• Essential services must include services for gender-based violence.
• COVID-19 response plans must take into consideration vulnerable populations such as the elderly and people living with disability.
• The needs of women as frontline workers must be appropriately considered.
• COVID-19 pandemic response should be guided by existing policies and plans.
The COVID-19 pandemic will affect PNG in multiple ways. Key concerns for the country include the economic impact of the pandemic and how this will affect the general population. Equally important is the need to recognise the social problems that may arise as a result of the crisis. This includes gender-based violence.

While the attention of the government is focused on putting measures in place to respond to a possible outbreak and spread of COVID-19 by ensuring that essential services such as utilities and frontline responders remain operational, it is also equally important that services for GBV remain functional during the SOE.

In other parts of the world there have been reports of
increasing levels of violence against women due to the COVID-19 pandemic. According to UN Women (2020), emerging data shows that in Argentina emergency calls have increased by 25 percent since the lockdown on 20 March, 2020. Emergency calls have also increased in France and Cyprus. In the Pacific, Ofa Guttenbeil-Likiliki from the Tonga Women and Children’s Crisis Center raised concerns about the possibility of an increase in domestic violence in the Pacific due to coronavirus restrictions (Loop PNG, 2020).

Why PNG should consider services for gender-based violence as a vital service

GBV is one of PNG’s greatest social challenges. According to the Demographic Health Survey 2016–2018, 56 percent of women aged 15–49 have experienced physical violence since aged 15, while 28 percent have experienced sexual violence. (National Statistical Office, 2019). The 1-Tok Kaunselin Helpim Lain received just under 8,000 calls in its first two years of operation. Of those callers 74 percent identified themselves as victims.

Research in PNG shows that triggers for violence include financial disagreements and disharmony in marriage (Thomas et al., 2017). It is expected that during times of hardship violence will occur as families adjust to restriction of movement and economic hardship. The National Family and Sexual Violence Action Committee (FSVAC) in its statement to the SOE controller outlined reported cases relating to sexual and gender-based violence in Jiwaka, Port Moresby and Wewak, through its network. In Port Moresby, the NCD FSVAC is also monitoring cases of sexual and domestic violence in the city.

Strategies to mitigate against gender-based violence

Some strategies to mitigate against gender-based violence include making sure that referral pathways are adequately supported during times of crisis. While Personal Protective Equipment (PPE) have been purchased and distributed to frontline workers for the COVID-19 response, it is important to note that PPE must also be distributed to first responders for GBV; this includes police, safe houses and community activists, health workers and family support centre staff. It is important that referral pathways stay open so that where there is misinformation and suspicion due to COVID-19, those who are accused of sorcery are able to access services such as temporary shelters.

Social distancing will also prove to be difficult in some places such as in urban centres where overcrowding in settlements and some suburban homes is prevalent. The implementation of the SOE should take into account that GBV survivors will still need access to some community based support such as human rights defenders, local leaders, church pastoral workers and village court officials. The 1-Tok Kaunselin Helpim Lain service also needs to be supported to continue to provide referral and counselling services.

The health system has a majority female workforce. It is important to make sure that their health and safety is guaranteed, not only in the place of work but also in their homes. Women working long hours and different interpretations of how the virus is spread and how it can be prevented can lead to possible tensions within the home and within communities. Strategies to ensure safety of health workers should include a basic safety plan, mental health awareness and direct point of contact with key GBV service providers. It is also imperative that to minimise stigma, awareness relating to COVID-19 should emphasise the important role of frontline workers such as health workers and other essential service providers.

Other vulnerable groups

As mentioned previously, vulnerable groups need to be adequately considered during pandemic planning. Experience from the 2018 earthquake where an initial estimated 500,000 people were affected and a State of Emergency declared in Enga, Hela, Southern Highlands and Western provinces showed that there is a need for adequate and timely information in times of crisis (Brun, 2018). During and after the earthquake, the 1-Tok Kaunselin Helpim Lain received around 2,000 callers seeking basic assistance and counsel as they were afraid of aftershocks (Loy, 2018). The government should be cognizant of the needs of the different vulnerable groups that may need additional assistance during COVID-19. Some of these vulnerable groups include:

Persons living with disability

The needs of persons living with disability must also be considered. In instances where their movement is limited due to SOE restrictions and social distancing requirements, their access to sources of care whether through individual carers or community organisations will be limited. Responses that focus on health and sanitation in terms of access to clean water must factor the needs of people living with disability. At the national level, to ensure that the range of needs of people living with disability are factored into any COVID-19 response strategy, it is important that umbrella organisations such as the PNG Assembly of Disabled Persons be consulted.

Other vulnerable persons

The downturn in the economy will affect the whole country, but in particular those who are single parents, widows,
and others who face precarious situations daily such as sex workers, informal economy vendors, people living with existing health conditions and those in urban settings who are homeless. COVID-19 crisis response should be guided by a non-judgmental compassionate approach so as to ensure that this group of people is also given the right information and opportunity to minimise the risk of contracting the virus. It is crucial that frontline workers such as security forces must exercise restraint and if possible, a response plan to address the needs of this vulnerable group must be led by the Department of Community Development in partnership with churches and community based organisations.

The elderly

The elderly will face their own challenges during the lockdown. For some, their source of income will be limited, for others health challenges will also be exacerbated, especially if access to health facilities is problematic. Where there is no clean source of water, the elderly with mobility issues will be affected. Some strategies to mitigate include ensuring elderly persons within communities are given priority in terms of any humanitarian response efforts such as food distribution or community water distribution.

Connecting existing policies, plans and Government’s vision to the COVID-19 pandemic response

PNG Vision 2050 identifies gender and disability as crosscutting issues. It acknowledges the imbalance and inequity in PNG society which marginalises female participation in development (GoPNG, 2010). The PNGDSP acknowledges that gender disparity is evident in many aspects of society. More specifically, it sets a target of achieving zero tolerance of domestic violence by 2030. The MTDP III acknowledges that vulnerable groups are often excluded because of lack of access to information, skills, threatened by hunger, natural disasters, inadequate income and vulnerability to shocks and discrimination. These three key documents provide the strategic direction and guidance for policy and program implementation. The COVID-19 response must ensure that the welfare of vulnerable people is considered, especially where their specific needs may not be adequately considered.

Conclusion

COVID-19 pandemic will have a detrimental effect on livelihoods and the well-being of many people both in the rural and urban settings. The government’s response must be guided by an agenda that does not marginalise but ensures that everyone, including our most vulnerable populations are not stigmatised or excluded from COVID-19 response plans.

Cooperation of response plans for these vulnerable groups should be led in consultation with the relevant government agencies. Equally important is the need to collaborate with relevant NGO’s and faith-based groups who already provide services to these vulnerable groups. A coordinated approach that is guided by existing laws and policies such as the Lukautim Pikinini Act, Papua New Guinea National Policy on Disability 2015–2025, the National Strategy to Prevent and Respond to Gender Based Violence 2016-2025, and the National Policy on Social Protection 2015-2020 will ensure that the needs of these vulnerable groups are appropriately addressed.

References


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