproductive health information and services, including family planning, is central to ensuring respect for the right of all people to bodily autonomy, right to live free from harm and violence and to fostering healthy, non-violent relationships, families and communities.

Despite this, the health sector is under significant strain in its efforts to respond to GBV and support sexual and reproductive health and rights. Between 2018 to 2021, 39,368 GBV survivors sought help following incidents of sexual and/or physical violence from health providers.. Inadequate financial, material and human resourcing present a major challenge to providing accessible, appropriate services for survivors of violence. For example, few Family Support Centres are functional beyond a Provincial level while services have limited operating hours, despite the fact that most violence occurs at night and on weekends. Limited access to adolescent and youth-friendly services exacerbates risk of GBV especially for adolescent girls and women who are ill-equipped to negotiate intimate relationships including use of family planning. Adolescent pregnancy continues to present a leading barrier to achieving gender equality and sustainable development across PNG. Adolescent pregnancy commonly results in the exclusion of girls from school which erodes their equality with male counterparts over their lifetime and places them at greater risk of experiencing violence due to this inequality.

The concluding observations of the most recent Committee on the Elimination of Discrimination against Women (2010) cites inadequate preventative sexual and reproductive healthcare information and services, low rates of modern contraceptive use, high rates of teenage pregnancies and sexually transmitted diseases as primary barriers to women’s human and equal rights. It cites concerns regarding punitive provisions for women who undergo abortion, the proportion of maternal deaths attributable to unsafe abortion and the limited provision of quality and accessible post-abortion care. It calls for:

(42) “ concrete measures to enhance all aspects of healthcare for women …... (PNG Government to) ensure ...preventive health-care information and services, especially sexual and reproductive health care ….recommends that the State party review the laws relating to abortion, with a view to removing punitive provisions imposed on women who undergo abortion and to providing them with access to quality services for the management of complications arising from unsafe abortion... requests the State party to strengthen and expand its efforts aimed at the prevention of teenage pregnancies and sexually transmitted infections by increasing knowledge about family planning, including contraceptives, and awareness of existing services. This should include the provision of comprehensive, youth-friendly sexual and reproductive health-care services, confidence-building programmes and age-appropriate sex education as part of the formal and informal education curricula targeted at girls and boys. Such programmes should take due account of traditions and the physical barriers confronting women in rural areas.”

Building on this, the Report of the Special Rapporteur on Violence Against Women (2013) calls for the establishment of a “coordinated and integrated referral system to include all sectors, such as the health, police, legal, social welfare and education sectors, with a view to address the protection needs of women and girls who have been subjected to violence…. (including) the necessary regulations, protocols and instructions to provide clear guidance to service providers”.

In light of this, UNFPA recommends the following:

**RECOMMENDATIONS**

Special Parliamentary Committee Inquiry on GBV

* **Stronger focus on health in the work of the Special Parliamentary Committee through the 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.

Policy and Legislation

* **Promotion and protection of women’s and girls’ full and equal right to healthcare, bodily autonomy and to live free from violence through the enactment and full implementation of the Women’s Health Protection Bill.** Alignment of the Women’s Health Protection Bill with PNG’s obligations under the Convention on the Elimination of Discrimination Against Women (CEDAW) to guarantee women’s rights "to decide freely and responsibly on the number and spacing of their children and to hove access to the information, education and means to enable them to exercise these rights" (article 16.e)” through their full and equal access to health information and services, including family planning.
* **Update and fully implement the Adolescent Health Policy in alignment with obligations and recommendations under CEDAW** including provision of comprehensive, youth-friendly sexual and reproductive health-care services, confidence-building programmes and age-appropriate Comprehensive Sexuality Education as part of the formal and informal education curricula targeted at girls and boys in line with international standards.
* **Work with the National Department of Education to enact policy barring the exclusion of pregnant girls from school** and to support their continued education through necessary support.
* **Finalise, enact and fully implement the SGBV Clinic Guidelines. Revise and fully implement the Family Support Centre Standard Operating Procedures** to reflect obligations under the SGBV Clinic Guidelines. Ensure both policies align with obligations and best practice standards for GBV health care in emergency and non-emergency contexts.

Comprehensive, Quality, Timely and Well Coordinated Services

* **Expanded investment in GBV health services at a national level in National Department of Health financing and budgeting.** GBV health services are under-funded in a health sector which is already under-resourced as a whole.
* **Expansion and strengthening of specialised health services for survivors of GBV** through further decentralisation of Family Support Centres to district and sub-district levels, expanded opening hours to ensure 24 hour services, mobile specialised GBV health services and formalised and fully implemented referral pathway standard operating procedures within the health sector as well as across the GBV referral pathways. Recognising the vast majority of GBV survivors are female, it remains critical to ensure specialised GBV health services are available and appropriate for all survivors including males, adolescents and children as well as persons with a disability, persons of diverse sexual orientation and gender identity, persons living with HIV/AIDs, persons in detention, persons who use drugs, persons who sell sex and persons in emergency contexts.
* **Ensure Provincial Health Authorities, hospital Chief Executive Offices and other health sector decision-makers are aware of and comply with their obligations to prioritise specialised GBV health services including in budgets.** Inclusion of GBV response services in all PHA budget and hospital allocations to ensure sustainable functioning of FSCs.
* **Enforce compliance with the National Department of Health directive that Family Support Centre service remain free of charge including issuance of medical reports.** Where part or all of clinical services in response to GBV are provided through other clinics/wards due to FSC limited capacity, ensure these services are also provided free of charge.
* **Expanded workforce authorised to issue reports to ensure survivor’s can timely secure a medical report to support their access to justice.** A critical shortage of medical personnel authorised to issue medical reports especially at district and sub-district negates their right to free medical reports required to pursue justice.
* **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.** Despite intentions, this places the survivor at increased risk of further harm by exacerbating their financial dependency and revealing to the perpetrator that they have sought help. It greatly deters survivors from seeking the free medical help they are entitled to, which in turn worsens the consequences of this violence for the survivor.
* **Provision of high-quality, integrated and innovative adolescent- and youth-friendly sexual and reproductive health services, including access to modern contraception** across the entire health sector including private and public providers. Ensure services are available, accessible and appropriate for all adolescents and youth including young people: with a disability; of diverse sexual orientation and gender identity; living with HIV/AIDs; who are in detention; who use drugs; who sell sex; who are in emergency contexts.
* **Ensure all persons, including adolescents, youth and unmarried persons have access to accurate, non-judgemental, age-appropriate information on sexual and reproductive health and rights including family planning and gender based violence** including through:
	+ Mandated Comprehensive Sexuality Education (CSE) as a core subject in public education curricula across all grades. Ensure CSE aligns with international standards; namely, is incremental, age and developmentally appropriate, curriculum based, comprehensive, culturally relevant and context appropriate, transformative, based on gender equality and a human rights approach and supports children and young people to develop life skills needed to support healthy choices.
	+ Standardised out-of-school CSE delivered through youth networks, platforms and resource centres.
	+ Quality peer education utilised in the delivery of in and out-of-school CSE including through the introduction of national peer education policy which outlines relevant standards and required capacity development and resourcing.
	+ Ensure sexual and reproductive health and rights and GBV Information Education Communication (IEC) materials are available at all health delivery points. Ensure IEC is non-judgmental, scientifically accurate, culturally relevant, context appropriate, age-appropriate and tailored to the needs and capacities of all persons including persons with a disability and for persons of diverse sexual orientation and gender identity.

Resourcing and Workforce Strengthening

* **Expanded recruitment and placement of qualified personnel in Family Support Centres** includingProvincial GBV health coordinators and additional front-line FSC staff. Expand GBV health workforce through increased PHA support for FSC personnel and introduce incentive mechanisms for resident doctors and health personnel to attract quality staff.
* **Strengthen support for front-line workers.** Insufficient staffing and exposure to extreme violence greatly contributes to burn-out amongst FSC workers. Accordingly, greater support including mental health care responding to high rates of vicarious trauma is needed to ensure a quality and sustainable workforce.
* **Ensure the health workforce is able to deliver high-quality, non-judgmental and confidential sexual and reproductive health services to adolescents and young people** through structured supervision, training and learning opportunities.

Data Management

* **Document and make publicly available the proportion of maternal deaths attributable to unsafe abortions** in line with CEDAW recommendations.
* **Ensure survivor-centred management of GBV data through the health system** including through the establishment of information sharing protocols at a service and national level for the safe and ethical sharing of information for the purposes of coordinated service delivery and analysis of administrative data. Ensure healthcare providers are capacitated and have the resources needed to safely and ethically collect, store and analyse GBV data collected through service provision.