Participatory Development

Participatory development implies a partnership which is built on a dialogue among the various actors Participatory(stakeholders),developmentduringwhichimpliesthe 'agenda'partnershipissetwhichjointlyis andbuilt aonvarietydialogueoflocalamongviewstheandvariousindigenouactors (stakeholders),knowledgeare deliberatelyuringwhichsoughtthe'agenda'andrespectised. jointlyParticipatoryanda devvarielopmenttyoflocalimplivewsnegotiationandindigenousrather knowledgethanthedominanceareliberofatelynexternallysought setandprojectespectedagenda.Participatory. development implies negotiation rather than the dominance of an externally set project agenda.

Access

Access to resources implies that women are able to use and benefit from specific resources (material, financial, human, social, political, etc).

Control

Control over resources implies that women can obtain access to a resource as and can also make decisions about the use of that resource. For example, control over land means that women can access land (use it), can own land (can be the legal title-holders), and can make decisions about whether to sell or rent the land.

Benefits

Economic, social, political and psychological retributions derived from the utilization of resources, including the satisfaction of both practical needs (food, housing) and strategic interests (education and training, political power)

Reproductive Rights

Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.

Sexual rights

Sexual rights embrace human rights that are already recognized in national laws, international human rightsSexualdocumentsrightsembraceandotherumanconsensusrights thatdocumentsarealready.Thesrecognizincludedthein rightnationalofalllaws,persons,iternatifree ofnalcoercion,human discriminationrightsdocumentsandandviolence,other ctonsensus:thehighestdocumentsattainable.Thesestandardincludeof healthrightinofrelationallperstons,sexuality,freeof coercion,including accessdiscriminationtosexuandlandviolrence,productiveto:thehealthhighestcareattainableservics;standardseek,receiveofhalthandinimpartreltionformationtosexualinty,relationincludingto sexuality;accessto sexualityx l andeducation;reproductiverespecthealthfor bodilycareservices;integrity;seek,choicereceiveofpartner;andimpartdecideinformationtobesexuallyinrelaactiveon orto not;sexuality;consensualsexualitysexualeducation;relations;respectconsensualforbodilymarriaintege;rity;decidechoicewhetherofpartner;ornot,decideand towhenbe sexuallytohave children;activeor andnot; pursueconsensualsatisfying,sexual relations;safeand pleasurableconsensual marrisexualge;life.decide whether or not, and when to have children; and pursue a satisfying, safe and pleasurable sexual life.

Gender-based violence

Gender-based violence is violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. While women, men, boys and girls can be victims of gender-based violence, women and girls are the primary victims.

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Table of Contents

Abbreviations and Acronyms

AAP	Annual Activity Plan
AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-based Based Organization Organisation
CEDAW	Convention on All the For Elimination of Discrimination of all Forms against of Descrimination Women against Women
CIMC	Central Implementation and Monitoring Committee
CRC	Convention on the Rights of the Child
FHS	Family Health Services
FBO	Faith-based Based Organization Organisation
FSVAC	Family Sexual Violence Action Committee
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IGO	International Government Organization
ILO	International Labour Organization
M&E	Monitoring and Evaluation
MDGS	Millennium Development Goals
NACS	National AIDS Council Secretariat
NDoH	National Department of Health
NGO	Non-government Organization
PALJP LIP	Papua New Guinea - Australia Law and Justice Partnership
PHA	Provincial Health Authority

PNG	Papua New Guinea
PO	Program Officer
RPNGC	Royal Papua New Guinea Constabulary
SRH	Sexual and Reproductive Health
STA	Short Term Advisor
STI	Sexually Transmitted Infection
TWG	Technical Working Group
UN	United Nations
UNFPA	United Nations Population Fund
VAW	Violence Against Women
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
LLG	Local level Government
UNICEF	United Nation Child Fund

Annex 2: GLOSSARY

Sex
Sex refers to the biological characteristics which define humans as female or male. These sets of biological characteristics are not mutually exclusive as there are individuals who possess both, but these characteristics tend to differentiate humans as males and females. (WHO)

Gender
Gender refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Whereas biological sex is determined by genetic and anatomical characteristics, gender is an acquired identity that is learned, changes over time, and varies widely within and across cultures. Gender is relational and refers not simply to women or men but to the relationship between them.

Gender in health
In health, gender is defined based on women and men's health status and determinants, gender-based hurdles in access to health services and resources, impact of health policies and programs, distribution and remuneration of health labour, and participation in health policy and decision-making. (PAHO/WHO)

Gender norms
Gender inequality is produced by society's written and unwritten norms, rules, laws and shared understandings. It is found in all societies and is the most prevalent form of social inequality. It cuts across other forms of inequality such as class, race and ethnicity.

Gender Equality
Gender equality entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or prejudices. Gender equality means that the different behaviors, aspirations and needs of women and men are considered, valued and favored equally. It does not mean that women and men have to become the same, but that their rights, responsibilities and opportunities will not depend on whether they are born male or female.

Gender Equity
Gender equity means fairness of treatment for women and men, according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities. In the development context, a gender equity goal often requires built-in measures to compensate for the historical and social disadvantages of women. Achieving gender equity in health implies eliminating inequalities between women and men which are unnecessary, avoidable and therefore unjust.

Gender Analysis
Gender analysis is a systematic way of looking at the different impacts of development, policies, programs and legislation on women and men that entails, first and foremost, collecting sex-disaggregated data and gender-sensitive information about the population concerned. Gender analysis can also include the examination of the multiple ways in which women and men, as social actors, engage in strategies to transform existing roles, relationships, and processes in their own interest and in the interest of others.

Gender Mainstreaming
Gender mainstreaming is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programs in all political, economic and social spheres, such that inequality between men and women is not perpetuated.

- Technical support to other service providers and advocators
- Coordinate internal Recruitment and placements
- adherence

Development Partners and other stakeholders are responsible for;

- Mainstreaming gender related issues in all programs in which they are involved
- Promoting a harmonized response to the coordination of the sectoral support (Prevention, Care and Treatment and Justice) for survivors of GBV
- Support Gender and GBV activities
- Funding support for implementation for Gender and GBV activities within the Health Sector.
- **S**upport **Ro**ll**ing out of FSCs and** genderGBVpresentationandGBVactivitiesacrosssrelevantsectors..
- Funding and in kind support for rolling-out of FSCs, support NDOH and other partners in addressing gender and GBV issues.
- Provide support for Health Sector in prevention and justice domain for multi-sectoral approach.
- Support gender and GBV program by including GBV in its AAP and seeking funding for its activities
- Support capacity building in gender health

NGOs are responsible for;

- Prevention through education, awareness, training and advocacy
- Providing support to H**health** sector and other partners in training, education and advocacy
- Working with partners and stakeholders and maintaining good linkages for multi-sectoral approach
- Provide ongoing program reports to NDoH through the Provincial Public Health System
- Adhere to NDoH referral guidelines for GBV survivors

Faith Based Organizations are responsible for;

- Prevention through education, training and advocacy.
- Ensuring a contemporary, gendered approach to employment practices in their training and health service provision facilities.
- Providing treatment and support in the health care and health service delivery in accordance with the National Policies and Protocols.
- Building partnership with partners and stakeholder
- Provide ongoing program reports to NDoH through the Provincial Public Health System
- Adhere to NDoH referral guidelines for GBV survivors

Community Based Organizations are responsible for;

- Prevention through advocacy, training, workshops and awareness
- BuildingPreventionpartnershipthroughadvocacy,withpartnerstrainiandg,stakeholdersworkshopsand awareness
- Provide^Building support^partnership^tohealth^with partners^sectorand^and^other^stakeholders^partners by providing support to survivors of GBV
- Provide ongoing^support to^program^healthsect^reports^and^to NDoH^otherpartners^through ^by^the^providing^Provincial^support^Public ^to^Health^survivors^System^ofGBV
- AdherePrvide tongoingNDoH referralprogramguidelinesreportstoforNDoHGBVthroughsurvivorsthe Provincial Public Health System
- Adhere to NDoH referral guidelines for GBV survivors

Foreword

The National Health Sector Gender Policy (2014)(2013) is the first of its kind to be formulated in the health sector.The Health Sector Gender Policy builds upon the achievements of the various relevant government policies and the first two **N**ational **Goa**ls and Directives ofof thetthePNGPNGconstitutionConstitution.The.Theconstitution'sfir**st** goal promotes intergral human development where every person is to be dynamically involve in the process of freeing himself/herself from every form of domination or oppression so that each men/women will have the opportunity to develop as a whole person in relation to others.The second promotes equality **and** participation where**all**citizensarearetotohaveequal opportunity to participate **and** benefit from the development of our country, PNG.

The goal of the National Health Sector Gender policy is to integrate a gender perspective into the health sector, including legislation, policies and programs at all levels of the health system. It will also aim to increase gender equity in health information and access to and use of service delivery in order to improve the health status of the population equitably.

The National Health Sector Gender Policy is not a GBV control policy nor does it aim to encourage family and marriage breakups or having more than one partner. The policy is consistent with the rights and freedom contained in the PNG Constitution and with international Human Rights Covenant. The policy has also been formulated with PNG 's own Cultural Values clearly in mind directed at both health service provision and employment within the health sector.

The knowledge and information or reporting systems of GBV and gender issues is essential for effective development planning at National, Provincial, and District levels. It is anticipated that our population growth rate is 3.2% and will continue to grow; this growth must be taken into account in all our planning activities. Effective development planning will in turn lead to faster economic growth and improvements in our social indicators. In the long run this will reduce the rate of gender violence, abuse and inequality to a more manageable level.

The successful implementation of this policy will not depend upon the NDoH alone but will require collaborative efforts between government departments, provincial administrations, donor agencies, NGOs, communities and individuals.

I call upon all health sector partners to co-operate fully in the implementation of this policy. I am confident that the successful implementation of this policy will have to accelerate the pace of development and enhance the quality of life in PNG over the next decades ahead.

Hon. Michael Bill Malabag, OBE, MP

Acknowledgment

The National Health Sector Gender policy 2014 was formulated with the support and commitment of partners and the staff of the National Department of Health

The National Department of Health owes its thanks to the individuals in the Policy Development Working Committee for their untiring efforts and input into the Development of this Health Gender Policy. This document could not be more successfully completed without the collaborative and supportive efforts of the Policy Development Working Committee, Partners, Provinces, Public Hospitals and provincial Health Authorities

To the many other organizations and individuals that were involved in one way or another, thank you for your contributions and support. The policy will be a guide to the health sector and its external partners on gender programmes and activities in PNG.

I would also like to acknowledge key partners from UNFPA, UNFPA, WHO, WHO, UNICEF, Ausaid, Ausaid, Family Health International, International PALJP, RPNGC, CIMC/FSVAC and WHO for their comments and technical input.

The policy will be a support document for all gender based and related programmes and activities that are currently being implemented in the health sector

Finally, I look forward to the implementation of the *Health Gender Policy in Health Sector* through the health systems in PNG for the welfare and benefit of all our people.

Pascoe Kase (Mr)
Secretary

Annex 1: Roles and Responsibilities

Successful implementation of this policy requires every stakeholder in different levels of operations to understand their roles and responsibilities.

National Department of Health is primarily responsible for the areas of:

- Policy, Planning, development and dissemination to provincial health departments
- Conduct reviews, monitoring and evaluation of gender related programs
- Technical support to all programs in provinces, hospitals districts and Provincial Health Authorities, NGOs and others
- Coordinate and ensure all relevant stakeholders and partners harmonize and align to existing health system.
- Recruitment, placements and trainings,
- Promote advocacy and awareness of Gender Programs
- **Mainstreaming gender-related issues in all programs**.
- **Advocate for gender-based**budgetingbudjeting inforallallprogramsatforallallllevelslevels
- Develop referral guides and advocate for its implementation to all relevant stakeholders

The Law &&Justice Sector will be responsible for:

- Providing access to the formal Justice System and equitable outcomes for women/girls and men/boys.
- Prioritizing the pursuit of safe public spaces and transport systems in order to increase the mobility and access to health services of individuals isolated by their gender.
- Support in the development & implementation of policies, protocols, guidelines and Medico- Legal Proforma.
- Coordination of inter-agency meetings to strengthen relationships between government agencies and civil society to improve responses to survivors of GBV.
- Enhance Papua New Guinea's capacity to record data to provide detailed information on the situation of women and men before the law.
- AdvocatingandandeducatingLawLawandandJusticeJusticeSectorSectorAgencyagencyemployeesemployeesthroughthroughsmallInductioninduction **and** related trainings on the specific sections relating to the sector referred to in the NDoH Gender policy. This is to ensure that linkages are strengthened using a coordinated cross-sectoral approach to meet common objective(s) outlined in GoPNG development policies.

Provincial and District Levels are responsible for;

- Provincial administration is responsible for District Plans related to gender issues and GBV in the workplace and in relation to adequate health service training and provision in the facilities
- Reporting to National Department through FHS annually on their progress, achievements against indicators and challenges
- Including GBV activities in Annual Activity Plans as a program under FHS
- Establishment and sustainability of FSCs
- Implementation of Gender and GBV activities workplace and training and health services provision
- Implementing guidelines
- Training, education, awareness and advocacy
- FSCs;FSCs: ResponsibleforforprovidingadequateFREEcare,intergratedtreatment,adequatetimelycare,provisiontreatment,of timelymedicalprovisionreportsof medical(inthe format,reports (inandthetoformat,thestandardtotherequiredstandard requiredbythe lawbytheandlawJusticeandJusticeSector)Sector)andandreferralreferraltototheother relevant agencies/partners in the community.
- Networking with all relevant stakeholders in gender programs in responding to gender issues
- Conduct reviews, monitoring and evaluation of provincial gender related programs and report to NDoH

CHAPTER FIVE - MONITORING AND EVALUATION

Monitoring and evaluation are central components of all programs. Firstly, clear targets and benchmarks for the Health Sector Gender Policy and its coverage to be set at National, Provincial and District levels. Secondly, Plans must be Specific Measurable Achievable Realistic Time bound (SMART).

To effectively track gender and GBV activities, regular monitoring and evaluation mechanism is required to measure the impact of national response. The NDoH will ensure that National Health Information System captures GBV data and monitors the process, outcome and responsiveness of the programs as a cross-cutting issue. That is to ensure that the strategies adopted are producing the expected outcomes and impact.

At each level of the system, a set of process indicators will be developed with data collected and analyzed on a periodic basis. Quantitative and/or qualitative indicators to measure the gender-sensitivity of the specific objective, the activities undertaken, and the immediate impact or benefit of the major output for women and men will be identified. Monitoring and evaluation will take place at the service delivery level with simple data sets, and wherever possible disaggregated data, providing information for health workers and relevant partners and stakeholders in health to plan effective response to service delivery, including interventions on GBV. Data sets will be distributed to all hospitals and health centers at all levels for routine data gathering and reporting. Based on the data collected and the findings from a gender analysis, theNDoHwillevaluateandreviewtheoutcomesofoftheactivitiesandprograms..

Executive Summary

The National Health Sector Gender Policy (2014)3) is developed to strengthen the work of the health sector and to link to mandates from international conventions and national policies to promote the health of the people of Papua New Guinea in a just and equitable way.

The goal of the PNG Health Sector Gender policy is to integrate a gender perspective into the health sector, including legislation, policies and programs at all levels of the health system. It also aims to increase gender equity in health information and access to and use of service delivery in order to improve the health status of the population equitably.

This policy contains four main policies for the health sector. The four policies emphasize the need for NDoH as health sector's lead agency to take lead in implementing gender sensitive programs. The first policy requires NDoH to integrate a gender perspective, including a focus on gender-based violence, in all its programs, and implement gender sensitive activities. The second policy requires promotion of gender equitable administrative policies and procedures in the NDOH and in health service delivery. The third policy is on the promotion of equal access for men/boys, women/girls to and use of health information and health services that are free from discrimination. The final policy is on strengthening effective coordination and partnerships by NDoH for effective and efficient service delivery.

The Family Health Service Branch of the NDoH will be the focal point for the PNG Health Sector Gender Policy and will collaborate with programmatic departments within the NDoH and with other ministries and partners to implement the policy. The health sector and the relevant stakeholders will play key roles in implementing this policy. Existing planning and budgetary processes will be utilised to access funding for implementation of this policy.

Monitoring and evaluation is crucial to measure the implementation of this policy. Process indicators will be defined to measure progress in achieving the goal and objectives of the policy. Output, outcome, and impact indicators will be developed incollaboration with the Monitoring and Evaluation Branch of the NDoH as part of the operational plan to implement this policy. Provincial and District Levels will be responsible for District level plans.

The National Health Sector Gender Policy addresses the gender aspects of key health areas, including:reproductiveincluding,Reproductivehealth;Health,improveImproveservicedelivery,strengthen partnership and coordination with stakeholders, strengthen health systems, improve maternal health, reduce the burden of communicable diseases, and promote healthy lifestyles; and the cross-cutting issues of gender-based violence.

CHAPTER ONE - BACKGROUND

1.1 Intent of Policy

The intent of this policy is to actively promote equality between women and men.

This is to create an understanding of the gender differences in health and its determinants and to incorporate gender considerations in all health sector programs and by all levels of policymakers and health care providers. Implementation of governmental obligations to promote gender equality and respect of relevant human rights conventions is important to improve health outcomes.

1.2 Historical Context

At Independence Papua New Guinea adopted Gender Equality Goals which are enshrined in the PNG Constitution. Under the PNG Constitution there are five National Goals. The first two goals 1 and 2 “integral human development and equality and participation” promotes gender equality. Other provisions of the Constitution that promotes gender equality are the provisions under the basic rights which include the rights to freedom and life, as well as freedom from inhuman treatment.

PNG has also entered into a number of key United Nations international human rights treaties and international legal instruments on gender equality and women’s human rights, notably the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Beijing Platform for Action, the Convention on the Right of the Child (CRC), the Commonwealth Action Plan, and a number of South Pacific Action Plans.More recently, in 2008,PNG acceded to the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). In addition to ratifying all eight fundamental conventions.PNG is also a party to or signatory to the following:

- Convention on the Elimination of All Forms of Racial Discrimination (1982)
- Convention on the Elimination of all Forms of Discrimination Against Women (1995)
- Millennium Development Goals (2000)
- Convention on the Rights of Children (CRC)1993(1993)
- The Commonwealth Plan of Action for Gender Equality 2005–2015
- The Revised Pacific Platform for Action on Advancement of Women and Gender Equality 2005– 2010
- International Covenant on Economic Social and Cultural Rights (2008))
- International Covenant on Civil and Political Rights (2008)
- Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women
- Beijing Platform for Action
- Equal Remuneration Convention
- Discrimination (Employment and Occupation) Convention
- Convention on the Rights of Person with Disabilities (CRPD) (2012)

In response to the international commitments, the government of PNG has formulated national strategies for addressing gender issues. Some of these strategies can be reflected in PNG National Health Plan 2011-2020 that was developed in the framework of the government’s National Vision 2050, which is linked to the PNG Development Strategic Plan 2012-2030.

In recentyears, the National Department of Health has taken leadership in intergratingintegrating aa gender andsex perspective in their areas of work. The NDoH took HIV responsibilities from NACS on HIV and AIDs issues, including the National Gender Policy and Plan on HIV and AIDS with a strong focus on GBV.Other

CHAPTER FOUR - IMPLEMENTATION ARRANGEMENTS

4.1 Implementation Arrangements.

Implementation of this policy will be done through existing government administrative arrangements as guided by other existing policies and legislations. NDoH through the Public Health Division will take lead and coordinate implementation of this policy.

Specific activities in operationalizing this policy with estimated cost are being integrated into the Sexual Reproductive Health Strategic Implementation Plan 2014-2020. The Family Health Services will advocate for NDoH programs, provinces, hospitals and Provincial Health Authorities to take note of their roles and responsibilities identified in this policy in Annex1. Planning and budgeting for resources to implementation strategies in this policy through normal government planning and budgetary process.

Partners, especially NGOs and churches receiving government subsidies for service delivery are also required to plan and budget for resource requirements through normal annual budgetary process as guided by the National Health Plan, Health Gender Policy, SRH Strategic Plan, Public Finance Management Act and the Health Sector Partnership Policy.

Other partners such as development partners and other funders of programs will liaise with NDoH to align their support to government priorities identified regularly. There are avenues for discussions such as the program committee meetings, Health Sector Partnership Committee, and the National Health Conference meeting.

All stakeholder partners not receiving support from government are encouraged to maintain effective communication and dialogue with NDoH and other government health establishments where they operate from to ensure government priorities, standards and other operational guidelines are maintained.

4.2 Resource Implications.

Gender is not easily understood in PNG. Adequate resources is needed for effective implementation of this policy. For the health sector to be sensitized to provide the minimum standard of services, increased funding is required. The estimated cost of implementation is included under the Sexual Reproductive Health Strategic Implemenation Plan 2014-2020. This cost covers gender-based violence component, not other aspects of this policy.

Adequate human resources both in numbers and appropriately trained on gender will move the program in a big way in sensitizing all levels of society on the prevention of gender related problems. Retention packages for appropriately trained human resources both in the public health sector and churches is important and should be considered.

Appropriately resourced personnels and offices and facilities are important aspect of any effective programs, business or organisations.

4.3. Service Implications

This is the first health related gender policy for the sector. Successful implementation of this policy will see improve health results and better outcomes in future.

Gender-based violence is one cause of the worsening maternal morbidity and mortality scenario in PNG. Health workers are both victims and perpetrators and improvement has to start from within the NDoH and health sector agencies first. The society needs roles models to advocate, promote and lead gender sensitive programs.

3.3.4: Policy 4: Coordination and Partnership on Gender Base Violence

NDoH to lead and strengthen coordination and partnerships

Strategy3.3.4.1: Strengthen all existing linkages with partners and stakeholders and where necessary develop new partnership ties amongst those holding primary responsibility for prevention of GBV and providing justice to those affected by GBV.

Activities:

- NDoH to work with other sectors strengthen referral system within health and others (law and justice, police, social).
- **Public Hea**lth and StartegicPolicyStrategiceensurethethealignmentof ofthethedifferentpartnersandandstakeholders with the Health gender policy particularly in the area of GBV.

Strategy3.3.4.2NDoH work closely with all partners and stakeholders to enhance and promote multi sectoral approach to address gender related issues and GBV and enhance effective coordination across the relevant sectors.

Activities:

- Strategic Policy works with Family and Services and Human Resources promote organizational development and aid effectiveness by facilitating and strengthening the Technical Working Groups on Gender.
- Strategic Policy works coordinate with Family and Services, Human Resources and Monitoring and Evaluation improve the information and knowledge base for gender mainstreaming, including capacity development of relevant departments and key line ministries, for gender-responsive national policies and advocacy for, and monitoring of, achievements under the PNG Millennium Development Goals.

ppolicies andguidelineshavebeendevelopedtoto complement this.. Several trainings and workshops on gender and awareness activities have been conducted to sensitize health professionals on the role of
gender and sex in health (as UNFPA and WHO gender mainstreaming for health managers). Other related activities have included the development of IEC materials, for example, posters and leaflet as well as a Training Manual on GBV for the Health sector.

Integration of Gender into DCB's 2007 Annual Activity Plans (AAP) led a commitment from the NDoH for the recruitment of senior technical adviser on Gender, GBV and HIV. This followed the recruitment of GBV PO under the Family Health Services Branch (FHS) in May 2012.The establishment of technical advisors on gender will serve as a catalyst for ensuring the integration of a gender perspective in the health sector.

The Health Sector Gender Policy includes strategies for addressing gender issues in health policies and programs and at all levels. The PNG government is integrating a gender perspective through the National Policy for Women and Gender Equality 2011-2015 and the Gender Equity and Social Inclusion Policy 2013withwhichthepresent policy isis also consistentconsistant.

Today, the policy environment in gender and health is ripe. The health sector provides opportunities for integrating a gender perspective both organizationally within the NDoHand in health sector policies and plans.

1.3 Audience

The policy is developed for all public health agencies at different levels of the government, training institutions, all relevant partners as well as those accessing health services at all levels.

1.4 Policy Development Process

The PNG National Department of Health led the process for developing this policy, with assistance from Development Partners. International conventions and agreements and existing policies (refer to 2.5) in PNG related to human rights, gender and health were reviewed and summarized with current health statistics.

Broad consultation took place between the health sector and partners, and with external experts..Stakeholderswhoparticipatedinin these consultations included the NDOH *Policy Development Working Committee*, NDOH Family Health Service Branch, non-government organizations (NGOs), UN Agencies and partners.. AArevisedversionrsion ofofthestrategywaspresentedatatconsultativemeetings with the support of the WHO Regional Advisor on Gender for final inputs and comments

CHAPTER TWO - POLICY CONTEXT AND DIRECTIONS

2.1 Goal

The goal of the PNG Health Sector Gender Policy is to integrate a gender perspective into the health sector, including legislation, policies and programs at all levels of the health system. It also aims to increase gender equity in health information and access to and use of service delivery in order to improve the health status of the population equitably.

2.2 Vision and Mission

As stated in theNationalPolicyforWomenwomen and Gender Equality 2011**-2015, gender equality** is **when** roles of women and men are valued equally. The present policy strives toachieve gender equality in health status and health development, through legislation, policies and programs, and to meet NDoH's mission toimproveprimaryhealthcarefortheruralmajorityandurbandisadvantageddisadvantages..

2.3 Objectives

The objectives of the policy are:

1. Tointegrateintergrateaa gender perspective, includinga aforcusfocusonongender-based-basedviolence,in allin NDOHallNDOH. programs, and implement gender sensitive activities
2. To promote gender equitable administrative policies and procedures of the NDOH and health service delivery
3. To promote equal access for men and women to and use of health information and health services that are free from discrimination
4. To ensure NDoH lead and strengthen effective coordination and partnerships in health related gender based violence related issues

2.4 Principles

The policy statements and strategies will be interpreted and implemented based on the following principles.

- **Development approach**

Gender is a cross-cutting theme and as such it must be recognized as integral part of the work of the NDoH and that of the country's overall development agenda.

- **Human Rights-Based Approach**

Endorsed in a wide range of international and regional human rights instruments the right to health is often refer to in Article 12 of the International Covenant on Economic, Social and Cultural Rights, which has been ratified by Papua New Guinea.

Human rights norms and principles include human dignity, attention to the needs and rights of vulnerable populations, and an emphasis on ensuring that health systems are made accessible to all. The principle of equality and freedom from discrimination is important, including discrimination on the basis of sex and gender roles. Integrating human rights into development also means empowering poor people, ensuring

- The Family Health Service Branch works with all health programs to prioritize actions aimed at removing barriers women and men face respectively in seeking care.
- The Family Health Service Branch works with relevant health program and the Health Promotion Branch to develop gender-sensitive health promotion materials and trainings that address the gender-related barriers that women and men (among other vulnerable populations) face in seeking health care and in supporting their spouses and family members of either sex to seek health care.
- The Family Health Service Branch supports community health programs that increase awareness of and encourage action to abolish undesirable cultural norms related to both sexes.

Strategy3.3.3.3: Improve gender integration in health services and right to health.

Activities:

- The Family Health Service Branch works with the relevant programs (M&E) and all levels of the health sector to revise all health program using human rights principles and four criteria ("3AQ") by which to evaluate the right to health. The four criteria include: (1) **availability** of functioning public health and health care, (2) **accessibility** which includes: non-discrimination, physical accessibility, affordability, and information accessibility, (3) **acceptability** of the services (culturally appropriate, confidential, respectful of gender and life-cycle), (4) **quality** - scientifically and medically appropriate.
- Implement a process to improve- performance of individual health providers and health facilities using gender sensitive, evidence based standards and community input to measure the quality of **services provided**, **t**hereby allowing users —-whethertheybecommunitymembers,provincialhealth **offices, health providers**, **or supervisor**s —to identify and address performance gaps.
- The Family Health Service Branch works with relevant health programs to develop training on gender-sensitive health service delivery

Strategy3.3.3.4: Increase women/girls and men/boys access to quality, gender-sensitive services, including for gender-based violence.

Activities:

- The Family Health Service Branch works with health programs and relevant department (Law and Justice, Community Services) to develop a process to review statistics on women/girls and men/boys access to and use of relevant health services.
- The Family Health Service Branch works with health programs and relevant department to address inequities in access.
- The Family Health Service Branch works with health programs and relevant departments to undertake research related to barriers to access to services, including services for gender-based violence.
- The Family Health Service Branch works with health programs and relevant department to develop a data collection system that builds on existing forms, databases, etc.

Strategy 3.3.2.3: **Gender**-sensitized PPolicies **and** p**rocedures are developed**

Activities:

- The Strategic Policy Branch works with the Human Resources Branch and all programs to review andassess the gender balance in health service staffing at national level and advocate provincial, district, and community levels to do likewise.
- The Strategic Policy Divison works with Human Resources Branch and all programs to devise and implement steps to improve gender equity in staffing.
- The Family Health Service Branch works with Human Resources Branch to conduct and provide quarterly and annual review to the NDoH of gender equity issues related staffing.
- The Strategic Policy Divison works with Family Health Service Branch and Human Resources Branch to develop gender equity, non-discrimination, and sexual harassment indicators for the NDoH to be used at all levels.

3.3.3: Policy 3: Equal Access to health information and health services

Equal Access for men/boys and women/girls to and use of health information and health services that are free from discrimination should be promoted

Strategy3.3.3.1: Enhance women's decision making role in relation to health seeking practices.

Activities:

- The Family Health Service Branch works with all relevant health programs to gather and review existing studies and undertake new studies as needed related to women's and men's decision making. For each relevant health area preparean analysis of barriers to health care decision making.
- The Family Health Service Branch works with each health programs to prioritize the barriers and develop a strategy for overcoming them.
- The Family Health Service Branch works closely with all relevant health programs and stakeholders to develop awareness and training materials targeting different population groups, to address gender barriers that affect women's ability to make decisions about health care.
- The Family Health Service Branch collaborate with Provincial health authorities to promote community health programs (through) that seek to improve women's status and change harmful gender norms.

Strategy3.3.3.2: Involve women and men in health seeking practices and in supporting their spouses and familyandmembersfamilymembersofeither ofsexeitherseeksexcaretoseek. care.

Activities:

- The Family Health Service Branch works with all relevant programs to gather and review studies and undertake new studies as needed related to gender barriers to health care seeking and prepare an analysis of barriers women and men face in seeking health care for each relevant health area.

their participation in decision-making processes which concern them and incorporating accountability mechanisms which they can access (WHO).

- **Informed Freedom of Choice**

Further to the basic and fundamental rights, individual freedom of choice must be respected and protected at all times. In reaching informed decisions, all individuals are entitled to readily accessible, accurate and **un**biased **infor**mation..Servicesmustbebe affordable and **access**ible f**or** the usersthemselves. .Services providers must be mindful of barriers to accessibility which includes distance and remoteness, gender barriers, physical barriers including transport as well as law and order, language and cultural differences and literacy status of women.

- **Millennium Development Goals (MDGs)**

The MDGs explicitly acknowledge that gender can have a significant impact on development. MDG number 3 (out of 8total) is, in fact, specifically about gender, calling for an end to disparities between boys and girls at all levels of education. However, while only one of the MDGs is specifically about gender, addressing gender is of critical importance to every goal.

The Policy intends to recognize that integrating a gender perspective into health policies and programs will contribute towards achieving the MDG whist promoting human rights, gender equality and equity in access and service delivery and its sustainability. For the purpose of this Policy, it is critical to focus on areas **where** the health--relatedMDGs (numbers11,,24,,3 5,,4 6,,5 and,6,and7) may7)mayhavehave bearingonontheworktowardseach goal.

- **Gendered approach**

The policy recognizes that a gendered approach is imperative in identifying and addressing the different needs and situations of males and females of all ages when designing, planning, implementing, monitoring and evaluation of program activities. A gendered approach that is inclusive looks at men and boys and women and girls.

Health policies and programs tend to focus on biological and clinical aspects of diagnosis, treatment and prevention. A gendered approach in health, however considers the key roles of health determinants such as social and cultural factors and the power relations between women and men play in promoting and protecting or impeding health. A gendered approach, while not excluding biological factors, examine the social, political and economic dynamics that determine women's and men's health status and their access to, and experience of, the health system.

- **Life course perspective**

The experiences of women and men are not the same; they differ in terms of both sex and gender. Due to social (gender) and biological (sex) differences women and men face different health risks throughout the life course(orcycle).A.lifeA lifecourse course perspperspectiveisespeciallyisespeciallyimportantfor forwomenwomenbecausewomenswomen's roles and status change with the biological stages of their lives. Women have more distinct stages in their lives: reproduction, motherhood, and menopause impact on women's lives, whereas men's lives are more continuous. It is important to keep in mindthe relationship between biology and social and economic participation in women's lives.

2.5 Core Government Legislations and Policies

Papua New Guinea has entered into a number of national legislation that relates to gender equality and women's human rights, notably:

Core Legislations:

- Constitution (1974)
- The Employment Act (1977)
- Public Service Management Act (1994)
- Organic Law on Provincial and Local level Government (1995)
- National Health Administration Act (1997)
- Provincial Health Authorities Act (2007)
- LukautimPikinini Act (2011)
- Family Sexual Violence Act (2012)
- HIV/AIDS Management Prevention Act
- Criminal Code of PNG
- Criminal Law (Compensation) Act
- National Council of Women Act
- Sorcery Act
- Equality and Participation Bill
- Public Hospitals Act 1994

Policies, Plans and Standards

- Mental Health Policy (2011)
- National Disability Policy (2012)
- National FSV Strategy

- Public Service General Order (2012)
- NSPVisionVision2050 2050
- National Health Plan 2011- 2020
- National Nutrition Policy (1995)
- National Policy on Health Promotion (2003)
- National Youth Policy 2008-2012
- Child Health Policy 2009
- National Women and Gender Policy(2011)
- Youth and Adolescent Health Policy (**201**43)
- Gender and HIV/AIDS Policy
- National Sexual and Reproductive Health Policy, 2014
- National Policy on Health Promotion (1994)
- National Youth Policy
- National Health Sector Partnerships Policy (2014)
- National Youth and Adolescent Health Policy (2014)
- NationalFamilyPlanningFamily PlanningPolicy(2014)Policy (2014)

3.3.2: Policy 2: NDoH gender equitable administrative policies andprocedures

Gender equitable administrative policies and procedures of the NDoH and health service delivery will be promoted.

Strategy 3.3.2.1: NDoH to develop human resource polices that are gender sensitive and implemented.

Activities:

- Human Resources Branch to create a checklist or other mechanism to use in reviewing human resource policies for gender equity.
- Human Resources Branch to provide a summary of the outcome of the review of human resource policies from a gender lens to relevant senior management.
- The NDoH monitor and revise policies including corporate plan, as needed, based on the review.
- The NDoH monitor the implementation of new and existing policies, with links to provincial, district, and community levels and works with these levels to ensure gender compliance .
- The Strategic Policy works with Human Resources Branch to prepare and quarterly and annual report for the NDoH on gender equity in human resource policies.

Strategy 3.3.2.2: NDoH administrative policies to mandate a workplace free of sexual harassment and gender-basedgenerdiscrimination-baseddiscrimination.

Activities:

- The Strategic Policy Divison works with Human Resources Branch to prepare a checklist to use in reviewing HR policies from the perspective of sexual harassment and discrimination based on gender.
- Human Resources Branch to review human resource policies related to sexual harassment and discrimination based on gender.
- Human Resources Branch to provide a summary of the outcome of the review of human resource policies related to sexual harassment and discrimination based on gender.
- Strategic Policy Divison works with Human Resources Branch revises policies, as needed, based on the review.
- The Strategic Policy Division works with Human Resources Branch to monitor implementation and monitoring of new policies related to sexual harassment and discrimination based on gender, with links to provincial, district, and community levels and works with these levels to ensure compliance with the policies.
- Strategic Policy Branch works with Human Resources Branch to conduct and provide a quarterly and annual review to the NDoH of issues related to implementation of policies supporting non-discrimination.

- The NDoHStrategic Policy Division elicits input fromallallhealthprogrames areas and prepares quarterly reports and annual report for the NDoH on the status of NDoH gender-sensitive programming.

Strategy 3.3.1.1:NDoH shall work with the health sector stakeholders to ensure that programes implement gender-sensitive activitiesgendersensitiveaccordingactivititothesir accordingprogramplanstotheir. program plans.

Activities:

- Each health stakeholders provides a review of implementation of gender-sensitive programming through quarterly and annual reviews and reports.
- The Family Health Service Branch in collaboration with Strategic Policy Branch reviews implementation plans and activity reports from stakeholders to assess implementation of gender-sensitive programming according to health area program plans reviewed under SO 3.3.1.2.
- The Family Health Service Branch meets with health programs to discuss findings of implementation review and recommends strengthened programming, as appropriate.
- The Family Health Service Branch assists with relevant health programs and stakeholders to develop gender-sensitive indicators.

Strategy 3.3.1.4: All health sector program stake-holder's project budgets include funds to explicitly address gender issues.

Activities:

- The Startegic Policy division (Planning) create a checklist or other mechanism to use in reviewing health program areas and project budgets with a gender lens.
- The NDoH through Strategic Policy and Corporate Services Divisions support training with relevant health programs on ensuing that gender issues are taken into consideration in budgeting ("gender budgeting") for programs and projects.
- The Strategic Policy and Corporate Services Divisions review ongoing health programs and project budgets with a gender lens.
- The Family Health Service Branch and Planning Division provide a summary of the outcome of the gender analysis of health program and project budgets to the relevant program heads.
- Strategic Policy and Corporate Services Divisions monitors implementation of new programs and project budgets with a gender lens.

CHAPTER THREE - POLICIES AND STRATEGIES

3.1 Current Situation

Women in Papua New Guinea generally have lower status than men in the family, the economy and at all levels of society. They have less access to health information, health care and health services to protect their health. Women are under-represented in PNG politics and decision-making forums, and poverty is greater among women than men across all socio-economic groups. They are also disproportionately affected by gender-based violence. Gender norms also affect men's health by giving them roles that promote risk-taking behaviours. Furthermore, gender interacts with age, race, among other factors, resulting in unequal benefits among a diverse social group.

The absence of a health gender policy all these years meant the health sector is yet to institutionalise planning, budgetting and implementation of gender sensitized programs across the health system. Time is now right given the development of the National Women and Gender Policy by the Department of Community Development and the Gender Equity and Social Incluson Policy by the Department of Personnel Management for ensuring gender equity in health services and to reduce gender-related barriers to health care.

3.2 Analysis of Issues

The following issues are considered as challenges for NDoH, health sector and government:

Health Service Delivery

The country's national health system relies on a limited network of roughly 2600 aid posts (with fewer than half open nationwide, due to lack of staff and supplies), approximately 500 government health centres, 330 church health centres, 19 provincial hospitals, a national hospital and over 50 urban clinics. The government is the largest provider of healthcare but the Church Health Service operates nearly half of the rural health centres and sub-centres.

The current system is undergoing a health reform, involving a legislation process, in order to address the decline in health services.

Poor access to and use of health services

Health services are provided by the PNG government throughout the country, with user fees charged in most instances. The country's publically-funded health system provides about half of all services while the private facilities including traditional healers provide a small fraction of services.Based on self-reporting in the 2006 Demographic and Health Survey, the lack of sex-disaggregated data at the provincial and district levels limits the available information and analysis of user behaviour.

The logistical challenges in health care service delivery are largely due to the geographical and cultural diversity of groups, many in remote areas. In addition, the diversity in languages and high illiteracy rate (55%)) makes health messages inaccessible..[i] iSomeclinicsareinin villages or aid posts, and others are remote and carried out by overnight patrols. Outreach patrols lack sufficient funding, and pose a security risk. Churches are also important service providers, through their hospitals, health centres and aid posts which are supported by governmentthegovernmentfunds,funds,aswellas aswelesslas lessthan than1%through1%throughprivateprivatechurchhospitals.ii.[ii] Women (27.7%) are considerably more likely than men (20.1%) to be treated at home or get no treatment at all.

Lack of health information

The systematic collection and analysis of sex-disaggregated data is not done in Papua New Guinea, nor is such information routinely used to inform policymaking. In order to improve understanding of differences and address gender and health issues – it is essential to promote use of sex-disaggregated data and gender analysis.

Health promotion

Based on the National Policy on Health Promotion, health promotion continues to be undervalued, poorly coordinated, and under-resourced. Leadership on health promotion is fragmented. Among health workers, clinical practice is given more weight than preventive care. Health promotion/education is not a part of staff job descriptions, and most provinces do not have programmes focused on it. Rather, despite health promotion activities are being carried out in provinces and districts, in programmes addressing environmental health, Tuberculosis, Maternal and Child Health, and HIV and AIDS.

Workforce shortages

PNG faces critical health workforce shortages. Within the country, health professionals tend to be attracted to urban areas. It is a challenge to attract and retain them in rural areas, where chronic lack of **equ**ipment **a**nd **sup**plies l**e**ad **to** low morale. [iiiiii]This is**is** further **e**xacerbated for female staf**ff**, **w**hich **a**re frequently harassed and violated. The sex ratio among nurses and doctors is clear, with 78% of nurses beingg **w**omen, and 82% of doctors**docters** being men.. [iv]**iv**In**In**Family**family**Support**support** C**centres (FSC) the shortage o**f **st**aff **may** pose health risks to clients if services are not able to be provided after hours.

STI/HIV/AIDS

PNG became the fourth country in the Asia-Pacific region to reach the level of a generalised HIV and AIDS epidemic. Since 2003, numbers of women diagnosed with HIV each year have exceeded those of men. Due to a combination of biological, socio-economic and cultural factors, women and girls are less able to protect themselves against HIV infection, and suffer more from its impact than men and boys. Women's economic dependence puts them in a vulnerable position and limits their options for self-protection. Fear of abandonment as well as of violence are some of the barriers that women face that affects their willingness to negotiate for safer sex, to be tested for HIV, to disclose a diagnosis of HIV to their partner, or to access services for STI and HIV treatment. Married women account for half of all new infections. The male-female ration of HIV infection is roughly 50-50; but with more females being infected at a younger age than men. Factors affecting the vulnerability of men and boys to HIV and AIDS are also crucial. Gender inequality and the high rates of sexual violence are, in part, fuelling the spread of HIV.

High Maternal Mortality

One of Papua New Guinea's biggest health challenges is in the area of maternal health. Five women die every day in labour or as a result of pregnancy-related complications. According to the 2006 Demographic and H**health** survey,Survey, maternal mortality has increased from 300 per 100 000 live births**to**to733733.v.v **On aver**age 40% of births are attended by skilled personnel. The remaining 60% deliver at homes and in their villages. The high maternal mortality rate in Papua New Guinea is largely attributable to the low level of skilled birth attendance, lack of supervision and the poor and most marginalized women.

Gender-Based Violence

Gender -based violence is widespread throughout the country. Studies have shown the rate of violence against women range from 67% to 75%. In real terms, many women in PNG (two out of three) have experienced domestic **v**iolence **and** 50% have experienced forced sex. .[vi]OfOf those who **repo**rted r**ape,** nearly half were under age 15 and 13% under age 7. These figures are considered to be among the highest in the world and this is under-reported .

Coordination and Partnerships

Given the national initiative to address gender and the activities being undertaken in the country, the coordination and partnership across sectors and among partners, including within the NDoH, is vital. The NDoH will take the lead in building partnerships and coordinating the implementation of the Health Sector Gender Policy, within their own internal administrative policies and procedures as well as through the

existing Gender Task Team comprising of NDoH Departments, international partners and UN organizations. The NDoH will need to work closely with the Law and Justice Sector, Provincial and District levels, development partners and other stakeholders including civil society in order to raise awareness and promote joint action in order to achieve health equity.

3.3 Policy Response

The four policy statements, along with related strategic objectives and broad activities related to the strategic objectives are also detailed, here below.

3.3.1:Policy 1: Integration of gender into NDoH programs

NDoH shall integrate gender perspective, including a focus on gender-based violence and implement gender sensitive activities in all its programe areas.

Strategy 3.3.1.1: Increase awareness of the links between health, human rights (eg. reproductive rights), and gender and awareness of the importance of gender-sensitive health programming for improved health outcomes among policymakers, providers and beneficiaries increased.

Activities:

- The NDoH shall work with Provinces, Provincial Health Authorities, Hospital and other stakeholders to develop materials and conduct gender awareness raising activities at national, provincial, district and community levels, including meetings, seminars, training.
- The NDoH through the Public Health Division will work other NDoH programs and other government sectors to increase community awareness of gender issues in health through developing information, education, and communication behavior change and communication materials and delivering them through various channels, including mass media (e.g., television, radio, print media).
- NDoH through the Family Health Service Branch and Human Resource Branch works with Health Training Institutions including the medical school and nursing schools to advocate for and design training that integrates and raise awareness of the importance of gender-sensitive health programming for improved health outcomes into pre and in-service education for physicians, nurses and midwives and other health professionals.
- The Public Health and Strategic Policy Divisonsprepare a directive (e.g., directive from the minister to staff at all levels) reinforcing the mandate to ensure gender equity in health services and to reduce gender-related barriers to health care.

Strategy 3.3.1.2: NDoH programs are reviewed and revised to include a gender perspective.

Activities:

- Mandate from the NDoH that all health sector programming incorporate gender-sensitive guidelines (sensitize existing guidelines and/or developed by the Strategic Policy and Family Health Service Branch).
- The NDoH prepare document/checklist/guidelines for a gender-sensitive health program, accompanied by training, for National, Provincial and District program offices.