HUMANITARIAN IMPLEMENTATION PLAN (HIP)

PAPUA NEW GUINEA

The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/BUD/2014/01000

AMOUNT: EUR 1 500 000

1. CONTEXT

Papua New Guinea (PNG) is a country of 6.5 million people (July 2011 estimate) ranking 134 out of 148 in the United Nations 2012 Gender Inequality Index (UNDP)[1]. Violence within and between communities and individuals is prevalent in many parts of the country and includes murder, serious sexual offences, inflicting of severe injuries, and armed conflict[2].The violence has to be understood within PNG's particular context, with more than 800 language groups, with diverse cultures and beliefs[3]. Tribal fighting often involves gang rape, and rape as a form of retaliation. The prevalence of sexual and gender based violence (SGBV) prevents freedom of movement and unfettered access to community spaces, education, and employment opportunities.

On the basis of experience gained notably since the inclusion of PNG into the DIPECHO Programme in 2011, and the establishment of partners' presence in the country, in 2013 the crisis in Papua New Guinea has been identified as a forgotten crisis for the first time since the Commission developed the FCA tool in 2004.

A major conference on SGBV has been convoked by MSF in November 2013 in Port Moresby, where humanitarian and development actors and donors (EU, AUSAID, NZAID, USAID, etc.) together with the PNG government will outline a common intervention strategy, including considerations of LRRD and resilience. In order to support and boost the process at such a critical moment, advocacy is required. Therefore, humanitarian funding will contribute to bridging the gap for a limited time until a longer-term response strategy is defined by the PNG government itself, supported also by development donors.

The *Médecins Sans Frontières (MSF)* President, during his visit in November 2012[4], qualified PNG as a unique set-up with its widespread almost, endemic levels of sexual and domestic violence, calling it a "Humanitarian Crisis"[5]. MSF estimates that 70% of all women in PNG will be raped or physically assaulted in their lifetime.

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1 Human Development Report 2013. United Nations Development Programme. 2013

2 Armed Tribal Conflict and Sorcery in the Highlands of Papua New Guinea. United Natios Human Rights. 2010.

3 Preliminary Findings on PNG mission, UN Special Rapporteur on Torture, 2010.

4 Papua New Guinea: Victims of sexual violence must not suffer in silence. Unni Karunakara. 2012, http://www.msf.org/article/papua-new-guinea-victims-sexual-violence-must-not-suffer-silence

5 Hidden and Neglected: The Medical and Emotional Needs of Survivors of Family and Sexual Violence in Papua New Guinea. Medecins Sans Frontieres. 2012.

According to the UN *Special Rapporteur on Violence against Women, Ms Rashida Manjoo*, who visited PNG in March 2012: "gender violence is endemic throughout the country. It is a public health crisis, as well as a humanitarian crisis".[6]

Family and sexual violence in Papua New Guinea is widespread and has a devastating impact on the lives of individuals, families, and communities. For example, 65% of women and girls are subject to physical and sexual violence by male family members[7]; Adult women (aged 26-55yrs) constitute almost half of all cases of violent injuries in PNG[8].

PNG's National AIDS Council estimates that nearly 60 % of those infected with HIV in PNG are women, with survivors of physical and sexual abuse having higher rates of HIV and sexually transmitted infections than the general population. HIV/AIDS is both a cause and effect of SGBV - women suffer a disproportionate share of the disease burden, which is often described as the 'feminization' of HIV. They also suffer severe violence and discrimination for carrying the disease and die not only from AIDS but from related violence.

In general, domestic violence is perceived to have increased in both frequency and severity over the past ten years. Such violence generally occurs within the domestic environment. Broken arms, facial bruises and lacerations caused by knives, iron bars and timber have been reported as common by health centers.

Systematic targeting of women has its roots in the gender inequality and discrimination in PNG that are supported by customs such as polygamy, forced marriage, bride price, honor violence. Alcohol and drugs abuses are widespread and are closely intertwined with domestic violence, in particular they appear to be powerful catalysts of SGBV. Sorcery is another "excuse" to justify inhuman treatment of women; the details of these literal witch-hunts are extremely shocking, with victims often violently tortured and abused before gruesome deaths such as beheading or burning alive.

SGBV has severe consequences for victims, affected family members, communities and the country as a whole. It impacts on the most productive lives of females accounting for physical, emotional and behavioural damage (excessive drug and alcohol use, depression, low self-esteem, post-traumatic stress, suicide and medical problems such as reproductive/sexual health disorders etc.).
The current analissis is that this is likely to be a one-off operation.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries:

PNG has the highest population of all the Pacific nations with approximately 6.5 million people, though estimates consider the population to be even larger (a new

[6] Special Rapporteur on Violence against women finalises country mission to Papua New Guinea

[7] Ganster-Breidler, Margit. Gender-based violence and the impact on women's health and well-being in Papua New Guinea. Divine Word University, 2009.

[8] Oxfam International. 2010. Violence against Women: Review of Service Provision in the National Capital District, Papua New Guinea, Oxfam Papua New Guinea, Port Moresby, p. 20.

census is planned). The country has one of the highest growth rates across Asia and the Pacific at 2.5%. The life expectancy in PNG is the lowest in Asia and the Pacific countries at 61 years of age and one of the few countries in the world where women have a lower life expectancy than men.

People affected by the SGBV crisis are women and children (boys and girls), throughout the country. However, interventions will prioritise the areas where there are governmental or non-governmental initiatives engaged on SGBV, such as family support centres. Depending on the focus of the operation, activities involving men and the larger community may be implemented.

It is estimated that at least 2 million women and children are affected.

2) Description of most acute humanitarian needs

- Immediate life-saving medical and psychosocial treatment and care;
- Counselling targeting victims, perpetrators and involved family members;
- Protection through safe-haven accommodation for victims and survivors of SGBV;
- Resilience building among women and children (boys and girls);
- Legal assistance, including information on available services;
- Livelihood support as a protection and resilience mechanism;
- Development of community-based protection mechanisms;
- Capacity-building and awareness-raising among governmental institutions dealing with victims of SGBV;
- Awareness raising among general population (at community level);
- Training and support to National Department of Health, especially the Family and Sexual Violence Action Committee (FSVAC) and the existing Family Support Centres (FSC).

ECHO's Integrated Analysis Framework for 2013-14 identified humanitarian needs in PNG as forgotten crisis on the basis of experience gained notably since the inclusion of PNG into the DIPECHO Programme in 2011, and the establishment of partners' presence in the country. The vulnerability of the population affected by the crisis is assessed to be very high.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

The government of PNG has taken steps toward protecting women from sexual violence such as provision of a legal framework to empower women and enacting the 'Sexual Offences and Crimes against Children Act' (2002), but still there remain severe shortcomings in implementation and enforcement of the law.

The government also introduced a bill early 2013 allowing for tougher sentencing for rape and murder. On the same occasion, the Parliament repealed the 1971 Sorcery Act which in the past has provided a convenient pretext to commit horrific crimes, including rape.

Different actors acknowledge political will but highlight the need for capacity building.

Family support centres (FSCs), designed by the NDoH (National Department of Health) have been, or are being, established at provincial and some district hospitals. They aim

to provide a private and secure setting where women can access services, including medical treatment. However, lack of clear leadership, guidance and medical expertise has meant that the role and function of these centers has been interpreted differently by different actors.

This has resulted in a variety of services being provided, some of which do not meet minimum standards of care. A number of buildings that call themselves FSCs are staffed by people who are not medically qualified nor properly trained. Other centers do not offer any medical or psychosocial care whatsoever.

In 2009 hospitals and health facilities were instructed to waive fees for women and children who suffer gender-based violence. The National Clinical Practice Guidelines for Medical Care and Support of Survivors of Sexual Violence in PNG, which are designed to aid health workers to accurately record information and make it easier to generate medical reports, have been developed by NDOH in consultation with stakeholders.

The response strategy drawn up at the conference in November 2013 will re-enforce and further develop existing efforts and embed them in the health system. DG ECHO's funding will bridge the gap to cover the most urgent needs for a limited time. It is expected that the PNG government itself, supported also by development donors will be able to continue the implementation of the SGBV programme at the expiry of the present HIP.

2) International Humanitarian Response

Two years ago MSF began operating FSCs in Lae and Tari, where they provide medical and psychological care for victims of SGBV. In 2009, at the Lae clinic alone, MSF provided care to more than 2,700 women and children who came for help after being beaten, sexually or otherwise physically abused or raped. MSF's experience shows that providing quality, specialized care is possible. Their experience demonstrates that services are needed, used and valued when available. MSF has provided care for more than 6,700 survivors of family and sexual violence in its Family Support Programme.

ChildFund recently launched a campaign consisting in the release of a comprehensive report (desk and field review) on SGBV in July 2013 associated with actions through social media, meetings with donors, government[9].

World Vision is implementing projects such as Ol Meri Igat Namba (OMIN) tackling SGBV through women empowerment, referral actions and addressing HIV/AIDS related issues. WV has also released studies and reports in relation to SGBV[10].

Oxfam International released a report on Violence against Women[11], providing a number of recommendations on service provision to victims of SGBV.

[9] Gender-Based Violence in Our Communities. ChildFund Papua New Guinea. 2012

[10] Gender, Violence and Christianity: Exploring Gender-Based Violence, Family Violence & Violence against Children in Melanesia. World Vision. 2011.

[11] Oxfam, 2010, Violence against Women: Review of Service provision in the national Capital District, Papua New Guinea: Final Report.

Save the Children is working on health including MCH, malaria, HIV/Aids and governance programmes on education and child protection.

A Protection/SGBV/Gender based taskforce and cluster is set up and led by UNHCR.

3) Constraints and DG ECHO response capacity

Security (widespread criminality and unreliable context) and Logistics (roads and infrastructure) are major challenges and need to be considered in the budgeting.

Related to the main criminal threats to international/humanitarian agencies' staff is subject to carjacking, armed robbery, theft, break ins at residences and sexual harassment and sexual assault/rape.

The number of partners is considered sufficient for implementing the intervention.

4) Envisaged DG ECHO response and expected results of humanitarian aid interventions.

DG ECHO assistance to actions in PNG will be EUR 1.5 million and will address emergency needs of SGBV victims and their families through a holistic intervention approach, covering health, protection and resilience building.

Given that ECHO's efforts serve as a catalyst and are limited in time and funding ongoing efforts by the Government in enabling access to services and to information by SGBV victims should be supported and enhanced. Operations should contribute to and improve the existing system, for sustainability purpose and hand-over to the governmental institutions and/or development donors.

Victims and survivors of SGBV need immediate lifesaving medical treatment and care following the assault and most often they will need psychological support and care for longer periods of time. Medical care includes the 5 essential services: Medical first aid; Psychological first aid; Post-Exposure-Prophylaxis (PEP) & medication for sexually transmitted diseases; Vaccination (Hepatitis B & Tetanus); Emergency contraception.

Such responsive emergency actions should be accompanied by short to medium term instigations, e.g. temporary installation of victims/survivors in safe-haven accommodation outside their homes (in case of domestic violence), and counseling both for the victim/survivor, the perpetrator and potential children of the affected family. Resilience building will include supportive measures for the direct and indirect victims of SGBV as well as capacity-building of the local health institutions and community-based mechanisms.

Effective coordination is essential. ECHO supports the **Inter-Agency Standing Committee's Transformative Agenda (ITA)** and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out.

Implementing partner organisations will be expected to ensure full compliance with **visibility** requirements and to acknowledge the funding role of the EU/ECHO, as set out in the FPA and the FAFA.

4. LRRD, COORDINATION AND TRANSITION

1) *Other DG ECHO interventions*

DG ECHO is funding DIPECHO projects in PNG implemented by UNDP, OCHA, World Vision and ADRA. When disaster occurs, SGBV increases, especially in situations of displacement and camp settings. Preparedness of the communities and local institutions in addressing and mitigating these outbursts of violence is essential. DIPECHO partners and those to be funded under this HIP should exchange on potential opportunities to build the local capacity in dealing with SGBV in the aftermath of a disaster.

2) *Other services/donors availability*

AUSAID has adopted a framework for action to address violence against women through ensuring women have access to justice, access to support services and prevention.

International attention and engagement on SGBV in PNG currently seems to be gaining momentum, with several important in-depth publications released in recent years[12], and with an upcoming high-level conference in November 2013, to be attended by all major stakeholders, including NGOs, UN, donors, and PNG authorities at various levels.

3) *Other related EU interventions*

As PNG is an ACP country, EDF is the main EU funding source with currently EUR 25-30 000 000/year provided. The EU Delegation previously managed a programme supporting the NGO 'House Ruth' for activities related to safe-haven accommodation and counselling for victims/survivors of SGBV and their accompanying children.

The EU Delegation is expected to participate in the November Conference on SGBV. In view of PNG's poor track-record on gender equality, with low levels of female participation and high rates of SGBV, some targeted support should be foreseen in the EU assistance from 2014-2020. Other sources of funding exist at regional and bilateral level from EU thematic instruments, particularly for gender.

4) *Exit scenarios*

From the outset, opportunities for LRRD will be sought with other EU funding instruments and other donors, as the problem is of a structural nature and EU humanitarian aid will work only as a catalyst to encourage more long-term support in this area.

Exit opportunities are to be found with development donors and the government through capacity-building of local authorities and institutions for hand-over as well as resilience building of communities and especially SGBV survivors.

[12] 1. Papua New Guinea. 2011-2012 Country Gender Assessment. World Bank. 2012 Engendering Violence in Papua New Guinea. Australian National University. 2012. Special Rapporteur on Violence against women finalises country mission to Papua New Guinea. Rashida Manjoo, UN Special Rapporteur on Violence against Women. 2012. Gender-Based Violence in Our Communities. A Desk and Field Investigation into Family and Sexual Violence in Papua New Guinea. ChildFund Papua New Guinea. 2012.