



CARE Rapid Gender Analysis

Papua New Guinea -

Highlands earthquake

22nd of March 2018

CARE PAPUA NEW GUINEA

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Executive Summary

Natural disasters, such as the earthquake that hit Papua New Guinea on the 26th of February are discriminatory events affecting women, men, girls and boys differently. Drawing on pre-crisis information, the rapid analysis finds that women and girls are likely to be placed at particular risk due to their increased workload and caring responsibilities¹. The destruction of the food gardens deprives women of family food but also of their main source of livelihood. Girls and women are also likely to face secondary gendered risks that result from the disaster, including increased domestic violence, sexual violence, forced marriage and accusations of sorcery. Structural gender inequalities and additional challenges in accessing health services are likely to further impair their sexual and reproductive health at a time when they may be exposed to increased risks of unwanted pregnancies, STIs and HIV Aids. Inequalities at home may also expose them to particular risks of food insecurity, eating least and last when food becomes scarce. Female-headed households and widows require particular attention: With less bargaining power, scarce financial resources to purchase essential goods and deprived of the required skills to rebuild their shelters, they are at increased risk of exploitation. The population displacement resulting from the earthquake is likely to generate tribal fights, bearing direct consequences on men's security and indirect consequences for the rest of the community.

Key recommendations

- Build on CARE's existing gender-sensitive practices to design the humanitarian response.
- At all stages of the response, ensure the team is composed of women and men. Inclusion of female staff in the team will allow consulting with women and adolescent girls and will support their access to assistance.
- Ensure that both women and men are consulted about priority needs, distribution mechanisms and access to vulnerable groups.
- Assess differential access to aid and services. Identify factors regarding safety to not increase risks of gender based violence.
- Assess how the disaster has distinctly affected women's and men's agricultural livelihoods.
- Pay particular attention to the situation of female-headed households, pregnant or lactating women, older people and people with disability.

Key findings

- As the main guardians of family health and caretakers of children and other dependant family members, women are likely to face a further increase in their workload. The earthquake has provoked a partial or complete destruction of WASH facilities and food gardens, children are no longer in school and there is a rise in family morbidity.
- Damage to food gardens means that women will no longer be able to sell the surpluses, diminishing their access to income
- The poorest fringe of the society, particularly widows and single mothers, may have increased difficulty purchasing essential goods such as food or water and are at risk of sexual abuse in exchange of such resources or to get help in reconstructing their shelters.
- People with disability are at acute risk of neglect and maltreatment, women with disability being confronted with sexual violence.
- As food is scarce, girls and women are less likely to have access to highly valued food high in protein and rich in fat. Pregnant or lactating women are at particular nutritional risk.
- The challenges women face in fulfilling their role in feeding their family is likely to result in increased levels of domestic violence.
- Increased difficulties in accessing drinking water and lack of sanitation facilities expose women and girls to greater risks of violence and undermines their dignity.
- Emotional trauma and stress is likely to manifest itself in different ways, including Gender-Based Violence.
- Economic hardship may heighten the possibility of engaging in sex work as a coping strategy.
- When schools will resume, impoverished families are likely to prioritise the education of boys, girls staying at home if school fees cannot be paid for all.

¹ CARE, 2015-2016 *El Niño Response Papua New Guinea, Gender in emergencies lessons learnt*, p. 2, 2017

Introduction

Background information to Highlands earthquake

An earthquake measuring M7.5 occurred on 26 February 2018, its epicentre being located in the Southern Highlands. There have been a series of strong aftershocks, including a M6.7 quake on 8 March in the same area and a M6.8 quake off the coast of New Ireland. The quake triggered numerous landslides and sinkholes that blocked roads and rivers. Phone networks, power lines and municipal and domestic water tanks have been damaged, houses buried and damaged. The Government has declared a state of emergency on 2 March for Hela, Southern Highlands, Western and Enga provinces.

The population in the area is highly dispersed and living in remote and rural communities with no major urban areas in the immediate vicinity. According to initial estimates, over 544,000 people are affected across the five most affected provinces. Over 270,000 people require immediate humanitarian assistance, with indication of urgent needs, including for health, protection shelter and WASH assistance². Understanding the full extent of the impact of the earthquake in remote mountainous and hilly area will take some additional time as access to many affected areas remains limited³.

Women, men, boys and girls, including those from minority groups, will experience differing immediate and longer term impacts from the earthquake. This Rapid Gender Analysis is intended to ensure these differing assistance and protection needs and priorities are taken into account in order to deliver an effective response that meets everyone's needs. The analysis presents what are the main gender issues in PNG, with a focus on the priority sectors the humanitarian response will focus on. It highlights some of the potential gender-differentiated impacts in these key sectors, drawing on an understanding of pre-existing characteristics and factors that could shape gender relations and dynamics after the disaster.

As CARE PNG has been engaged in gender equality and women's empowerment initiatives in the Highlands for over twelve years, findings and recommendations also draw on the organisation's experience in taking into account distinct vulnerabilities, capacities and coping strategies and on its good practices. Response and recovery efforts will be considerably enriched as more data from affected areas becomes available and a detailed social and gender analysis is undertaken of the affected communities.

The Rapid Gender Analysis objectives

Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis by examining their roles and their relationships. Due to the current limited access to the areas affected by the Highlands earthquake, this document is meant as an initial analysis of gender roles and relations, drawing on pre-crisis information and the limited data that has become available since the disaster. Its purpose is to better understand the gender dynamics within the populations CARE PNG serves.

The objectives are to better understand:

- how women, men, girls and boys are affected by the earthquake
- the impact of the earthquake on gender dynamics
- emerging opportunities to provide an emergency response that meets the differing needs and protect women, men, boys and girls.

Methodology

Rapid Gender Analysis is built up progressively, using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'. Rapid Gender Analysis uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight time-frames, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

The research has been undertaken from the 12th to the 22nd of March and included:

² ACAPs, *Papua new guinea Highlands Earthquake Briefing note*, update 1 – 28 February 2018

³ UNDAC, *Papua New Guinea: Highlands Earthquake Situation Report No. 1* (as of 10 March 2018), p.1 and UNDAC, *Papua New Guinea: Highlands Earthquake Situation Report No. 2* (as of 14 March 2018), p.1

- **Key Informant Interviews** conducted with key CARE PNG staff and gender stakeholders in PNG. Key informants were selected based on their long experience working in PNG and on their in-depth knowledge of gender roles and relations in the country.
- **Secondary Data Review:** Secondary quantitative and qualitative information from before the crisis has been analysed. The reports, press articles and websites that were consulted mainly focus on gender-related issues in PNG. Sources of information produced after the earthquake, such as sitreps, were also analysed. The rapid assessment, conducted by CARE in Tari and Strickland-Bosavi, and by its partners of the YAP program, run by the Church Partnership Program in Hides (Para) in Komo Magarima bistrict and by PNG Assembly of Disabled Persons (PNGADP) in Mendi and Nipa-Kutubu District of SHP, provided additional information.

Demographic profile: Sex and age disaggregated data

About 39% of the population live in the Highlands region. Its population primarily lives in remote and rural communities and is affected by deep poverty: 37.5% of the people in the affected regions are living below the poverty line⁴.

Affected areas ⁵	Resident population	Male (All age groups)	%	Female (All age groups)	%	Average household size
Southern Highlands	510,245	263,523	52	246,722	48	5,8
Western Highlands	362,850	183,791	51	179,059	49	4,3
Hela	249,449	128,895	52	120,554	48	3,8
Western Province	201,351	103,762	52	97,589	48	6,4

- It is estimated that 544,368 people have been affected by the disaster in five provinces⁶.
- Among them, 273,614 persons are likely in need of immediate assistance: 141,024 males (all age groups) and 132,790 females (all age groups), including 55,035 children under 5 and 21,822 infants⁷.
- An estimated 143,127 people (74,426 male, 68,701 female) have been rendered food insecure by the earthquake due to landslides destroying food gardens⁸.
- 18,200 displaced people are in 26 informal care centers. There is no sex and age breakdown for the overall displaced population. This information is only available for Komo-Magarima district, Hides 4 in Komo LLG, Timu and Lau in Hulia Beneria LLG. There is an estimated total of 7,000 displaced people in these areas with the majority being women. Women comprise 63% of those displaced in Hides, 55% of those in Timu. Men outnumber women in Lau (54% of those displaced)⁹. This demographic imbalance, with more women than men being displaced, could be explained by the fact that men, who tend to migrate to towns to seek employment, were not in the affected areas when the earthquake struck.

⁴ WFP 25/02/2018

⁵ Census 2011

⁶ UNDAC, *Ibid*, Situation Report No. 2, p.1; WHO, Papua New Guinea earthquake Situation report, 20th of March

⁷ United Nations PNG, *Papua New Guinea earthquake*, 28th of February 2018

⁸ Disaster Management Team Secretariat, Period from 29 February to 10 March 2018

⁹ UNDAC, *Ibid*, Situation Report No. 2, p.2

- Up to 10% of the population in each of the three areas would be elderly people, breastfeeding mothers, pregnant women, people living with disabilities and people chronically ill¹⁰.
- Initial discussions with affected people living in makeshift centres in Hides suggest that those who faced destruction of their shelters and who had the financial means left their village of origin. Those who stayed are usually the poorest ones. When families moved out of their area of origin, older people and people with disabilities were sometimes left behind¹¹, and in observed cases they were rescued and brought to the camps afterwards¹².
- The death toll has reached more than 145 people¹³. There is no sex and age breakdown about the number of people who died or who were injured as a result of the earthquake. According to first testimonies from affected people, the casualties among women and children would be greater than among men. This could be explained by the fact that mothers, trying to protect their children, reduced their own chance of surviving. This information is congruent with the observations made in other natural disasters, where women were found to die more often than their male counterparts¹⁴.
- Unlike global tendencies, life expectancy in PNG is of 63 years for men and 58.7 years for women. This is one indicator of the depth of gender inequalities and the resulting hardship women experience.
- The percentage of women in polygamous marriages ranges from 10 percent in the Southern region to 28.6 percent in the Highlands region¹⁵.
- 21% of girls between 15 and 19 years old are either married, divorced, or widowed¹⁶.

Findings and analysis

Although one of the most ethnically, culturally and linguistically diverse nations, PNG can be characterized as a patriarchal society in which women continue to face severe inequalities, in all spheres of life: social, cultural, economic and political. Gender inequality is a critical development issue in PNG: The country ranks 154 out of the 188 countries classified in the 2016 Human Development Index. Gender based violence, in particular, has reached pandemic levels. While the PNG Constitution grants men and women equal rights and while the country is signatory to the Convention on the Elimination of All forms of Discrimination against Women (CEDAW), interpretation of traditional customs often results in women being viewed as inferior, leading to their exclusion from leadership positions,¹⁷ to their marginalization in the education and economic spheres and discrimination for property and land rights.

Workloads and household decision making

Traditional societies in PNG typically have different and unequally valued spheres of gendered activity. A woman is usually responsible for most of the subsistence needs of her household, cultivating crops, gathering food and fishing, collecting water and fuel for cooking, caring for domestic animals, bearing, raising and feeding young children and caring for older and sick members of the family. A man clears the land for cultivation, plants some crops (especially those with ritual significance), hunts and fishes (producing the most scarce and highly valued foods), builds houses and fences, and defends his family and village or makes war (in some parts of the country). Men are responsible for the religious and political spheres.¹⁸

¹⁰ IOM, *Rapid Assessment Report for Hides 4, Lau and Timu, Hela Province*, 12th of March

¹¹ PNG Assembly of disabled persons (DPI-PNG), *Disability Inclusion Integrated Assessment Report*, 10th of March

¹² CARE assessment, Strickland, 21st of March

¹³ <http://www.abc.net.au/news/2018-03-22/png-earthquake-disaster-on-our-doorstep-ignored/9575626>

¹⁴ OCHA, Feinstein International Center, Tufts university and CARE, *Sex and age matter*, p. 27, 2011

¹⁵ National Statistical Office. 2009. Papua New Guinea Demographic and Health Survey 2006 National Report. Port Moresby. p.75.

¹⁶ JICA, *Country Gender Profile: Papua New Guinea*, 2010

¹⁷ <https://iwda.org.au/papua-new-guinea-and-bougainville/>

¹⁸ ADB, *2011-2012 Country gender assessment*, p. 30

The burden of work that women are expected to do is particularly heavy. It was identified as the most serious form of violence against women and girls by women when asked to rank the different forms of discrimination they face. They described the fact of being overburdened with work as 'slavery'.¹⁹ The payment of a bride price in which a woman's fertility and labour are acquired from her father, entails husbandly authority over a woman's labour.²⁰ Despite their essential contribution to the social and economic well-being of the family, women, in general, exercise limited control over household decisions. Women take an increased responsibility of earning money but men often make the decisions about spending family income²¹. Men, also, usually decide about the use of household and land resources.

Woman's state of economic dependency may further disadvantage her and her children if a man takes several wives but does not distribute the financial resources equally, which is often the case (polygamous marriages represent 28.6% of the unions in the Highlands). Daughters of abandoned wives are often not taken care of by the relatives and left to fend for themselves²².

Changes because of the earthquake

- As the earthquake has resulted in the partial or complete destruction of essential community and family infrastructure and food production (water catchments and food gardens particularly), workloads and economic hardship is expected to increase substantially for all members of affected communities during the response and recovery period. Women and men in the affected areas will face considerable challenges to meet basic needs and rebuild their lives and livelihoods.
- It is anticipated that women's workload will significantly increase. Given their roles and responsibility for household meals, women will face considerable challenges and stress finding food, fuel and other household items needed to feed their families. According to CARE's maternal health program study, the amount of work does not reduce when women are pregnant, placing this group at particular risk²³.
- As younger children are at home because of school closures, the caring responsibilities of women during the day will increase.
- Due to scarcity of food, drinking water and lack of sanitation facilities, morbidity will increase, generating an additional workload for the women, usually in charge of taking care of sick family members.

Livelihoods and food security

Formal and informal sector

Despite the enormous financial potential of PNG's natural resources, 39% of people in PNG live below the income poverty line of US \$1.90 per day²⁴. Most of the working-age population works in the informal sector, the formal sector representing just over 5% of employment²⁵. Gender norms and attitudes constrain women's work and economic opportunities and hamper productivity. Low education levels, safety and security issues and cultural attitudes contribute to the low representation of women in wage employment. Although participation rates in the labour force are relatively even, men are almost twice as more likely than women to hold a wage job in the formal sector and women are three times more likely than men to work in the informal sector²⁶.

Agriculture

Approximately 85% of PNG's rural population rely primarily on subsistence farming, hunting, fishing and gathering for their livelihood.²⁷ In Southern and Western Highlands and in Hela, subsistence agriculture is the dominant livelihood. Nationally, while women contribute 50-70 percent of agricultural labour, particularly in activities such as

¹⁹ "Voice for change? Community survey, Violence against women and girls in Jiwaka province, Papua New Guinea", 2013

²⁰ Amnesty International, 2006

²¹ ADB, *Ibid*, p.77

²² ADB, *Ibid*, p.39

²³ CARE, *Initial rapid gender assessment report, PNG 2015 El Niño*, p.4

²⁴ UNDAC, *Ibid*, Situation Report 1, p.3

<http://hdr.undp.org/en/countries/profiles/PNG>

²⁵ Initial Rapid Gender assessment report, Papua New Guinea 2015 El Niño.

²⁶ Papua New Guinea ranks 125 out of 128 countries on the Women's Economic Opportunity Index. This is the lowest of the seven Pacific Island countries assessed. <https://pacificwomen.org/our-work/locations/papua-new-guinea/>

²⁷ ADB, *Ibid*, p.76

clearing, planting, weeding, harvesting, processing, transporting, storing and marketing, crops typically cultivated by women earn half that of crops thought of as men's crops²⁸. Despite their key role in agriculture and food security, much of their work is undervalued, generally unpaid and confined to the domestic realm.

Food crop production is generally associated with women's work, and cash crop production with men's work²⁹. Income from cash crops is usually considered to belong to the man who controls the smallholding. His decision on how the income is spent may involve many considerations other than the needs or interests of his wife or other members of his household³⁰.

In most PNG societies women have rights to cultivate land, gather forest products and to fish for or collect marine and riverine resources but, regardless of whether their society's descent and inheritance system is based on patrilineal or matrilineal principles, they are rarely considered to have ownership rights over productive resources. Some of the challenges faced by women in agriculture are similar to those faced by men (lack of access to technologies and inputs and to market information) but women face more severe constraints in other areas. These include lack of access to appropriately timed credit, scarcity of formal savings or loan systems available to women in communities³¹, lack of decision-making control over land use, less effective outreach to them by extension services, and lower knowledge of important links in the value-added chain. Technical support for agriculture has long been mainly directed to men and to commercial agricultural activities, rather than towards improvement of informal food crop production and vegetable market gardening and production, which would benefit women.

Changes because of the earthquake

Garden crop production and livestock keeping are the dominant income generating activities within the earthquake-affected area. mVAM historical livelihood analysis shows that households dependent on such agricultural activities as their main source of income are more vulnerable to being severely food insecure than their peers. This disaster arrives after a period of drought. Dependency of much of the population on garden-crop agriculture, combined with the consecutive disasters that have eroded families' capacities to recover, limit their ability to cope.

First observations indicate that those who moved out of their villages are not going back to their garden. Abandoned gardens, when not destroyed by the earthquake and consecutive landslides, are sometimes damaged by pigs. The total or partial destruction of food gardens implies that:

- Women will no longer be able to sell the surpluses, diminishing their access to income, which was already minimal.
- Their caring responsibilities for children who are not in school and for sick family members may prevent them from returning to work, resulting in less time and energy to devote to rebuilding gardens.

Displaced people use their savings to purchase food from their new location. The quantity and quality of food has decreased and prices start to go up due to high demand and scarcity. This means that the poorest fringe of the society, with less savings in hands, will have increased difficulty accessing food. Widows and single mothers could be the most impacted.

Coping mechanisms, such as observed during the drought and frost resulting from the El Niño event, involve eating fewer meals and eating smaller amounts. Widows and female-headed households, in such crisis situations, face particular pressure handling food security problems on their own.

Because of the lower status of adult women compared to men, when food is scarce, women are less likely to have access to highly valued food high in protein and rich in fat³². In a similar manner, boys have a privileged access to nutritional food compared to their sisters³³. Adult female's nutritional status, particularly for those who are pregnant or lactating, is hence likely to deteriorate.

Elderly people, who typically receive food from their children, could also be particularly affected. People with disabilities are sometimes left to fend for themselves but, as their disability hampers their capacity of finding and

²⁸ National Statistical office, 2009-2010 HIES, 2012

²⁹ ADB, *Ibid*, p.84

³⁰ ADB, *Ibid*, p.84

³¹ ADB, *Ibid*, p.77

³² ADB, *Ibid*, p.59

³³ Interview with Christopher Hershey, CARE PNG

cooking food, severe risks of food insecurity are to be expected³⁴. Food insecurity could also have incidences on family violence, one of the most often cited reasons for household disputes being food³⁵. Given women's roles and responsibility for household meals and given the fact that hunger may decrease tolerance levels and exacerbate frustrations, there is a risk women will suffer abuse for no longer being able to provide sufficient and preferred food for the family.

WASH

In a context where access to WASH services remains poor, women continue to bear the drudgery of fetching water for hours. Only 29% of rural areas have drinking water services in place³⁶. Fetching water takes up a disproportionate amount time, which could be spent getting an education, undertaking economic activities and/or social interaction.

Changes because of the earthquake

Landslides, following the earthquake, buried or dammed traditional sources. Existing community rainwater storage infrastructure have been damaged or destroyed. Increased observable turbidity in rivers and streams limit access to water for drinking, washing and cleaning³⁷. As was observed during the assessment conducted in Hides, villagers live on rain water collected in pots and buckets. Increased difficulties in accessing drinking water entail more time spent by women and girls collecting it, exposing them to greater risks of violence on the way to the water source. This risk is likely to increase as the wet season comes to an end and rain water supplies are diminished requiring women and girls to travel further and more frequently to collect water. Those who cannot access their usual water source, be it because it was destroyed or because they moved out of their village, have to pay a fee to the water source owner to get permission to fetch water. As noted by CARE staff, girls, due to their young age, and female-headed households, who have limited savings, may be at particular risk of sexual violence in exchange of this essential resource.

Water scarcity or the use of unclean water supplies, combined with poor sanitation and hygiene practices is likely to increase the risk of contracting diseases such as typhoid or other water-borne diseases, with young children and the elderly particularly at risk. Disease outbreak have been reported, diarrhea being a principal cause of under-5 mortality. People with disability, particularly those who were left behind, are at risk of dehydration, being visited by relatives or neighbors once in a day or when the situation allows³⁸. As the main guardians of family health and caretakers of children, older or disabled family members, women are likely to face a further increase in their workload in the event of an outbreak of diseases. As observed in Hides, lack of water is likely to impact family hygiene, access to sufficient water and hygiene practices being linked. In the camps, the combined effects of lack of emergency showers, scarcity of water and lack of privacy greatly limit the possibility of bathing.

While sanitation facilities in rural areas prior to the disaster were scarce (only 13% of rural areas having basic sanitation services³⁹), several existing facilities have been destroyed as a result of the earthquake⁴⁰. The absence of toilets pose critical health, dignity and protection concerns that are urgent to address. In the absence of lighting, women and girls have no other choice but to go to the bush in the dark to ease themselves, exposing themselves to tangible risks of assault. Women and adolescent girls in the most affected areas may also lack access to sanitary products.

³⁴ PNG Assembly of disabled persons (DPI-PNG), *Ibid*, 10th of March

³⁵ CARE, *Ibid*, p.11

³⁶ UNICEF, *Water and sanitation coverage data*, 2017

³⁷ UNDAC, *Ibid*, Report 1, p.3

³⁸ PNG Assembly of disabled persons (DPI-PNG), *Disability Inclusion Integrated Assessment Report*, 10th of March

³⁹ UNICEF, *Ibid*, 2017

⁴⁰ UNDAC, *Ibid*, Report 2, p.2

Shelter

Up to 54,260 households are estimated to be in need of emergency shelter due to damage/destruction to homes or displacement due to fear of returning to existing homes⁴¹. Families, whose homes were completely destroyed, are now living in community buildings, such as schools or churches, or in makeshift shelters.

Changes because of the earthquake

- From the observations the YAP program made in Hides, the makeshift shelters are overcrowded, with up to five families living in a few meters square habitat. The domestic workloads of women and girls are likely to rise as household sizes increase.
- Overcrowding, coupled with socially and culturally inappropriate housing arrangements, is likely to heighten stress levels, potentially increasing the risk of violence to women and children, including incest, particularly in situations where shared housing arrangements is prolonged.
- People with disability who were left in their village of origin, if not yet rescued by their family, may be staying in damaged buildings, causing issues for their safety⁴².
- As the reconstruction efforts begin, it is important to note that building shelters is an activity conducted by men. Women may lack the skills to undertake major household repairs and construction, or be unable or unwilling to undertake these activities due to gender and cultural norms. Elderly widows and female headed households, in particular, may be unable to purchase or transport shelter materials and tools or draw on the labour needed to help them rebuild or repair houses. They are at particular risk of being exposed to sexual violence in exchange of technical assistance.

Protection

Gender Based Violence: There is currently no national prevalence data on GBV in PNG. Nevertheless, several studies indicate that the rates of family and sexual violence are among the highest in the world. The situation is particularly alarming in the rural Highlands. While men primarily experience violence outside of family relations⁴³, women are five times more likely to be victimised at home than on the street. Children also form a large part of the victims of GBV. Because of the practice of polygamy in many communities, another common form of family violence is between co-wives, or between a woman and her husband's girlfriend⁴⁴. Situations where men take on other wives and girlfriends without supporting them puts women in competition with each other for the husband's attention and resources for their children⁴⁵. While girls and women are the most confronted to violence, such violations are a reality for boys and men too: 44% of sexual abuse victims under 15 years old are boys. A study on GBV perpetrators also indicates that 7.7% of men admit to having perpetrated male rape. To a large extent, the criminal law provisions already in place in PNG enable the state to prosecute and punish acts of violence against women. But such crimes largely remain unpunished⁴⁶, police and prosecutors preferring to resolve such cases through mediation and/or payment of compensation⁴⁷. The formal justice system is insufficiently accessible, particularly for rural people and especially rural women⁴⁸.

Gender based violence:

Among the highest rate in the world

- 68% of women reported experiencing at least one act of physical or sexual violence or both by an intimate partner.
- In the Highlands, 88% of women have experienced sexual violence.
- 41% of men in PNG admit having raped someone
- 62% of reported sexual abuse cases during 2012 involved children.

Source: Partners for prevention (2013), "Why do some men use violence against women and how can we prevent it?" p.40, Ganster-Breidler (2010)

⁴¹ UNDAC, *Ibid*, Report 1, p.3

⁴² PNG Assembly of disabled persons (DPI-PNG), *Disability Inclusion Integrated Assessment Report*, 10th of March

⁴³ Kopi, M., *Violence and Insecurity in the Southern Highlands of Papua New Guinea*, p.4, 2011

⁴⁴ ADB, *Ibid*, p.36

⁴⁵ Statement from the participants of the first Jiwaka women forum, October 2017

⁴⁶ http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/PNG/INT_CEDAW_NGO_PNG_46_9925_E.pdf

⁴⁷ <https://www.hrw.org/world-report/2018/country-chapters/papua-new-guinea>

⁴⁸ ADB, *Ibid*, p. 18

Forced marriage is a very common form of family and sexual violence. Child marriages in ages as low as 14 years old are accepted by many communities, although the legal ages for marriage are 16 for women and 18 for men. A customary practice in many communities is sister exchange: two men give one another their sisters in marriage, thus avoiding the need for bride price. In such arrangements, girls' or women's consent is not usually considered necessary⁴⁹. Bride price is another major factor contributing to domestic violence. It is commonly believed to give men the right to control their wives, with violence if necessary. In abusive marriages, women are trapped by their inability to repay the bride price. Relatives often do not want to repay it if the woman leaves the men and would discourage divorce⁵⁰. Also, the patrilineal land tenure system in the Highlands disadvantages women by constraining their ownership of and access to land. As land is the productive asset through which most people earn their livelihoods, women have major difficulties escaping a violent relationship as there is no certainty that, if they return to their natal village, they will be granted access to land⁵¹.

Sorcery is a deep and enduring belief that can lead to the torture and killing of alleged sorcerers, who most often are poor, marginalized or older women. Even if the victim survives violent mob attacks, they are usually stripped of their property, homes, and rights to land and become outcasts or internally displaced⁵². The Highlands Human Rights Defenders Network relocated, in their vast majority, victims of sorcery-related allegations and violence⁵³.

Changes because of the earthquake

While there is, at this stage, limited information on how the disaster affects protection, violence is likely to increase.

- Prior to the crisis, important tensions existed between tribes. As people move from their area of origin, sometimes entering other tribes' territories, and as tensions for access to essential resources increase, there is a risk of tribal fights⁵⁴. This would have direct consequences on men's security, who are the ones fighting, and indirect consequences for the rest of the community. Such tensions could be exacerbated if relief actors do not pay attention to social dynamics, inadvertently favoring one group over the other.
- Beliefs in sorcery are strong in the area. The earthquake is, to many people, an inexplicable event. Initial reactions have been to blame ExxonMobil for causing the earthquake. By linking the disaster to the supernatural, women may eventually be finger pointed and chased.
- As women will face greater difficulties filling their "traditional" responsibility as care givers and providers, and in a situation where men's stress has increased due to frustration and uncertainty about the future, there is a likelihood wives will face increased levels of domestic violence.
- Emotional trauma and stress, experienced by all, is likely to manifest itself in different ways, including Gender-Based Violence.
- Economic hardship may heighten the possibility of some women and girls, as well as marginalised groups including LGBTIQ people, to engage in sex work as a coping strategy. Economic burdens may also lead to an increase in arranged or early marriages. The El Niño crisis also revealed that some men were selling their children or wife for sex within their own communities. Trafficking is hence a risk.
- Widows and female-headed households, deprived of a support network and with reduced financial means, are at particular risk of being exposed to sexual violence in exchange of essential goods and support, such as food, water or support to rebuild their shelters. Cases of attempted rapes on young women with disability have been reported⁵⁵.

⁴⁹ ADB, *Ibid*, p.35

⁵⁰ Statement from the participants of the first Jiwaka women forum, October 2017

⁵¹ Richard Eves, *Women's economic empowerment and escaping violent relationships*, p.1, 2017

⁵² Statement from the participants of the first Jiwaka women forum, October 2017

⁵³ Painim Aut Na Luksave, *Understanding Gender-Based Violence to Secure Sustainable Development in Papua New Guinea*, 2016

⁵⁴ <http://www.abc.net.au/news/2018-03-20/armed-police-sent-to-png-highlands-to-kill-violence/9567678>

⁵⁵ PNG Assembly of disabled persons (DPI-PNG), *Ibid*, 10th of March

Health

PNG has the lowest spending on health per capita in the Pacific region⁵⁶. There has been little improvement in key health indicators (for example maternal mortality, access to reproductive health care, malnutrition among women and children) especially for the majority rural population. Health services have declined in rural areas, and the impact of this is larger for women who face greater obstacles to accessing such care than men. When women need to travel to health care centres they face greater security risks and bear greater opportunity costs than men⁵⁷. Unequal decision making power and limited control over resources also hinders their health seeking behaviour, causing delays in seeking medical help during delivery and decisions on the use of family planning methods. While domestic violence is very high in the country, heavily impacting women's and girls' physical and mental health, these acute needs remain hidden and are largely neglected by health facilities⁵⁸. The estimated maternal mortality rate for Papua New Guinea is significantly higher than any other Pacific country and 18 times higher than developed countries⁵⁹. Women's lack of power and rights in sexual relations and the high risk of gender-based violence increase the likelihood of HIV transmission. Fear of violence, abandonment, stigma and discrimination hinder women's willingness to negotiate for safer sex and to seek HIV testing or treatment⁶⁰. Girls and women are infected at a younger age than boys and men (trans-generational infection routes are common). Women known or suspected to have HIV infection suffer more stigma and violence than do men with HIV, with twice as many women as men experiencing physical abuse as a result⁶¹.

Girls' and women's health in PNG

- Two out of three women still cannot access contraception due to geographic, cultural and economic barriers.
- Estimated maternal mortality rate is 733 per 100,000 live births.
- Just over 50% of women and girls give birth in a health facility or with the help of a skilled birth attendant.
- Girls between 15 and 19 have the highest rate of HIV/AIDS in the country; four times that of boys the same age.

Changes because of the earthquake

A third of all health facilities have closed in Hela and Southern Highlands Provinces⁶². The earthquake has impacted hospitals and several rural health facilities have been damaged or remain inaccessible. This further reduces the possibility of seeking medical care. Assessment results in Hides show that women and men face similar needs, being affected by dehydration, diarrhoea, psychological distress and physical injuries. Children are affected by malnutrition, malaria, fever, respiratory problems and dysentery⁶³. Shortage of medicines is reported in most areas. While lack of medical facilities will affect everyone, it may particularly affect women, faced with an increased workload, reduced financial resources and longer distances to walk on potentially unsafe routes. An increase in gender based violence incidents would mean exposure to STIs, HIV AID and unwanted pregnancies.

Education

Despite overall increases in enrolments for both girls and boys at all levels, there is a persistent gender gap in the percentage of girls and boys accessing and completing school, particularly as the education cycle progresses. 57% of women reported they could read and write, compared to 69% of men. There are great disparities in literacy levels, the lowest rates being in the five Highlands provinces⁶⁴. The distance from school is a key factor affecting enrolment, students in remote and rural areas travelling long distances to attend school. This particularly affects female enrolment and attendance⁶⁵. These risks become more critical at secondary level. Fewer secondary school facilities have resulted in girls traveling even further distances without protection.

Changes because of the earthquake

⁵⁶ ADB, *Ibid*, p.54

⁵⁷ ADB, *Ibid*, p. 17

⁵⁸ Médecins San Frontières *Hidden and Neglected: The medical and emotional needs of survivors of family and sexual violence in PNG*, p.14, 2011

⁵⁹ <https://pacificwomen.org/our-work/locations/papua-new-guinea/>

⁶⁰ ADB, *Ibid*, p. 18

⁶¹ ADB, *Ibid*, p.68

⁶² <https://reliefweb.int/report/papua-new-guinea/health-facilities-devastated-png-quake>

⁶³ CARE assessment, Strickland, 21st of March

⁶⁴ ADB, *Ibid*, p.17

⁶⁵ ADB, *Ibid*, p.45

Schools are reported to have been suspended indefinitely. CARE observed that girls are helping their mother in household chores while boys are supporting their fathers in finding money. School interruption means that children, forced to drop out, may have difficulties going back to schools when these services will re-open. The challenges for girls are likely to be greater. As all schools may not be repaired, it means that the nearest schools may be further away. Also, impoverished families who lost their livelihoods are likely to prioritise boys' education, with girls staying at home if school fees cannot be paid for all.

Conclusion

Initial findings suggest that particular attention should be paid to providing an assistance that alleviates or-at the minimum-does not increase women's workload. Women's food security and livelihoods recovery requires specific vigilance. Preliminary findings also call for a particular attention to the situation of widows, women with disability and female-headed households, given their peculiar vulnerability to abuse.

Given the entrenched inequalities that are at play in the earthquake-affected area, and the repeated and life-threatening violence women and girls face, ensuring that gender issues are understood and taken into account is central to the provision of a response that is of a high quality, efficient, and safe. Women, often confined within domestic, undervalued and unpaid realms, need to have a voice in the humanitarian response and recovery efforts.

Recommendations

CARE PNG is already implementing some of the following recommendations in its longer term programming. It will continue to build on some of these good practices in humanitarian programming. The following initial recommendations are suggested to support gender-sensitive programming. Given the incomplete nature of this RGA, the recommendations may change as more information becomes available.

Overarching recommendation

- If support staff join the emergency response, it is recommended to include gender-awareness training as part of rapid recruitment/orientation of staff.
- When identifying new partners, assess their capacity of implementing gender-sensitive programs.
- CARE should continue actively discussing gender issues through coordination bodies and its networks (particularly with the food security and protection clusters), sharing the findings of its RGA.
- The gender dynamics between the Highlands and lowlands people (particularly in Western Province) differ. Some of the impacted sites are in these low land areas and it will be important to ensure a complete understanding of each community's specific dynamics when undertaking emergency response programming.

Assess different needs, priorities and coping strategies:

- Consult women and men, girls and boys about priority needs, distribution mechanisms and access to most vulnerable groups.
- Building on good practices from the El Niño response, collect sex and age disaggregated data on the composition of each household. This allows a fair assistance, commensurate to the needs of each family.
- Identify the positive and the negative coping strategies adopted by affected women, men, girls and boys.
- Assess mobility dynamics to determine who has moved and who has stayed in the communities of origin. If older people or people with disabilities were left behind, promptly provide protection and assistance.
- Assess differential access to humanitarian assistance and to public places such as health services or markets.
- Keep in mind that people with disability, particularly women, are usually kept at home and hidden from the community. Ask the right questions to locate and support people with a disability⁶⁶.
- Identify factors affecting safety so as not to increase risks of gender based violence (for example unsafe routes to distribution points, design and location of the facilities, etc).

⁶⁶ For simple guidance, consult <http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/The-Washington-Group-Short-Set-of-Questions-on-Disability.pdf>

Ensure equal, safe and dignified access to assistance:

- Ensure that humanitarian teams are aware of the likelihood of heightened stress levels among community members and the increased risks of different forms of violence.
- Collect sex and age disaggregated data in response activities and use it to verify equitable access, adapting your interventions where necessary.
- Discuss with the communities to define what are the special arrangements needed for those who have mobility issues or who are more at risk of violence (for example priority lines, distribution close to dwellings, financial support to cover transportation costs, size and weight of aid packages manageable to carry).
- Through the channels of communication and formats of information-written, pictorial and/or oral, ensure that beneficiaries know that no one has to pay or provide services/favours in exchange for receiving assistance. Messages should be designed in a way that is accessible to illiterate people.
- Establish, with the community, processes or mechanisms to receive feedback and complaints on access, safety and quality concerns related to assistance.

Targeted recommendations

Support women's equal access to and control over assistance

- Discuss with women to understand how power dynamics at home and in the community may reduce their mobility and may prevent their equal access and control over assistance.
- Define with them if it is cash or in-kind support that would best allow their equal access and control over aid
- As relief items may not be evenly shared among wives of polygamous households and their children, classify a household as containing one kitchen, or 'haus kuk'. Complete registrations and distributions based on this classification⁶⁷.
- Provide unconditional assistance to female-headed households and those unable to do intensive labour

Ensure that women can participate, are represented and have a voice

- At all stages of the response, ensure your team is composed of women and men. Inclusion of female staff in the team will allow consulting with women and adolescent girls and improve understanding of needs, including on sensitive issues such as gender-based violence.
- Women may not have the skills or confidence to publically express their needs. As much as possible, consult women separately about their priorities for assistance and protection and about their views on how the assistance provided is responding to their needs. Convene the meetings in places that provide privacy and where women feel comfortable talking. Pay attention to including women with disabilities and female-headed households.
- Arrange response activities with attention to minimising women's workloads. Times should be convenient to them and locations of service easily and safely accessible.
- Ensure that women are meaningfully involved, in the culturally most appropriate way, in committees, including selection and complaints committees

Gender mainstreaming recommendations

Livelihood and food security

- Do not assume that the members of the household, as a productive unit, share economic interests and income and therefore have the same production incentives. Analyse and take into account existing household dynamics, providing to women the means of having equal access and maximum control over agricultural livelihoods assistance.

⁶⁷ CARE, 2015-2016 *El Niño Response...*, p.5

- Consult separately women and men about how the crisis affects their food security and how they are distinctly impacted by crop deficits and livelihood losses.
- Assess who makes decisions within the home on what is cultivated or grazed, consumed or sold and what is done with production's benefits.
- Find out who makes decisions within the home that affect family nutrition (for example who eats first, most and best, spending on food) to determine which groups may be at particular risk of malnutrition.
- Provide to women the means to reduce their workload, freeing up their time to engage in other economic and social activities (for example provision of tools, techniques, irrigation techniques, improved seeds).
- Building on good practices of CARE's ADAPT training, provide capacity building support close to dwellings.

Protection

- Provide assistance equally among ethnic groups and ensure your selection criteria are understood.
- Encourage community or religious leaders to communicate about the causes of the earthquake, preventing women from being finger pointed and chased as witches.
- Train humanitarian workers and community partners to identify survivors of violence and refer them to appropriate support and service providers.
- Consult with the GBV sub-cluster/thematic group to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors of violence.

WASH

- Build or rehabilitate latrines, bathing facilities and water points to address pressing health, dignity and protection issues.
- Consult women, girls and people with mobility issues on locations of facilities, ensuring routes are safe.
- Install lights near the facilities, especially if they are communal or away from homes. If lighting is not possible, consider alternatives such as providing torches for each household.
- Given women's critical role in water management, provide training for both women and men in construction, operation, and maintenance of WASH facilities.
- Provide to women and adolescent girls locally preferred sanitary materials.
- Use the *WASH minimum commitments for the safety and dignity of affected people*⁶⁸ as a practical guide to plan, implement and monitor the quality of WASH interventions.

Shelter

- Discuss with women about their specific shelter needs to ensure privacy and prevent gender based violence due to poor, inappropriate or cramped shelter conditions (for example partitions, locks and lighting).
- Provide tarpaulin and other temporary shelter materials for affected people to build separate shelters.
- Ensure that female-headed households, older people and people with disabilities have equal access to shelter items and ability to transport them.
- Training both women and men in construction and rehabilitation of their shelters, with an emphasis on safer building principles. Organise childcare or alternate sessions so women can actively participate in training. Target widows, female-headed households and child-headed households as a priority or provide them with technical assistance in rebuilding their shelters.

Health

- Consult separately adolescent girls and women about the specific constraints they may face in accessing services (for example cultural, physical and security-related mobility restrictions, location or opening hours of services not convenient for them).
- Explore the possibility of providing mobile SRHR services.
- Be aware of existing referral pathways so as to refer GBV survivors to adequate services.

⁶⁸ The tool can be accessed at <http://gender.care2share.wikispaces.net/Minimum+Commitments>

Education

- Provide temporary education support to children, allowing them to continue learning, to have a sense of normalcy and to be in a protective environment.
- When school resumes, pay particular attention to girls' and boys' equal access to education. Analyse and address the specific impediments that may affect their enrolment and attendance.

Gender in Brief

Population Disaggregation: 52% male to 48% female⁶⁹

Population Age Disaggregation: <5yrs 14% (7% male and female); **5-19yrs 37%** (19% male, 17% female); **20-64yrs 47%** (24% male, 23% female); **>65yrs 2%** (1% both male and female)⁷⁰

Average household size: 4-6 depending on location⁷¹

Female headed households: 16.7%⁷²

Literacy Rate Total 56.2% (male 63.4%; female 50.9%)⁷³

Infant Mortality rates: 57 per 1000 live births⁷⁴

Rate of Domestic Violence: 2 out of 3 married women⁷⁵

Introduction: Gender disparities generally and Gender Based Violence (GBV) specifically are significant issues in Papua New Guinea (PNG). Unlike most societies globally, life expectancy for women in PNG is lower than that of men.⁷⁶ This and other factors such as women's excessive workloads, poor nutrition, lack of access to safe water, poor access to health centres, high number of pregnancies and high rates of family violence undoubtedly contribute to the significant gender disparities in PNG. Although one of the most ethnically, culturally and linguistically diverse nations, PNG can be characterized as a patriarchal society in which women continue to face, at times severe inequalities, in all spheres of life: social, cultural, economic and political. PNG has a 2016 Human Development Index Report rating of 154/188. Customary social structures (or "*Kastom*" in Tok Pisin) is very important part of PNG society even for those who have received a western education or live mainly in urban areas. The reciprocal relationships and obligations of the "*wantok*" system is a key element of the social environment being the safety net under which family and clan members are required to support each other. However, due to modern development and the increasing burden of support, this social safety network is now under increasing pressure. In addition, it has tended to become a one way dependency support system rather than a system of reciprocity – this change results in increased tensions and violence in families and clan and underpins gender relations in PNG. In PNG, girls and women are infected with Sexually Transmitted Infections at a younger age than boys and men, with twice as many women as men infected in the 15-29 age group. Girls between 15 and 19 have the highest rate of HIV/AIDS in the country; four times that of boys the same age.⁷⁷ Trans-generational infection routes are common and customary practices enhance girls' and women's vulnerability. In addition, condom use is low and marriage is not a protective institution for women, with women struggling to access information and treatment around SRH.

Gender Roles and Responsibilities: In rural PNG⁷⁸ the majority of women and girls work an arduous and long day, combining labour-intensive customary agricultural activities (for household consumption and for sale) with the care of the family. Subsistence food gardens are seen as the domain of women while men are more likely to control cash crops (e.g. coffee), fishing or logging resources. The payment of a bride price in which a woman's

⁶⁹ PNG Statistics Department, 2000 PNG Census

⁷⁰ Ibid

⁷¹ 2000 Census: The average household size (or number of persons per occupied private dwelling) varied across the Provinces from a low 4.1 occupancy rate in Eastern Highlands Province to the highest rate of 6.1 in Western Province. NCD, Gulf and Northern Provinces recorded occupancy rates of 5.9 persons per dwelling

⁷² Papua New Guinea Demographic and Health Survey National Report (2006)

file:///Users/lauraquay/Downloads/2006%20DHS%20National%20Report.pdf

⁷³ 2007 figure according to GoPNG/UNDP, PNG Country Gender Assessment 2011-2012

⁷⁴ Infant Mortality (per 1000 live births) differs depending on the statistic. The 1996 DHS says 73, 2000 Census 64 and the 2006 DHS 57. Note the 2000 Census provides 69 for rural populations and 29 for urban.

⁷⁵ Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), PNG 2010

⁷⁶ CEDAW 2010

⁷⁷ CEDAW 2010

⁷⁸ This document focuses primarily on the traditional roles and responsibilities (and constraints) facing women in rural and remote areas of PNG. Although many of the underlying determinants of gender inequality in PNG are common across settings and cultural contexts, CARE PNG's target areas are those disadvantaged rural and remote settings (where 85% of the population resides)

fertility and labour are acquired from her father, entails husbandly authority over a woman's labour.⁷⁹ Studies in PNG have shown that when women earn an income from their own labour (e.g. from cash crops; plantation work; second hand clothes) they have more control over its allocation.⁸⁰ Women's mobility in rural PNG relates to the these household responsibilities, with extensive distances travelled for water and firewood collection, food gathering in gardens, as well as getting children to schools and taking them to hospitals. However, these responsibilities can also restrict women's mobility. Women's more restricted mobility patterns create gender differences in women and men's ability to take advantage of new services, social occasions and infrastructure.

Education and Economic Empowerment: Gender disparity in education and health are significant issues. Despite overall increases in enrolments for both girls and boys at all levels, the government has acknowledged that there is a significant gender gap in education and literacy. Chronic disparities in access and completion also persist and widen as the education cycle progresses. In 2007 the adult literacy rate stood at 63.4% for males and 50.9 per cent for females, with literacy levels highest in the National Capital District (92 % for males, 89 % females). The lowest literacy rates were dominated by the five Highlands provinces. The completion rate for girls in grade six is 33% compared to that for males at 43%. While the completion rates for grade ten are even lower still, 9% of the female students had completed grade 10 compared to 14% for males.

Participation and Policy: The majority of household and community negotiations are often dominated by male decision-making. Economic, cultural, social, and educational disparities create significant barriers to the participation of women and girls in decision-making, particularly related to the allocation of daily family labour, food utilisation, sexual and reproductive health (including family planning), expenditure of family income and participation in income earning opportunities. Women's lack of direct control over land and resource usage rights (in both patrilineal and matrilineal societies) is another factor that limits women's decision-making capacity and participation in economic activities.

Another key element of *Kastom* in some tribal groups that has transformed into modern political power dynamics is the notion of 'Big Man' leadership. The system of control it has engendered is strongly associated with masculinity, physical strength, power and wealth, with leaders expected to be men. The 'Big Man' notion of leadership, although traditionally localised to certain tribal groups, has permeated into other tribes and into modern power structures and social dynamics. Many of these cultural norms have had a negative impact on the perception of women as leaders and have created major barriers to women's entry into decision-making positions. Post 2012 elections, there are 111 seats in Parliament and currently 3 women (2.7% of parliamentarians are women) ranking 147 out of 152 on the world classification of women in national parliaments. At provincial and local level government statistics of women's participation are not available, but anecdotally are similarly poor.⁸¹

While PNG has a National Policy on Women & Gender Equality 2011-2015 it is not being implemented and many government staff (including the Department for Community Development) are not well briefed on its contents. In addition, police & legal services are lacking (and mostly focused on the capital) and police forces are often feared and predatory rather than protective in nature. Village courts are supposed to exist in rural areas but when they do, they often make decisions along traditional lines, at the expense of gender equality. Gender networks exist but are not connected and many are very political – groups like Women in Business, National Council of Women, Women in Agriculture, Women Arise (on GBV) and Women in Mining do not work together, for example.

Gender Based Violence and Protection: Although men and women have equal rights under the constitution and PNG is a signatory to CEDAW, the unequal status and power relations of women is perhaps most graphically illustrated in the personal insecurity faced by women and girls due to extreme forms of gender-based violence, including rape. Half of all reported victims of sexual abuse are under 15 years of age and one in five assault victims are between 16 and 20.⁸² A World Health Organisation database on violence against women (1984-1998) in the State of the World's Children 2000 Report states that 56.1 per cent of women were physically assaulted, not including sexual abuse or rape, making it the world's second highest rate of violence against women. Extensive research on domestic violence by the PNG Law Reform Commission found that on a national average wife-beating affected two out of every three wives. Research by the PNG Institute of Medical Research found that over half the women interviewed had experienced sexual violence, whether by their

⁷⁹ Amnesty International, 2006

⁸⁰ Rachael Hinton, CARE PNG Gender Strategy Detailed Report, March 2011

⁸¹ GoPNG/UNDP 2011-2012

⁸² GOPNG/UNDP 2011-2012

husbands or by other men. Intimate partner violence, commonly referred to in PNG as “wife bashing”, is perhaps the most common form of violence against women more generally. To a large extent, the criminal law provisions already in place in PNG enable the state to prosecute and punish acts of violence against women, but the state structures and protections to do so either do not exist or lack a capacity to prosecute. The PNG criminal code criminalised consensual sexual intercourse between two adult men, and this reinforced the negative views towards LGBTI people, in particular towards men who have sex with men. It limits people’s access to HIV services as well, thereby contributing to the HIV endemic.⁸³ Despite the existence of a national disability policy, people with disabilities are often unable to participate in community life, go to school, or work because of lack of accessibility, stigma, and other barriers associated with disability. Access to mental health care is limited, and traditional healers are the only option for many people with psychosocial disabilities.

⁸³ Kaleidoscope Australia, Report on PNG regarding human rights of LGBTI persons, 2016

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