



A Papua New Guinea volunteer speaks to a person about taking health precautions and safety measures. PNG Red Cross is supporting efforts by the government and health authorities to contain the spread of the virus.

## Context Analysis: Papua New Guinea April 2022

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With heartfelt gratitude for collecting the data to Papua New Guinea Red Cross and IFRC Papua New Guinea.

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## EXECUTIVE SUMMARY

The seven branches of the Papua New Guinea Red Cross (PNGRCS) conducted a context analysis and needs assessment of the vulnerable population from March to April 2022 using quantitative and qualitative methods. The aggregated data consisted of household surveys on a convenience sample of 1,400 respondents, 66 key informant interviews (KIIs), and five focus group discussions (FGDs). Presented below are some key findings and recommendations based on the aggregated household survey data and synthesis of the KIIs and FGDs conducted in selected provinces, i.e., Bougainville, East New Britain, Madang, Milne Bay, National Capital District (NCD), Central, and Western Highlands. Note that the branch-level data were used in action planning as the context and needs differed somewhat by province.

### Safety within the community

The frequent security incidents, high levels of crime, and theft were the top cited reason that the community did not feel safe (Figure 2b). A vast majority (87.4%) of the respondents reported their community is concerned about drug and alcohol abuse and two-thirds (67.1%) were concerned about domestic violence (Figure 3). When asked what could be done to make them feel safe, the key informants suggested raising awareness, providing mediation, counselling, employment opportunities, and youth activities, strengthening law enforcement, and improving leadership development and parent supervision, among others.

### Support within the community

To assess the organised support available in their locality, the respondents were asked to list the community groups that they were aware of. The top mentions were youth group (62.3%), women's group (60.2%), and sports group (44.8%) (Figure 4). When asked the open-ended question about what type of support was offered in the community or externally to people who had been exposed to abuse, 17.1% of the respondents said there was none (Figure 5). Others said their community council or leaders would give advice (26.3%), law enforcement and/or health services (21.4%), counselling/mentoring from church or professionals (16.0%), and so on. To a further probe asking what could be done more for people who had been exposed to violence and abuse, 41.3% of the respondents suggested involving law enforcement and the government, 20.7% said providing counseling, mentoring, or rehabilitation, 14.0% said referring them to services (e.g., hospital, safe house, FSC, NGO, etc.), 10.9% said raising awareness or educate the community, among others (Figure 6). About one-third (34.6%) of the respondents reported they had access to psychosocial support needs in their community (Figure 7). Of those who said they had no access, 79.9% indicated they would use them if psychosocial supports were available (Figure 8).

## Recommendations for improving community safety and support

- Raise awareness on the safety concerns facing the community
- Provide more youth activities, leadership training, and parenting support
- Raise awareness of the social support available to those who have been exposed to abuse, which includes advice from the community council or leaders, counselling/mentoring from church or professionals, law enforcement, health services, etc.
- Conduct a service mapping and include in FAQ for volunteers to be able to refer individuals to services (e.g., hospital, safe house, Family Support Centre, NGO, etc.)
- Provide psychosocial support within the community

## Most important needs and most in need

When asked about their most important needs at the moment, the top mentions were education (54.2%), employment or income-generating activities (49.6%), water (37.2%), health advice and treatment (31.1%), shelter (26.5%), first aid (25.9%), among others (Figure 18). The respondents believed that the elderly (55.9%), people with disabilities (55.8%), girls and female adolescents (55.3%), and widows/widowers (49.4%) were most in need of the Red Cross support among the others (Figure 19). All respondents gave suggestions as to what three things they believed PNGRCS could do to support their community better. The most mentioned ideas were supplying clean water, raising awareness, providing training including first aid training, improving healthcare and education, and others (Figure 48).

## Environmental vulnerabilities and disaster preparedness

The top cited environmental vulnerabilities facing the community were climate change, health concerns, drought, and civil violence (Figure 13). The community was not prepared for disasters, as only 11.0% of the respondents were trained through Red Ready (Figure 14). Of the 1,159 respondents who were not trained, only 9.4% reported that PNGRCS had provided Red Ready programs in their community, while 90.4% would be interested in PNGRCS providing Red Ready or disaster preparedness courses to their community (Figure 15). Furthermore, only 13.9% of the respondents reported that they had, 15.4% said someone in their house had been trained to deliver first aid, and 15.6% reported that PNGRCS had provided community-based first aid and health awareness in their community, despite 90.5% of the respondents indicated they would be interested in Red Cross providing first aid courses (Figure 16).

## Access to essential health care

Half of the respondents reported they sometimes, and 31% said they often access essential health care services (Figure 30). The hospital (61.6%) was the most cited basic health

service available in their locality, followed by the public clinic (42.9%), community health workers (17%), and the private clinic (10.6%) (Figure 31). The financials (44.1%) or distance (33.0%) were the top cited barriers for them to seek a health care provider (Figure 32). A remarkable 18.5% of the respondents preferred not to answer which could indicate this was a sensitive question.

## Recommendations for addressing the most important needs to the most in need

- The key informants suggested the NGOs or UN help build the following capacities in their community:
  - Income-generating opportunities** – provide agricultural training that helps the community to become self-reliant in managing and supplying cash crops, and vocational training for youth who dropped out from school; build proper market places for trading
  - Disaster preparedness** – provide disaster preparedness and first aid trainings including emergency drills; set up evacuation centres on the hill top with a hall, water system, and accessible paths for evacuation; establish the standard operating procedures when a tsunami hit the area; build a seawall around the coast
  - Raising awareness** – conduct health and disability awareness trainings as well as youth and community engagement
  - Forming groups** – form social groups that each can give a platform to different voices and organise activities
  - Building hospitals, clinics, aid posts, roads and other public facilities** – improve access to essential health care and basic infrastructure that are affordable and within each community's reach
  - Improving WASH in their area** – ensure a consistent clean water
- Conduct needs assessment and tailor aids to the those the community perceives as most in need of support, i.e., persons with disabilities, girls and female adolescents, widows/widowers, the elderly, and boys and male adolescents
- Send more PNGRCS volunteers to engage in face-to-face communication privately with the community members to identify barriers to accessing health care that may be perceived as sensitive

## Vaccination against COVID-19

As of April 2022, 12.8% of the respondents reported they had been vaccinated against COVID-19 (Figure 21). Note that this was significantly higher than the 3.2% of the PNG population who had received at least one dose tracked by Our World in Data in the same time period, which could indicate potential sampling bias due to about half of the survey respondents receiving aid from PNGRCS. Even if health workers brought the vaccine to their community, 50.5% of the unvaccinated respondents said they would not get vaccinated, and 29.9% were not sure (Figure 22). The top cited reason by far for not getting vaccinated was concern about the side effects (43.8%), followed by unbelief in COVID-19, not feeling sufficiently informed about the vaccines, and others (Figure 23). There were 31.7% of the respondents disagreed, and 8.6% strongly disagreed that they felt well-

informed about the vaccinations that were available to them (Figure 24).

## **Stigma and concerns related to COVID-19**

The social stigma was a concern as 31.8% of the respondents thought a specific group of people was the cause of COVID-19 spreading to their community, and 17.6% preferred not to answer which could indicate doubts that specific groups were causing the spread (Figure 33). The respondents who thought a specific group was the cause of COVID-19 spreading were asked an open-ended question to specify which group of people. Travellers or foreigners was the top mention by far (45.1%), followed by health workers or frontliners (13.9%), young people (11.9%), street sellers or working class (11.3%), and others (Figure 34). When asked to rate their level of concern on the impact of COVID-19, 72.9% of the respondents were very concerned about its impact on education, 63.4% were very concerned about its economic impact, 52.8% were very concerned about its health implications, and 51.4% were very concerned about its impact on social relationships (Figure 35).

## **Recommendations for reducing vaccination hesitancy and stigma related to COVID-19**

- Communicate accurate information about the health implications, risk of contracting, and ways to protect oneself against COVID-19 and potential side effects of the vaccines through channels most preferred and widely used by the community
- Follow the [WHO, IFRC, and UNICEF guide](#) to address social stigma associated with COVID-19 such as communicating facts about COVID-19, avoiding negative words, using sympathetic languages when referring to people who have contracted the virus, etc.
- Engage the government in communicating to the public the action plans to address the COVID-19 impact on education, the economy, health, and social relationships

## **Information channels and information needs**

The newspaper (61.4%), radio (47.9%), television (45.9%), and friends or neighbors (30.4%) were the most preferred channels for receiving information among many others (Figure 36). However, in terms of the channels they used most often to find information about COVID-19, the respondents primarily had conversations with family or friends, followed by radio stations, printed newspapers, community or religious leaders, and others (Figure 37). The top-mentioned single biggest barrier to the respondent accessing information included the information they needed was not available (30.4%), disinterest (22.9%), they had no (internet) data (19.9%), and others (Figure 38).

Given half of the respondents cited face-to-face with a representative as the preferred way, it was remarkable that only 4.6% of the respondents reported PNGRCS or any other agency had asked for their opinion about COVID-19 prior to the survey (Figure 40), despite



approximately half of them felt that PNGRCS was a completely or mostly trusted source of information about COVID-19 (Figure 41).

There were 17.1% of the respondents who said never, and 17.3% said rarely that the health information and information about COVID-19 and vaccinations were provided in ways that were always relevant to their community (Figure 42). The respondents would find it useful to receive information on how to access assistance (58.3%), disaster preparedness (50.5%), information on COVID-19 (48.6%), how to find livelihood opportunities (47.8%), and security situation (36.5%) (Figure 43).

## **Recommendations for effective communication**

- Use the newspaper, radio, and television to share general information with the community
- Use word-of-mouth through family or friends and community leaders as the primary channels to share information about COVID-19
- Provide information that the community needs and always include channels that do not require internet access
- Send more PNGRCS volunteers to engage in face-to-face communication privately with the community members
- Ensure that the health information about COVID-19 and vaccinations are customised to the local context and provided in ways that are relevant to the community
- Share information on how the community can access assistance, disaster preparedness, information on COVID-19, how to find livelihood opportunities, and security situation, among others

## **PNGRCS community engagement and accountability (CEA)**

Approximately three-fifths of the respondents rated completely or mostly yes that they thought PNGRCS would provide support to those who needed it most (Figure 44). The favorable response could be partly attributed to the PNGRCS volunteers interviewing the respondents face-to-face. Only two-fifths rated completely or mostly yes that they felt that PNGRCS had taken their opinion into account when planning what support to provide in their community. Nearly half of the respondents rated not at all or not very much that they felt well-informed about the kind of support available to them from the PNGRCS, and 55.9% rated not at all or not very much that PNGRCS communicated well about their plans and activities in this community. Two-thirds (66.5%) of the respondents did not know how to make suggestions or complaints to PNGRCS (Figure 45). At the time of the survey, only 4.6% of the respondents indicated that they had been asked about their needs and/or situation in the community had been asked by PNGRCS before (Figure 46), and 6.9% reported they had been asked by any other agency (Figure 47).

Although varied by provinces, many participants of FGDs indicated discussing in community meetings was a good way to ensure people take part in planning activities. Some suggested planning with the community leaders, chiefs, or youth representatives and then sharing the plan with general members. Several mentioned that women and all age groups should be involved in planning.

## **Recommendations for improving CEA**

- Actively seek the community input about their needs and/or situation and communicate PNGRCS plans, activities, the kinds of support available, and how to make complaints through community meetings, community leaders, as well as the preferred information channels reported in the household survey
- Involve more community leaders, chiefs, and youth representatives in planning support and activities
- Institutionalise CEA by strengthening CEA understanding and capacity at all levels of PNGRCS
- Include strategies, values, plans, policies and tools so it becomes a standard way of working for all staff and volunteers
- Allocate resources, including funding and staff, to strengthen CEA
- Establish a community feedback mechanism with processes for managing sensitive complaints



## CONTENTS

Executive summary .....	ii
Key informant interviews .....	1
Bougainville .....	1
Central.....	4
East New Britain .....	5
Madang .....	6
Milne Bay.....	8
National Capital District .....	9
Western Highlands.....	11
Focus group discussion .....	13
Bougainville .....	13
Central.....	16
Madang .....	18
Milne Bay.....	20
National Capital District .....	21
Household surveys .....	22
Respondent demographics .....	22
Safety within the community .....	23
Support within the community .....	24
Trust within the community.....	27
Disaster preparedness .....	27
Most important needs and most in needs.....	29
Vaccinated against COVID-19.....	31
Access to essential health care .....	35
Stigma and concerns related to COVID-19 .....	36
Information channels and information needs .....	38
PNGRCS support and CEA.....	43
Annex 1: Respondent demographics.....	46

## LIST OF FIGURES

Figure 1: In regards to security in your community, which of the following statements do you most agree with? .....	23
Figure 2a: Do you feel safe in your current community? .....	23
Figure 2b: What are the main reasons you do not feel safe? .....	23
Figure 3: Does your community face any of the following concerns? .....	24
Figure 4: Are you aware of any of the following community groups in your area? .....	24
Figure 5: What type of support is offered to people who have been exposed to abuse? In the community or externally? .....	25
Figure 6: What could be done more for people who have been exposed to violence and abuse (or highlighted concern)? .....	25
Figure 7: Do you have access to psychosocial support needs in your community? .....	26
Figure 8: Would you use them if they were available? .....	26
Figure 9: Do you know of NGOs / UN agencies that have or are providing assistance in your community? .....	26
Figure 10: Do you feel that other actors are responding to your needs within an appropriate timeframe? .....	26
Figure 11: Do people in the community know and trust each other? .....	26
Figure 12: To what extent, do you trust the community leaders here to act in your best interests? .....	27
Figure 13: What environmental vulnerabilities do you face? .....	27
Figure 14: Have you been trained through Red Ready? .....	28
Figure 15: Red Cross providing Red Ready programs .....	28
Figure 14: First aid trainingFigure 13: Red Ready/Disaster preparedness training .....	28
Figure 16: First aid training .....	28
Figure 17: Rating of life satisfaction, self-sufficiency, and ability to cover most important needs .....	29
Figure 18: What are your most important needs at this moment? .....	30
Figure 19: Who in your community do you believe is the most in need of the Red Cross support? ....	30
Figure 20: Who do you think would have the most difficulty in accessing help when they need it, or do you believe anyone in your community would be excluded from accessing help when they need it. ....	31
Figure 21: Have you been vaccinated against COVID-19? .....	31
Figure 22: If health workers brought the vaccine to your community, would you get vaccinated? .....	32
Figure 23: Why do you not get vaccinated against COVID-19? .....	32
Figure 24: What do you think about the following statement? I feel well informed about the COVID-19 vaccinations that are available to me .....	33
Figure 25: What do you think about the following statement? I feel well informed about the steps I can take to keep myself and others safe from COVID-19 .....	33
Figure 26: How dangerous do you think COVID-19 is? .....	33
Figure 27: If rated COVID-19 as somewhat or not dangerous, please specify the reasons: .....	34
Figure 28: How would you rate your own risk of contracting COVID-19 in your community? .....	34
Figure 29: If rated moderate, slight, or no risk please specify: .....	35
Figure 26: Do you think a specific group of people is the cause of COVID-19 spreading to your community? .....	35
Figure 30: How often do you access essential health care services? .....	35
Figure 31: What are the basic health services available in your locality? .....	35
Figure 32: The main barriers for me to seek a health care provider are: .....	36
Figure 33: Do you think a specific group of people is the cause of COVID-19 spreading to your community? .....	36
Figure 34: Which group of people do you think is the cause of COVID-19 spreading? .....	37
Figure 35: Thinking about the past two weeks, how often have you felt affected by the following because of COVID-19? .....	38

Figure 36: What are your three preferred channels for accessing information?.....	39
Figure 37: How often do you use the following channels to find information about COVID-19? .....	40
Figure 38: What is the biggest barrier to you accessing information? .....	41
Figure 39: What is the best way for PNGRCS to share information with you and the community (e.g., about an upcoming program)?.....	41
Figure 40: Has PNGRCS or any other agency asked you for your opinion about COVID-19 before today? .....	42
Figure 41: To what extent, do you feel PNGRCS is a trusted source of information about COVID-19? .....	42
Figure 42: Is health information and information about COVID-19 and vaccinations provided in a variety of formats, relevant languages and in audio plus visual ways that are relevant to your community?.....	42
Figure 43: Would you find it useful to receive any of the following information?.....	43
Figure 44: Rating PNGRCS.....	44
Figure 45: Do you know how to make suggestions or complaints to PNGRCS? .....	44
Figure 46: Have you been asked about your needs and/or the situation in the community by PNGRCS before today?.....	44
Figure 47: Have you been asked about your needs and/or the situation in the community by any other agency before today??.....	45
Figure 48: What three things do you believe PNGRCS could do to support your community better?..	45

## LIST OF ABBREVIATIONS

CEA	community engagement and accountability
COVID-19	coronavirus disease 2019
FBO	faith-based organisation
FGD	focus group discussion
FSC	family support centre
IFRC	International Federation of the Red Cross and Red Crescent Societies
LLG	local-level government
KII	key informant interview
NCD	National Capital District
NGO	non-governmental organisation
PNGRCS	Papua New Guinea Red Cross Society
UN	United Nations
WASH	water, sanitation, and hygiene
WHO	World Health Organization

# KEY INFORMANT INTERVIEWS

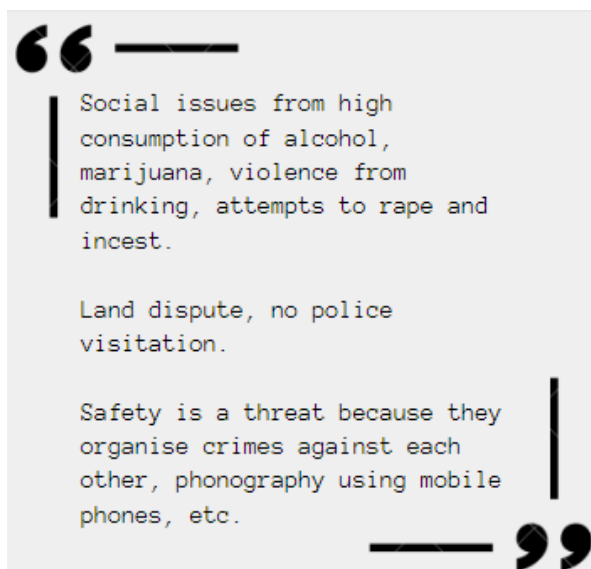
## Bougainville

The Bougainville branch interviewed 20 key informants from Buka, of whom 13 said yes that a non-governmental organisation (NGO) or United Nations (UN) agency was providing assistance to their community. They provided food, water tanks, and non-food items such as clothes, hygiene kits, medical supplies, hardware, mattresses, textbooks, and cash. They also built roads and a women's resource centre as well as improved agriculture through the cocoa project and piggery.

### Safety within the community

Half of the key informants thought no one or only some people in their community felt safe. Most of them cited violence and rape cases associated with drug and alcohol abuse as the main reasons. Other concerns included land disputes, organised crimes, a lack of police patrols, etc. They reported several incidences that happened within the past three months:

- An accidental killing and the family of the deceased was threatening the defendant
- A rape case occurred on 24<sup>th</sup> April that caused fighting
- Some young people stole a health boat on 23<sup>rd</sup> April
- A policeman and a community governing member were attacked by drunkards
- Drunkards and drug addicts organised crimes that cause some community members being hospitalised
- A fight over gambling



When asked what could be done to make the people feel safe, they suggested raising awareness, providing mediation, counselling, and youth activities, improving law and order, strengthening leadership and parent's supervision, etc.

“

Awareness, improve law and order, and include youth in community and church activities.

Community or family meetings, give them a choice of when to leave the village.

Get all those causing disharmony in the community to the rehabilitation centre for counselling.

Parents to look after them properly, leaders to set by-laws, strengthening leadership, more community awareness.

Exposure to safer communities, strengthen law and order, fencing in residences, create by-laws and more spiritual programs.

”

The informants reported the main issues facing women in their area were a lack of financial support that led to prostitution, domestic violence, marital issues, drug and alcohol abuse, harassment, and stealing. Illiteracy could affect their budgeting skills and caused them to be ignorant.

“

Financial struggles leading to prostitution for female headed families, unemployed, under drugs, husband are violent to women.

Housewives are mostly affected due to unemployment, most young girls engage in sex for trade.

Stealing that provokes fighting by youth who are married and can't cater for their children's needs.

Illiteracy affects their budgeting skills. Ignorance.

”

Children were facing the issues of child abuse and neglect, child labour, no access to education, smoking and drug use, and poverty.

“

Parents don't care or even show concern towards their children, not engaging their children in little life skills that they need to have. No discipline.

Child abuse, parents not paying school fees, parents having extra marital affairs affects children, drug and alcohol abuse.

Child labour, no education due to babysitting for the family.

A lot of kids do not have access to education due to school fee problem.

Smoking at an early age and also consuming alcohol.

”

## Areas in need of support

The key informants reported that water, sanitation and hygiene (WASH) and health services were among their most important needs. Establishing aid posts were more helpful because their locality was far from the main health centre. Several mentioned that their community needed support and assistive devices for people with disabilities. Other needs included good housing structure, warm clothes, female hygiene items, nutrition, education, and public health awareness.



The aid post was run-down 6 years ago. We need toilets and waste structure. We have blind and disabled people.

Water and sanitation. There is a need for aid post in the community because the health centre is a bit far. Waste/rubbish management or containment.

Proper nursing awareness from health officials to mothers in delivery. Malaria rate is high so there is a need for mosquito control. People with disabilities are not attend to.

There is a need to strengthen education within the community and come up with an idea to erect a common study house for students.

In addition to seawall the leader is suggesting to make a trench surrounding the Sohano island.



In terms of environmental vulnerabilities, the Buka passage tends to flood during king tides. The sea level was rising that resulted in coastal erosion. In addition to a seawall, the leaders suggested to make a trench surrounding the Sohano island. Climate change was affecting their garden yield. Strong wind and drought reduced food supply.

The key informants suggested the NGOs or UN help build the following capacities in their community:

- Income-generating opportunities – provide agricultural training that helps the community to become self-reliant in managing and supplying cash crops, and vocational training for youth who dropped out from school; build proper market places for trading
- Disaster preparedness – provide disaster preparedness and first aid trainings including emergency drills; set up evacuation centres on the hill top with a hall, water system, and accessible paths for evacuation; establish the standard operating procedures when a tsunami hit the area; build a seawall around the coast
- Raising awareness – conduct health and disability awareness trainings as well as youth and community engagement through forming groups that have a voice and organised activities
- Building a hospital, clinics, and other facilities
- Improving WASH in their area



## Central

The Central branch interviewed four key informants, of whom three were from Rigo and one from Kairuku-Hiri. They reported the United States Agency for International Development (USAID) built water tanks in their community in 2022, but no support from a non-governmental organisation (NGO) or United Nations (UN) agency between 2014 and 2021.

### **Safety within the community**

Three of the key informants thought only some people in their community felt safe due to alcohol and drug abuse among youth, sorcery-related issues, natural disasters, shabby infrastructure, and a lack of health care. One shared that there were recurring injuries and even death caused by drunken youth. Their locality was vulnerable to flooding, sea-level rising, wind, and drought. Financial struggles, alcohol-related issues, peer pressure, and the fear of sorcery caused their community to be vulnerable. There were tensions within the community due to land disputes, conflicts against the minority groups, and gossip. The informants thought enforcing law and order, raising awareness, and counselling would reduce these tensions. The informants reported the main issues facing women in their area were unwanted pregnancies, child abuse, and child labour. The issues facing children were child care, fighting, parent discipline, food, sanitation, and skin problems.

### **Areas in need of support**

The key informants indicated there was only one Aid Post in their area and most people could not get their health care needs met. Their medical supply was very low. The lack of clean water, sanitation, and proper hygiene caused health issues such as water-born skin problems. Developing a fully operational health facility and raising health awareness should be the priorities in their community.

The key informants suggested that NGOs or UN agencies provide clean water, improve health services, build infrastructure, and address child welfare, women's rights, and climate change issues in their community.

## East New Britain

The East New Britain branch interviewed three key informants from the Gazelle and KoKopo districts. One of them reported that a humanitarian crusade came to their community from a non-governmental organization (NGO) in 2022. Another mentioned that most people in their community only associated PNGRCS with blood drives and not any other form of support.

### **Safety within the community**

One of the key informants reported a murder case during their community's festival that occurred within the last three months. Another reported that prostitution is slowly growing in their community. These criminal activities as well as social issues such as marriage issues and harassments caused their community to be vulnerable. Their locality was also vulnerable to climate-change disasters, such as floods.

There were some tensions within the community caused by drug or alcohol abuse and land disputes. A key informant suggested providing mediation for land disputes to help reduce tensions. The informants reported the main issues facing women in their area were a lack of income and discrimination. The main issues facing children were child abuse and neglect, child labor, and hunger.

### **Areas in need of support**

The primary needs of their community included clean water and sanitation, basic health care (e.g., more aid posts), health awareness, and food security. The key informants suggested that NGOs or United Nations (UN) agencies help fund water supply as well as raising awareness about their community or sending more humanitarian crusades.

### **How community made decisions**

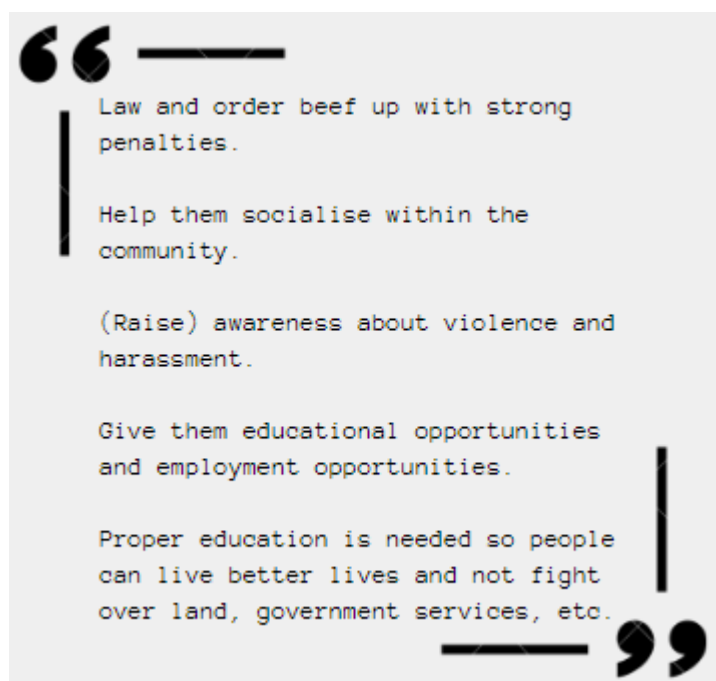
When asked how decisions were made about the issues that affected the community as a whole, an informant indicated the leaders were making decisions with the support of the Ward Development Committee before bringing the issues to the next level. There was no community meeting being held to discuss issues as such.

## Madang

The Madang branch interviewed ten key informants from the Ambenob Rural and Madang Urban areas. Three of them said yes that a non-governmental organisation (NGO) or United Nations (UN) agency was providing assistance to their community. They built a safe house, provided training, and raised awareness in the community. The Melanesian Foundation provided education in Madang. In 2020 the UN agency worked with the provincial health authority to distribute COVID-19 Personal Protective Equipment (PPE). In 2022, World Vision wanted to give training in elementary schools but did not work out.

### Safety within the community

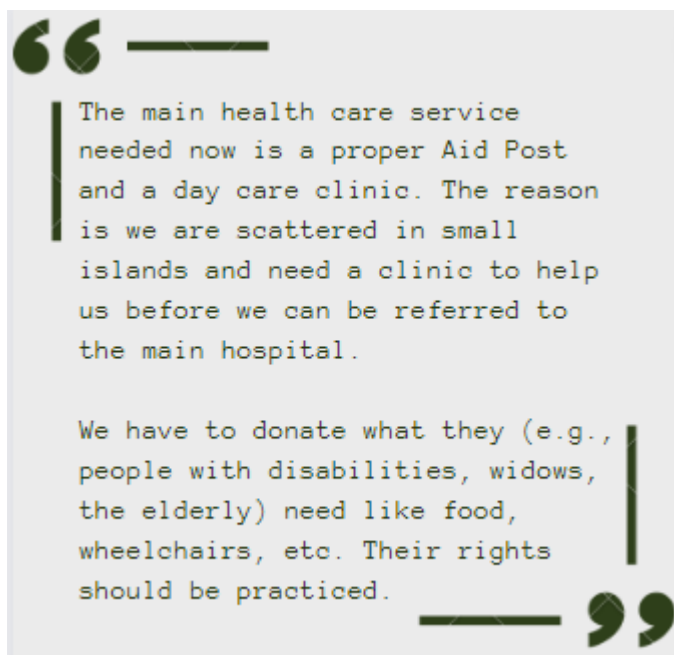
There were six key informants who thought no one or only some people in their community felt safe. The main reasons included alcohol abuse, domestic violence, robbery, fighting over land, issues with law and order, etc. They reported that within the past three months, there was an ethnic clash between settlements, rape, theft, fights, family disputes, and alcohol abuse. When asked what could be done to make the people feel safe, several suggested enhancing the law enforcement with strong penalties, community policing, etc. Others mentioned helping people to socialise more within the community, raising awareness about violence and harassment, and providing more education and employment opportunities.



The informants reported the main issues facing women in their area were domestic violence, abuse, harassment, marriage problems, unwanted pregnancies, unemployment and a lack of income-generating sources, and a lack of water supply and food.

With respect to the issues facing children, access to education was most mentioned due to the lack of proper classrooms and school fees. Other issues included child labour, child abuse, food security, and access to health services.

## Areas in need of support



The key informants reported that health services, education, and water supply were among their most important needs. Their community needed more aid posts or day care centres so that the people could get health care before being transferred from the islands where they lived to the hospital. They also needed to protect the rights of the people with disabilities, widows, and the elderly by providing for what they needed.

In terms of environmental vulnerabilities, their locality was affected by floods during the rainy season. Landslide and erosion were

among the main concerns. The sea level was rising and they needed a sea wall around the coast. The area was also vulnerable to strong wind and marine pollution caused by shipwrecks.

The key informants suggested the NGOs or UN improve the water supply, build more aid posts, and improve health services and education in their community. Specifically, the UN Development Programme (UNDP) climate change support would be helpful.

## Milne Bay

The Milne Bay branch interviewed three key informants from the Ahioma Ward, Baipei Hamlet, and Rabe settlements. None of them was aware of any support given to their community from a non-governmental organisation (NGO) or United Nations (UN) agency.

### **Safety within the community**

The key informants reported that, within the last three months, there were armed hold-ups, police investigation and apprehension of major criminals, a police raid, and burnt houses in their community. These criminal activities as well as social issues such as unemployment, divorces, and neglected children caused their community to be vulnerable. Their locality was also vulnerable to climate-change disasters, including floods and river droughts.

Land disputes among clans, misunderstanding of the council's responsibilities, and alcohol-related and marital issues resulted in tensions within the community. To help reduce tensions, the informants suggested to provide mediation (possibly through the establishment of a village court) and raising awareness about the law and disciplinary procedures. They reported the main issues facing women in their area were violence, lack of financial support, divorce, and home duties. The main issues facing children were child abuse, child labor, education opportunities, and alcohol use.

### **Areas in need of support**

The primary health care needs of their community included more aid posts, better water systems, the supply of mosquito nets and reading glasses, and accessible medical services for people with disabilities (including wheelchairs), widows, and widowers.

The key informants suggested that NGOs or UN agencies improve water and sanitation as well as building aid posts or health centres, schools, community halls, and footpaths in their community.

## National Capital District

The National Capital District (NCD) branch interviewed 22 key informants, of whom 14 were from Moresby-Northeast and 8 from Moresby-South. None of them was aware of any non-governmental organisation (NGO) or United Nations (UN) agency that was providing assistance to their community. One of the informants said no organisation had previously discussed with them their community needs and was appreciative that PNGRCS initiated the discussion.

### Safety within the community

There were 14 key informants who did not think everyone in their community felt safe, and it was mainly because of drunkards, harassment, and other alcohol-related issues. Two informants shared that within the past three months, there was youth fighting under influence that caused injuries. Some also reported high crime rates and violence as safety concerns in their community. For instance, a Chinese businessman was killed in a nearby settlement block. The tensions within the community are largely due to alcohol influence, especially among the youth. Some tensions were caused by land disputes against other tribes or villages, or new settlers coming to the community. When asked what could be done to make the people feel safe, most of them suggested enhancing law enforcement, such as increasing police presence. Some said the community leaders should address the issues.

“ —  
We need a strong law  
and order in place,  
to make boundaries  
for general publics  
to move around.  
  
Community leaders  
taking lead to  
address issues.  
— ”

The informants reported the main issues facing women in their area were domestic violence, abuse, harassment, marriage problems, unemployment, unwanted pregnancies, and prostitution. Many women were illiterate and lack income-generating opportunities. There was no proper way for women to network with the authorities and take part in developing the country.

With respect to the issues their children face, the lack of education was most mentioned and the primary barrier to education was the school fees, as many families were living in poverty. The orphans were also facing hunger and a lack of access to basic services.

### Areas in need of support

The key informants reported their community needs better and more accessible health care services. It is difficult for persons with disabilities to access health care services, and

“ —

Low medicine stock and  
lack of medical equipment  
at the local clinic.

(Need) pipe water – water  
carts and rain catchment  
are used. Doctors are  
needed at the local clinic  
– only nurses on duty.

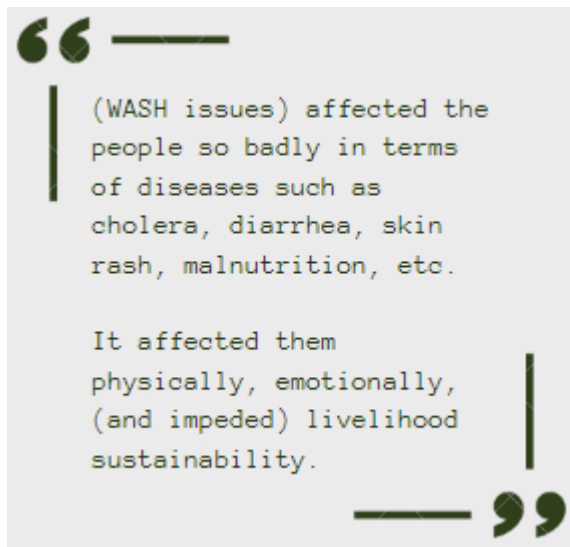
— ”

there is no drop-in centre for HIV patients. It would be good to have a full-service hospital in their area. They also need clean water, sanitation, and hygiene (WASH) systems in place, including proper garbage disposals. The community needs to be educated on personal hygiene practices. The key informants suggested the NGOs or UN agencies provide a consistent supply of safe water (e.g., establishing a WASH system), medicines, medical equipment, and other basic services to their community.

Other than health care, the community also needed more schools, banking and transportation services, more police presence and employment opportunities, and assistance for orphans and people with disabilities. Two informants suggested the government delivers basic services to all areas including the rural settings.



## Western Highlands



The two key informants interviewed reported that water, sanitation, and hygiene (WASH) was the most important need in Western Highlands. Contaminated water caused diseases such as cholera, diarrhea, skin rash, and malnutrition as well as livelihood and emotional struggles. They suggested that NGOs or UN agencies help them improve the water and sanitation such as digging public well and building toilets, and supplying electricity. There was no public well in the area, tank water was uncommon, and the river water was dirty.

They were aware of natural disasters such as droughts or floods that could happen in their locality and did not think their people were prepared to respond adequately. They shared about a security incident that occurred within the last three months in Western Highlands. There was harassment related to homebrew issues, and a dead body was found within the sphere of their community.

The main issues facing women in their area were prostitution, domestic violence, and not being respected. The main issues facing children were their rights and basic needs not being met, some level of child abuse, increasing dropouts from school, and a lack of supervision. The key informants would like PNGRCS to be more actively involved in their community, raising awareness, supporting their community needs, and advocating for the needs to be addressed.

In terms of support and accountability within the community, the key informants were only aware of the church youth groups and some volunteers that provided support locally. Their community meetings occurred once in a while, about twice every three months. The community leaders gathered all local people at the singing (i.e., Moga) place to determine the best ways to address the issue arising, but the discussion was dominated by men. Regarding gender roles, women and girls typically stayed home to do gardening and look after the livestock, while men as the primary breadwinners who built houses and addressed issues in the community.

When asked what was the best way to make sure people in the community could take part in planning activities, the key informants suggested to inform the community in advance, and create a committee consisting of male and female representatives to address issues and make decisions.

“ All age categories are involved (in making decisions that affect the community as a whole). But male dominated the decisions which is not good. ”

## FOCUS GROUP DISCUSSION

### Bougainville

A focus group discussion (FGD) was conducted in Bougainville with 14 community members comprising six men ages 18 to 49, seven women ages 13 to 79, and a participant aged 50-59 who preferred not to identify gender. Five participants reported having a chronic condition, nine were unemployed, two were single parent, and two lived in a female-headed household.

Nine participants said they never heard of PNGRCS and were curious to know more about the organisation. The other five mentioned that it is a humanitarian organisation that supports the injured and the displaced during crises, helps people by giving clothes, food, and trainings, and delivers health messages. Several participants requested that PNGRCS conduct trainings including first-aid and risk management trainings as well as recruiting volunteers and provide assistance in the community. Two participants asked what would PNGRCS do with the survey results and when would they follow up with the next steps.

### Most important needs

WASH was the most cited need. Several participants addressed that their youth needed education and skill training that would help them become self-sufficient in sustaining their livelihood. Other needs mentioned included health services, disaster preparedness training, reducing poverty, improving food supply, housing structure, communication network, and law and order. Sexual violence and drug and alcohol abuse needed to be addressed. Half of the participants indicated that their community needed information on disaster management and climate change but was not getting them. A few mentioned that they needed information on COVID-19 and vaccination against the virus as well as information on WASH, protection against violence, child abuse, and drug and alcohol abuse, and how to receive aids.

“

Water and sanitation, health services, education, proper communication network, food, shelter.

Toilets, water tanks.

People need capacity building and trainings to promote self sustainability and disaster response; health centre needs to be maintained or improved because the population has escalated; law and order needs strengthening.

Address sexual violence, uplift poverty, a lot of people do not have clothes and materials to sustain themselves, lack of education, needs water and sanitation.

Building a workshop to engage youths with skills they have. Train youth and give them livelihood projects to sustain themselves.

”

## How community made decisions

When asked how decisions are made about the issues that affect the community as a whole, half of the participants said they made decisions collectively in community meetings. The other half reported their community leaders, the chief, executives, or ward members made the decisions. Serious cases would be referred to the village court.

“

All people gather together and have say to make plans to stop the issues affecting the community.

We call meetings between women rights defenders, the safe house, and council members. There are specific people who are recognised to do assessments in the community and everyone respects them. We gather information, call meetings between women leaders and men leaders to come up with agreed solutions. We have male advocates and referral pathways are always considered.

Minor cases are dealt with by the community elders and no involvement from the youth. If serious, the case is referred to the village court.

”

The community groups held weekly-to-quarterly meetings to make decisions. For examples, each ward was meeting once or twice a month at central locations, church groups held meetings every Sunday, and the women's group was meeting monthly.

The majority of the participants indicated discussing in community meetings was a good way to ensure people take part in planning activities. Some suggested planning with the community leaders, chiefs, or youth representatives and then sharing the plan with general members. Several mentioned that all age groups should be involved in planning.

Regarding the different roles and responsibilities of women, men, boys, and girls in their community, women were taking care of their home and children as well as working in their garden and going to the market. Men were building houses, fishing, growing cash crops, helping in the gardens, and working for money to provide financial support to their family. Girls and boys were also working in the gardens and helping with household chores while getting their education.

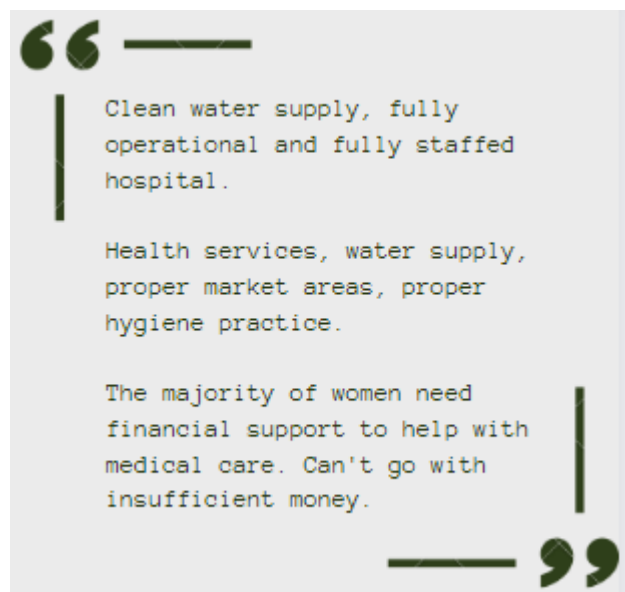
## Central

A FGD was conducted in Central with 17 community members comprising four men ages 18 to 29, nine women ages 18 to 59, and four non-binary genders or prefer not to say ages 18-49. Ten of these participants reported having at least one vulnerability: nine were unemployed, five had a chronic condition, four were single parents, four self-identified as having a physical or mental disability, and two were pregnant at the time of the study.

### Most important needs

Nearly all FGD participants mentioned clean water and medical supplies or health services as the most important needs. A few cited employment opportunities which included proper market areas for trades, and improved infrastructure such as building roads and repairing the jetty.

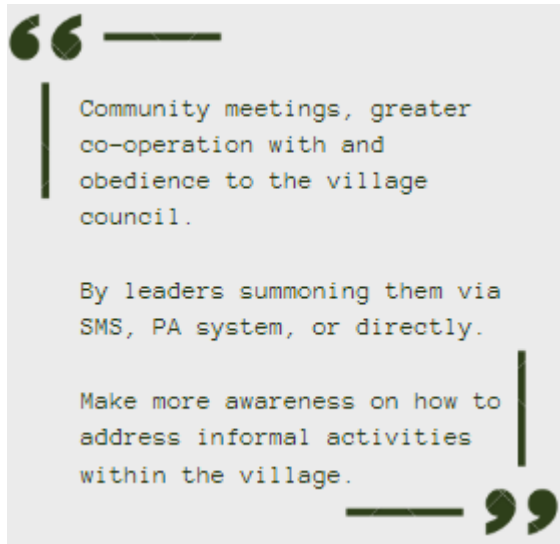
Contaminated water caused diarrhea and other health problems that affected many children. Women had to travel a long distance to fetch water and/or seek health care for their children. Youth were vulnerable to school fights, and unprotected sex that resulted in teen pregnancy and/or HIV spreading. Their community needed to raise awareness to contain HIV, and a program to help people with disabilities.



### How community made decisions

Community meetings were held weekly, monthly, or quarterly varied by the different community groups. These included the village council and groups led by churches, women, and youth.

When asked how decisions were made about the issues that affect the community as a whole, many participants reported in community meetings involving a variety of community members. Some said the leaders made decisions and announced them in the community meetings.



In response to the best way to ensure people take part in planning activities, a majority of the participants suggested engaging people in community meetings. Several proposed word-of-mouth communications through the community leaders by phone or in person. Two participants mentioned raising awareness to encourage community participation.

Regarding the different roles and responsibilities of women, men, boys, and girls in their community, most participants said that the women were taking care of their home and children, gardening, as well as selling goods in

the market. Some women were also fishing for income. Men were fishing, hunting, and building houses. Some men also did gardening. Boys and girls were mainly going to school, doing sports, and helping with household duties.



## Madang

A FGD was conducted in Madang with seven community members comprising five men ages 18 to 69 and two women, one age 40 to 49 and the other age unspecified. Six participants reported having a chronic condition, four were unemployed, and one was a pregnant single mother providing for her household. A participant asked when would the results of the FGD and the household surveys be shared with their community.

### Most important needs

Several FGD participants mentioned that livelihood programs such as employment and income-generating opportunities through house building, canoe building, gardening, and cash crop extension as the most important needs. Some also indicated the need for education and more aid posts or clinics. Several participants asked whether PNGRCS would provide assistance when a disaster hit their area, or providing disaster response trainings, life skill trainings, mental health support, and the information they needed.



### How community made decisions

When asked how decisions are made about the issues that affect the community as a whole, several participants said their community discussed as a whole. Some said the executives of families made the decisions. Their community council held a monthly meeting at the community meeting ground, and the Lutheran church held a meeting every Sunday.

Several participants suggested going through the respective sector representatives, forums, and leaders to ensure people take part in planning activities. Other suggestions included making announcements in community meetings or after church services, and communicating from house to house. A participant indicated that only the executives were involved in planning activities.

Regarding the different roles and responsibilities of women, men, boys, and girls in their community, two participants said that men were doing the hard-labor work and the boys would assist, while women cooked and did household duties. Another two participants indicated the roles were changing towards little gender segregation and everyone helped to fulfil the responsibilities. A participant complained that few men and boys were carrying out their roles and doing what they were supposed to.

## Milne Bay

A FGD was conducted in Milne Bay with four community members comprising two women ages 18 to 39, a man, and one who preferred not to identify gender whose ages were unknown. Three of them reported having at least one vulnerability such as being unemployed, single parent, pregnant, and LGBTIQ, and one had a chronic condition.

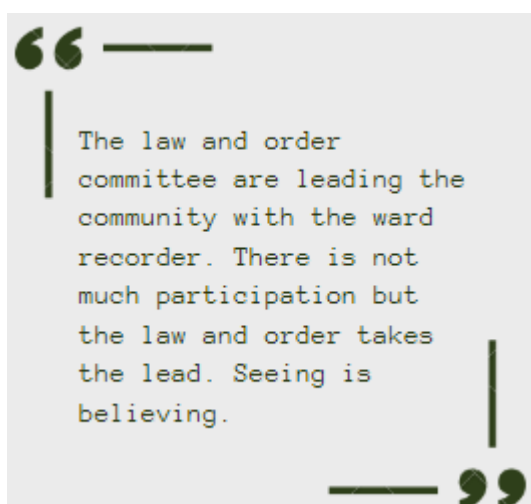
### Most important needs

The FGD participants mentioned the most important needs in their community were the enforcement of law and order as well as improving water supply, health services, education, transportation, and the market areas for trading.

### How community made decisions

Three participants reported that their community meetings were held weekly. Two indicated that the meetings involved mainly the clan or council leaders. The other two said that all community members attend the meetings, except the very old and people with disabilities.

When asked how decisions were made about the issues that affected the community as a whole, all participants indicated that the leaders made decisions. One explicitly said that the community was not being heard.



In response to the best way to ensure people take part in planning activities, the participants suggested identifying the right leaders and communicating through the respective committees, such as during the ward development planning quarterly meetings.

Regarding the different roles and responsibilities of women, men, boys, and girls in their community, the participants said that the women were taking care of their home and children, gardening, as well as selling goods in the market. Men were building houses, fishing, hunting,

harvesting palm oil, and some also did gardening. Boys and girls were mainly going to school and helping with household duties. But boys had a tendency to use alcohol and drugs that were causing problems.

## National Capital District

A FGD was conducted in NCD with 12 community members comprising seven men ages 13 to 69 and five women ages 30 to 59. Two participants reported having a chronic condition, three were unemployed, and one was a single mother providing for her household.

### Most important needs

Several FGD participants mentioned clean water and power/electricity supply as the most important needs. A few also said proper toilet and sanitation facilities, health care and medicines, education, employment, proper housing, increased security, and an upgrade of the market structure.

### How community made decisions

When asked how decisions are made about the issues that affect the community as a whole, most of the participants said their community leaders (e.g., elders, police officers, the court, etc.) made the decisions, sometimes together and other times independently. Three male participants reported that the decisions were jointly made in meetings and through consultations, but two female participants indicated that it was a one-man decision and they hardly came together as a community to discuss the issues.

Most participants suggested convening community meetings was the best way to ensure people take part in planning activities. Four said through community leaders, and one said through law enforcement. A female participant shared that their leaders were not supportive and therefore it was hard for them to communicate.

There was no consensus among the participants in terms of how often, when, and where the community meetings were held. The answers varied from quarterly meetings at the community hall or a church, leaders meeting on the streets as often as needed, to no community meeting at all.

Regarding the different roles and responsibilities of women, men, boys, and girls in their community, all participants said that the women were taking care of their home and children, and some were also doing business in the market. Men were working outside the home to provide for their family. Boys and girls were mainly going to school and helping with household duties.

# HOUSEHOLD SURVEYS

## Respondent demographics

There were 1,400 community members who participated in the household survey conducted face-to-face in selected neighborhoods comprising approximately half from recipients of the PNGRCS aid and another half from target communities that were vulnerable to crises and were not receiving aid from PNGRCS at the time of the survey. However, the respondent's aid status was not identified in the survey and therefore the data could not be disaggregated by the PNGRCS aid. Due to the households selected via convenience sampling, the survey results are not generalizable to the humanitarian-aid targeted population and should be interpreted with the caution of selection bias.<sup>1</sup>

Nearly half (45.6%) of the respondents spoke Tok Peles, 44.5% spoke Pigeon, and 7.4% spoke English at home. There were 52.3% female and 47.4% male respondents ranging from ages 13 to 80 and above. Approximately two-thirds (37.8%) of the respondents had primary-level education or no schooling, 45.9% completed high school, 9.4% completed university, and 6.9% others, with 14.5% of the respondents said they could not read and write very well or not at all.

The average household size was 6.8. A vast majority (84.1%) of the respondents owned their house, 6% rented, and 8.1% lived in illegal settlement, abandoned building, public build, or others.

These respondents were vulnerable to crises that impact them economically as 57.9% reported being unemployed, and 43.3% indicated someone in their household was unemployed, at the time of the survey. The top mentioned income sources were farming/fishing (37.5%), daily labour (26.7%), and skilled labour (19.3%).

Over half (57.0%) of the respondents indicated one or more vulnerabilities within their household including unemployment (43.3%), single-parent household (12.4%), female-headed household (8.2%), physical disability (8.1%), and others. Additionally, 44.4% of the respondents reported having one or more chronic conditions. See Annex 1 for further details of the respondent demographics.

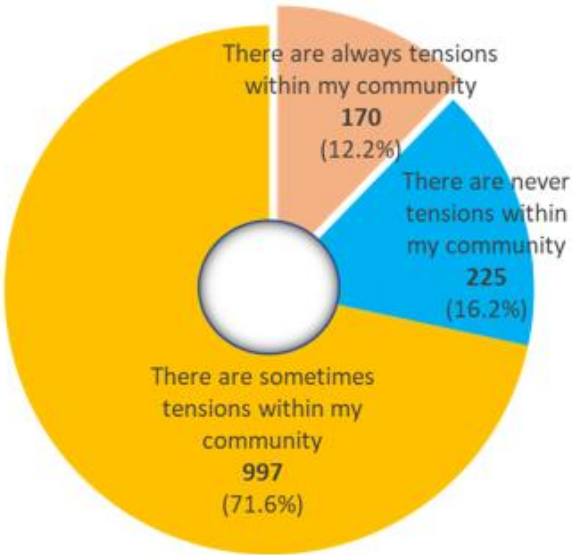
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<sup>1</sup> "Convenience Samples: What They Are, And What They Should (And Should Not) Be Used For," Human Rights Data Analysis Group, last modified 8 June 2013. <https://hrdag.org/2013/04/05/convenience-samples-what-they-are/>

# Safety within the community

In regards to the security in their community, 71.6% of the respondents in PNG reported there are sometimes tensions, and 12.2% said there are always tensions within their community (Figure 1). Nevertheless, 47.4% of the respondents said they always feel safe in their community (Figure 2a). The other 722 respondents cited the main reasons they did not feel safe were the frequent security incidents, high levels of crime, theft, a lack of trust in the law enforcement actors, violence within their own home, and others (Figure 2b).

**Figure 1:** In regards to security in your community, which of the following statements do you most agree with?  
(n = 1,392)



**Figure 2a:** Do you feel safe in your current community?  
(n = 1,394)

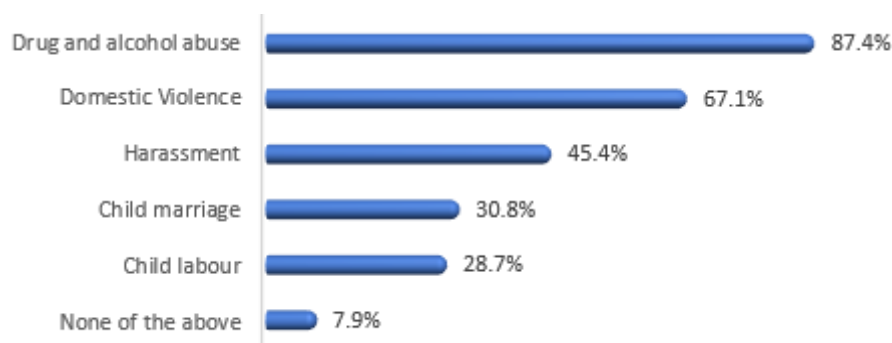


**Figure 2b:** What are the main reasons you do not feel safe?  
(n = 722)



A vast majority (87.4%) of the respondents reported their community was facing concern of drug and alcohol abuse, 67.1% were concerned about domestic violence, 45.4% mentioned harassment, 30.8% mentioned child marriage, and 28.7% mentioned child labour (Figure 3).

**Figure 3:** Does your community face any of the following concerns?  
(*n* = 1,385)



## Support within the community

To assess the organised support available in their locality, the respondents were asked to list the community groups that they were aware of. One-fifth (19.6%) of the respondents were not aware of any existing support group (Figure 4). The youth group, women's group, and sports group were the top three mentioned.

**Figure 4:** Are you aware of any of the following community groups in your area?  
(*n* = 1,366)



When asked the open-ended question about what type of support was offered in the community or externally to people who had been exposed to abuse, 17.1% of the respondents said there was none (Figure 5). Others said their community council or leaders would give advice (26.3%), law enforcement and/or health services (21.4%), counselling/mentoring from church or professionals (16.0%), support from family or community (8.1%), Family Support Centre (FSC) or a safe house (5.8%), help (no specifics mentioned) or speak encouraging words (5.8%), compensation (1.5%), and others.

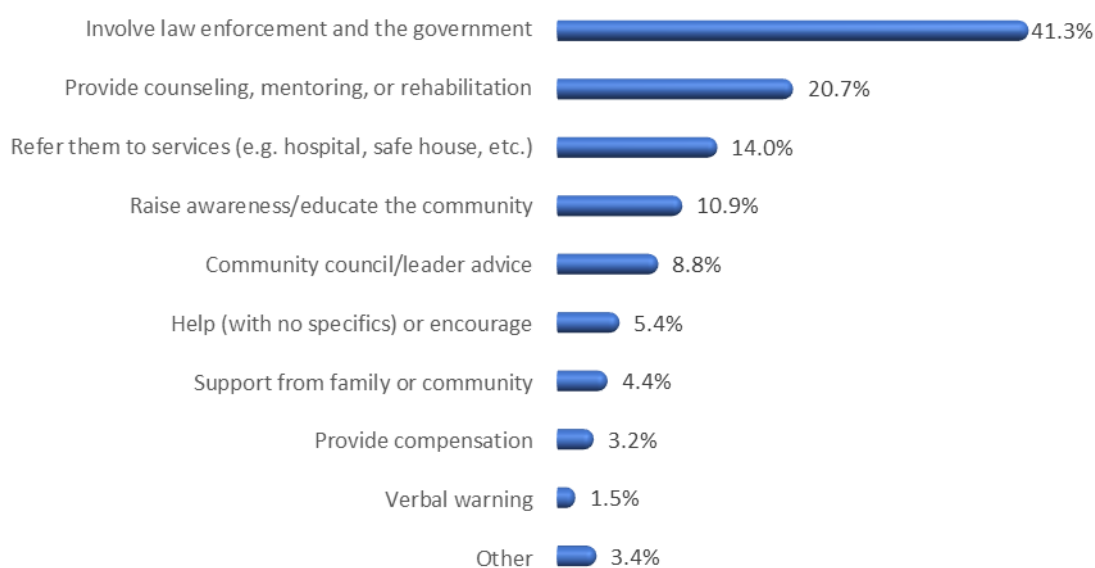


**Figure 5:** What type of support is offered to people who have been exposed to abuse? In the community or externally?  
(*n* = 1,372)



To a further probe asking what could be done more for people who had been exposed to violence and abuse, 41.3% of the respondents suggested involving law enforcement and the government, 20.7% said providing counseling, mentoring, or rehabilitation, 14.0% said referring them to services (e.g., hospital, safe house, FSC, NGO, etc.), 10.9% said raising awareness or educate the community, among others (Figure 6).

**Figure 6:** What could be done more for people who have been exposed to violence and abuse (or highlighted concern)?  
(*n* = 1,234)



About one-third (34.6%) of the respondents reported they had access to psychosocial support needs in their community (Figure 7). Of the 437 who said they had no access, 79.9% indicated they would use them if psychosocial supports were available (Figure 8).

**Figure 7:** Do you have access to psychosocial support needs in your community?  
(*n* = 1,394)

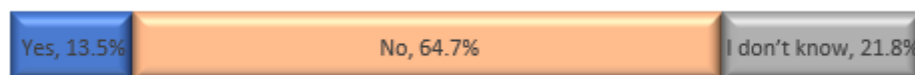


**Figure 8:** Would you use them if they were available?  
(*n* = 437)



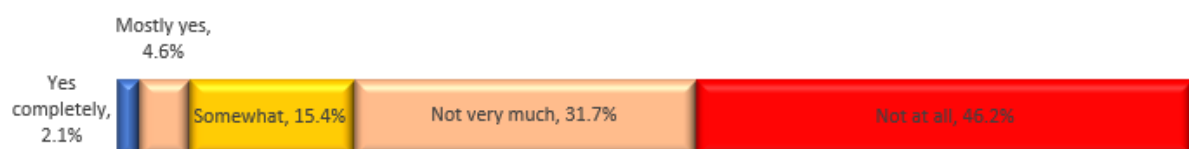
Only 13.5% of the respondents reported they knew of NGOs / UN agencies that had or were providing assistance in their community (Figure 9).

**Figure 9:** Do you know of NGOs / UN agencies that have or are providing assistance in your community?  
(*n* = 1,399)



There were 46.2% of the respondents who rated not at all and 31.7% rated not very much that these actors were responding to their needs within an appropriate timeframe (Figure 10).

**Figure 10:** Do you feel that other actors are responding to your needs within an appropriate timeframe?  
(*n* = 1,399)



# Trust within the community

One-fourth (26.9%) of the respondents rated completely, and 47.2% rated somewhat that knew and the people in the community trusted each other (Figure 11).

**Figure 11:** Do people in the community know and trust each other?  
(n = 1,400)



When asked to what extent they trusted the local community leaders to act in their best interest, 31.6% rated not very much, and 7.0% rated not at all (Figure 12).

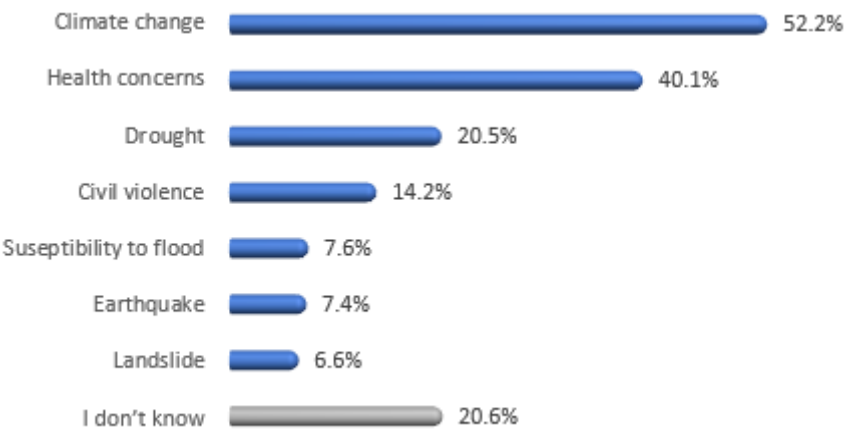
**Figure 12:** To what extent, do you trust the community leaders here to act in your best interests?  
(n = 1,400)



# Disaster preparedness

The top cited environmental vulnerabilities facing their community were climate change, health concerns, drought, and civil violence (Figure 13). This question was added later during the data collection and only asked in some of the provinces, hence the number of respondents is fewer.

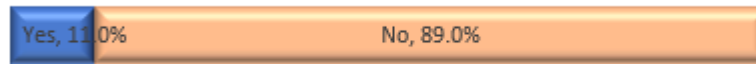
**Figure 13:** What environmental vulnerabilities do you face?  
(n = 1,058)



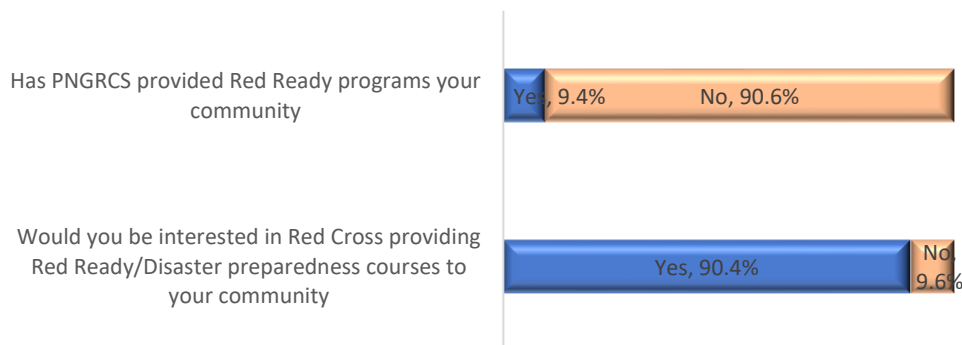
The community was not prepared for disasters, as only 11.0% of the respondents were trained through Red Ready (Figure 14). Of the 1,159 respondents who were not trained,

only 9.4% reported that PNGRCS had provided Red Ready programs in their community, while 90.4% would be interested in PNGRCS providing Red Ready or disaster preparedness courses to their community (Figure 15).

**Figure 14:** Have you been trained through Red Ready?  
(n = 1,375)

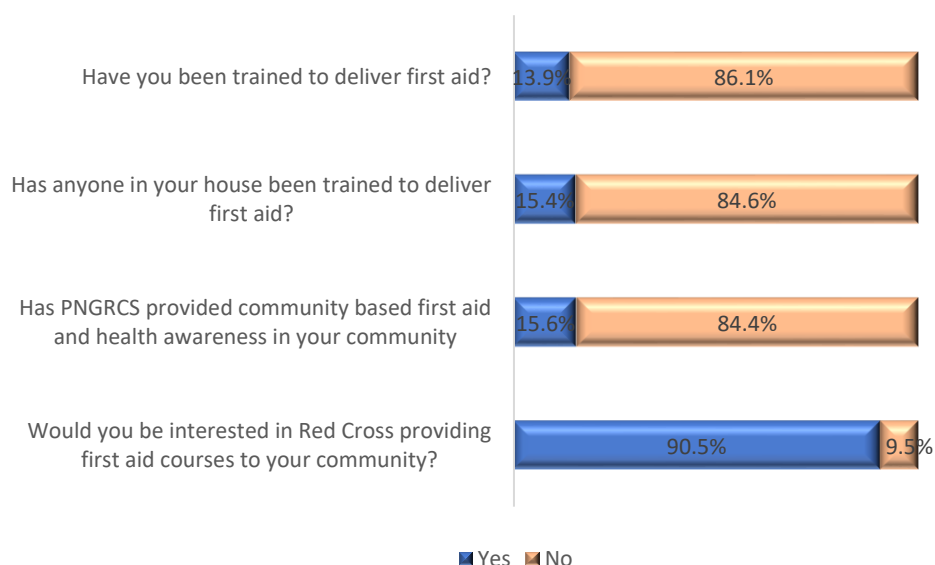


**Figure 15:** Red Cross providing Red Ready programs  
(n = 1,159)



Furthermore, only 13.9% of the respondents reported that they had, 15.4% said someone in their house had been trained to deliver first aid, and 15.6% reported that PNGRCS had provided community-based first aid and health awareness in their community, despite 90.5% of the respondents indicated they would be interested in Red Cross providing first aid courses (Figure 16).

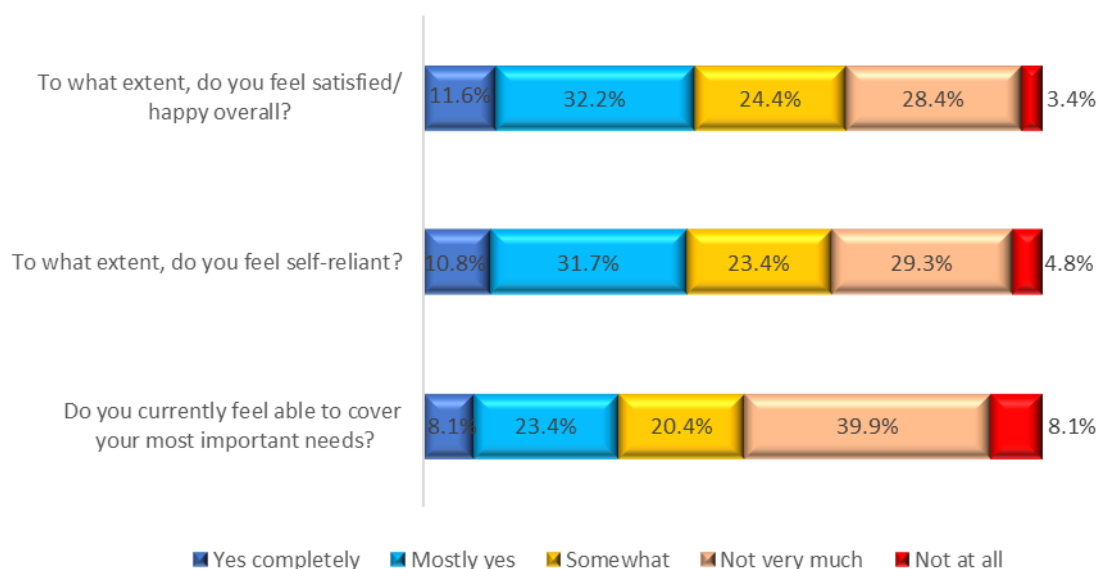
**Figure 16:** First aid training  
(n = 1,400)



## Most important needs and most in needs

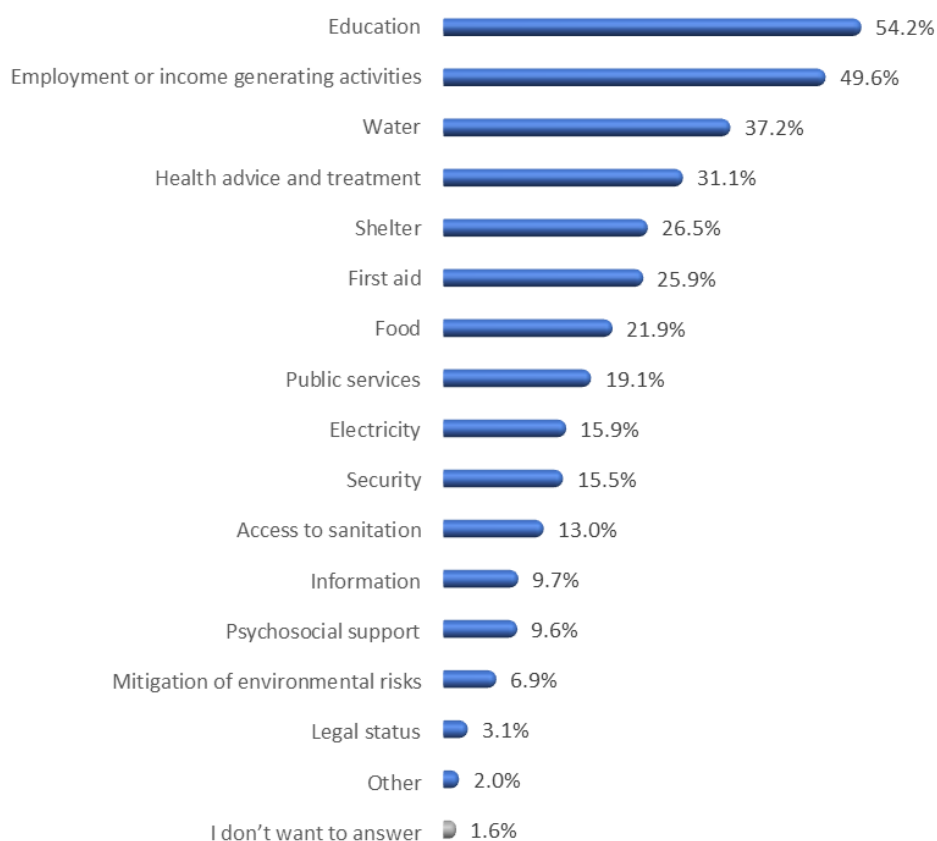
About two-thirds of the respondents rated yes completely, mostly yes, or somewhat that they felt satisfied/happy overall and self-reliant (Figure 17). Nevertheless, nearly half rated they felt not at all or not very much able to cover their most important needs.

**Figure 17:** Rating of life satisfaction, self-sufficiency, and ability to cover most important needs  
(*n* = 1,399)

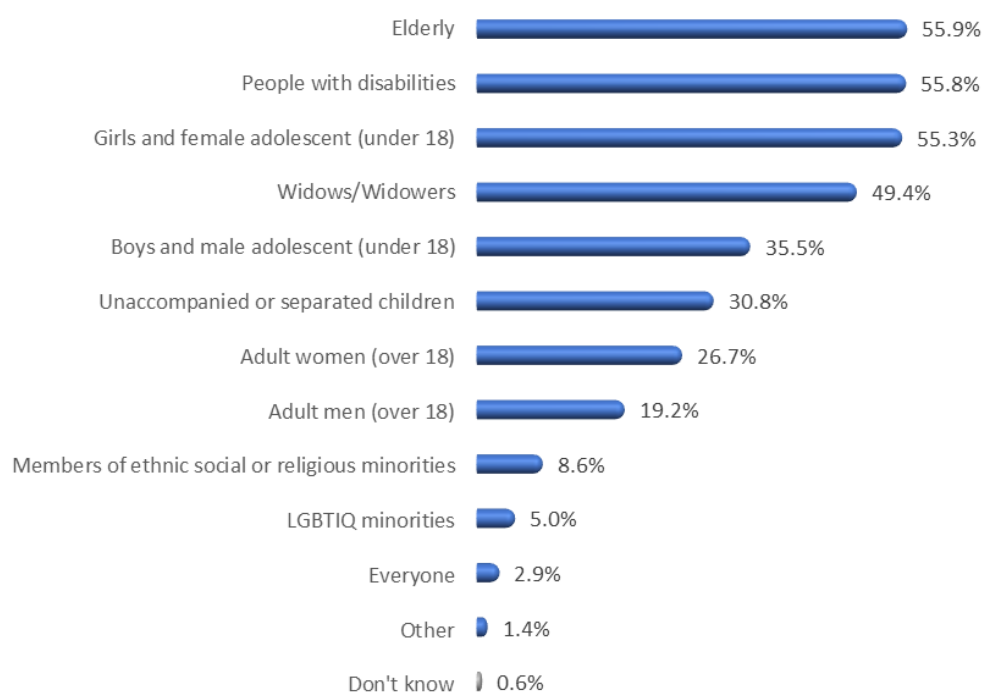


When asked about their most important needs at the moment, the top mentions were education (54.2%), employment or income-generating activities (49.6%), water (37.2%), health advice and treatment (31.1%), shelter (26.5%), first aid (25.9%), among others (Figure 18). The respondents believed that the elderly (55.9%), people with disabilities (55.8%), girls and female adolescents (55.3%), and widows/widowers (49.4%) were most in need of the Red Cross support among the others (Figure 19). Additionally, when asked an open-ended question about who they thought would have the most difficulty in accessing help when they needed it, the elderly, people with disabilities, the illiterate, widows, and children were most often mentioned (Figure 20).

**Figure 18:** What are your most important needs at this moment?  
(n = 1,400)



**Figure 19:** Who in your community do you believe is the most in need of the Red Cross support?  
(n = 1,391)



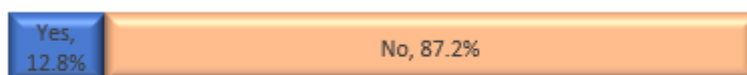
( $n = 1,397$ )



## Vaccinated against COVID-19

As of April 2022, 12.8% of the respondents reported they had been vaccinated against COVID-19 (Figure 21). Note that this was significantly higher than the 3.2% of the PNG population who had received at least one dose tracked by Our World in Data<sup>2</sup> in the same time period, which could indicate potential sampling bias due to about half of the survey respondents receiving aid from PNGRCS.

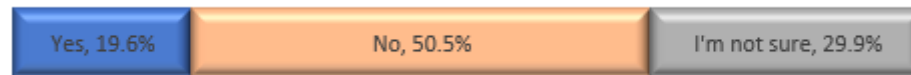
( $n = 1,379$ )



<sup>2</sup> “Papua New Guinea share of people who received at least one dose of COVID-19 vaccine,” Our World in Data, accessed April 18, 2022, [https://ourworldindata.org/covid-vaccinations?country=OWID\\_WRL](https://ourworldindata.org/covid-vaccinations?country=OWID_WRL)

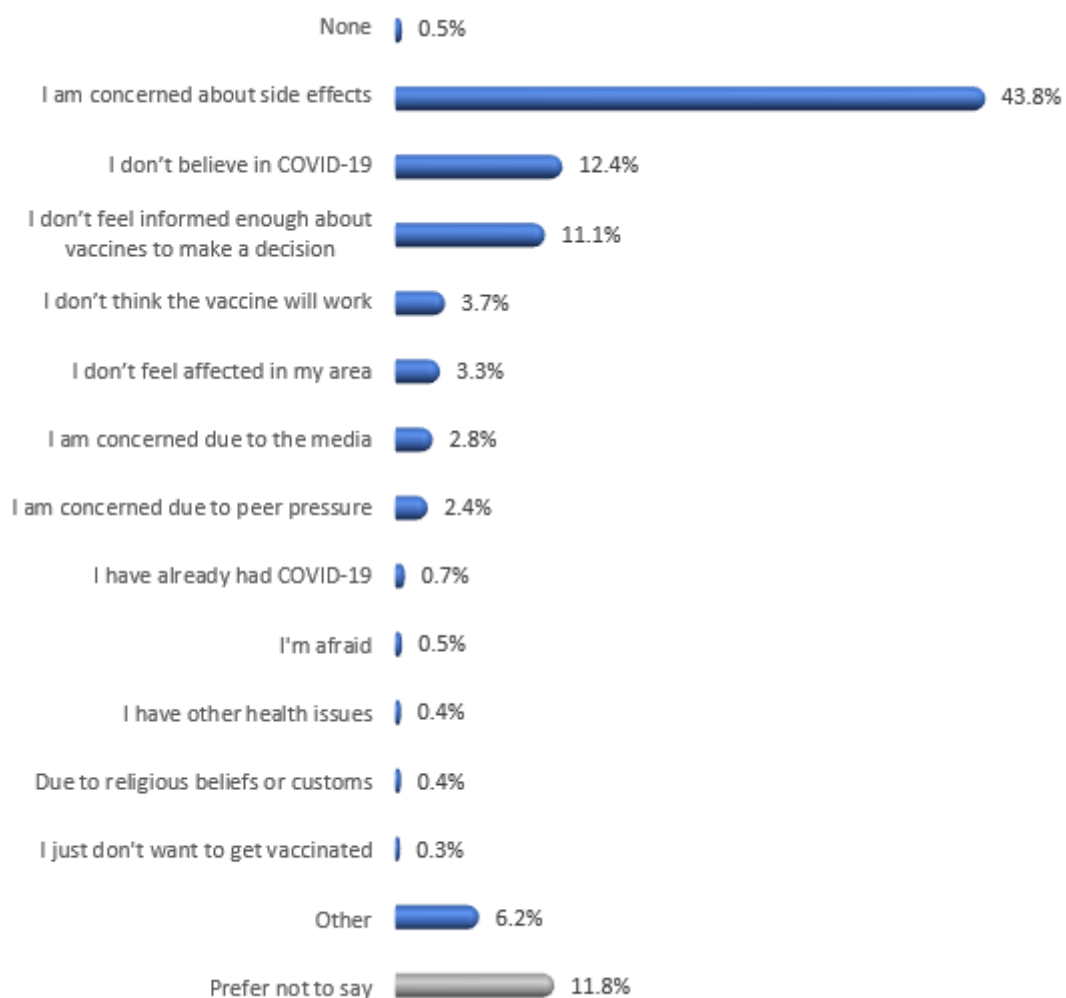
Even if health workers brought the vaccine to their community, 50.5% of the unvaccinated respondents said they would not get vaccinated, and 29.9% were not sure (Figure 22).

**Figure 22:** If health workers brought the vaccine to your community, would you get vaccinated?  
(*n* = 1,010)



The top cited reason by far for not getting vaccinated was concern about the side effects (43.8%), followed by unbelief in COVID-19, not feeling sufficiently informed about the vaccines, and others (Figure 23). There were 31.7% of the respondents disagreed, and 8.6% strongly disagreed that they felt well-informed about the vaccinations that were available to them (Figure 24).

**Figure 23:** Why do you not get vaccinated against COVID-19?  
(*n* = 1,308)



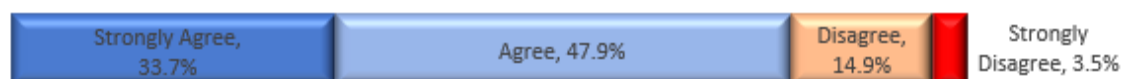


**Figure 24:** What do you think about the following statement? I feel well informed about the COVID-19 vaccinations that are available to me  
(*n* = 1,025)



Remarkably more respondents, 33.7% strongly agreed, and 47.9% agreed that they felt well informed about the steps they could take to keep themselves and others safe from COVID-19 (Figure 25).

**Figure 25:** What do you think about the following statement? I feel well informed about the steps I can take to keep myself and others safe from COVID-19  
(*n* = 1,358)



Approximately half (51.6%) of the respondents thought COVID-19 was very dangerous, 35.7% rated it somewhat dangerous, and 12.7% rated it as not dangerous (Figure 26).

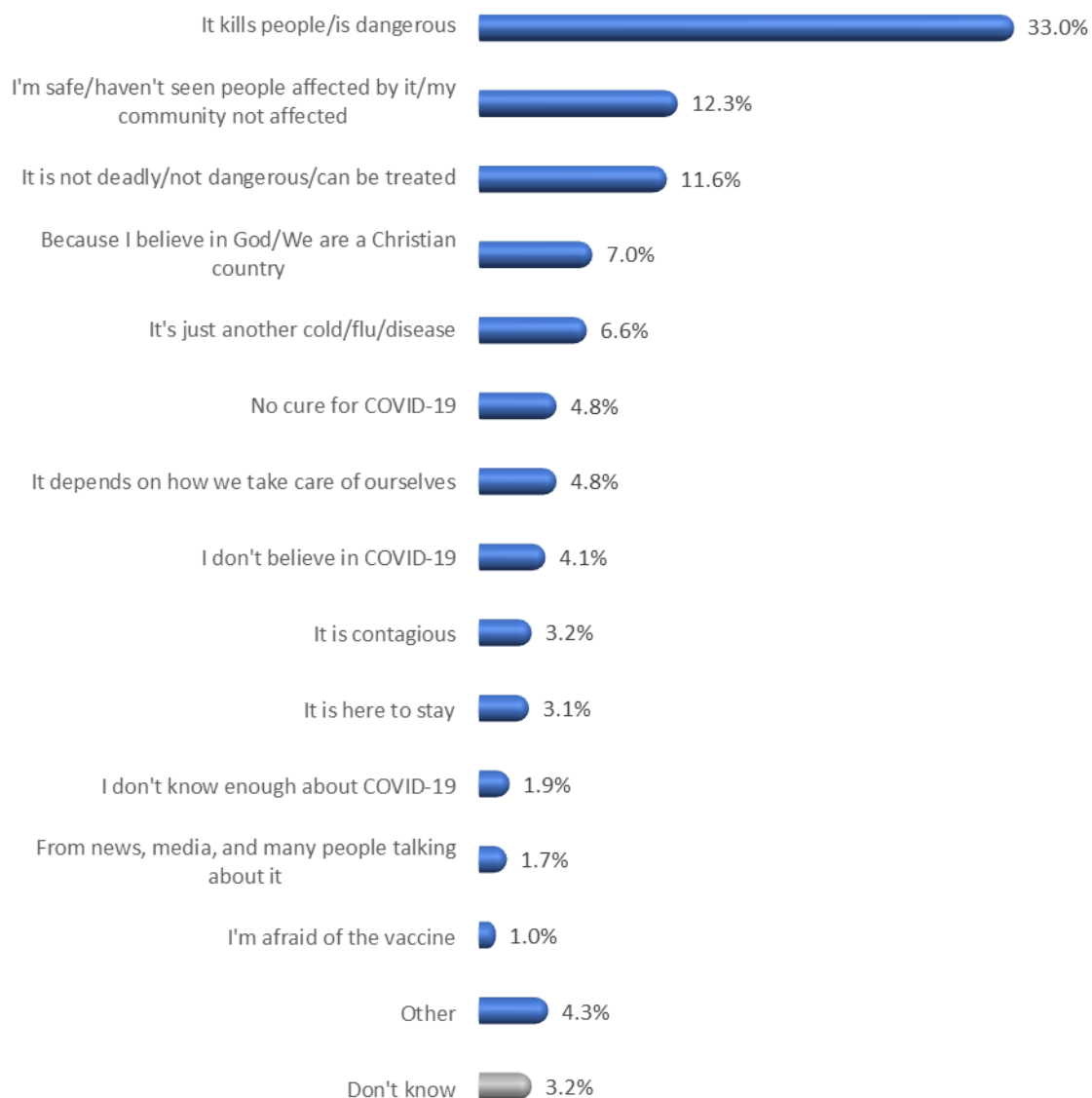
**Figure 26:** How dangerous do you think COVID-19 is?  
(*n* = 1,342)



The latter two groups were asked an open-ended question on the reasons for their rating (Figure 27). Some gave the reasons why the virus was dangerous, such as it killed people, there was no cure for COVID-19, and it was contagious. Some gave the reasons why the virus was not dangerous, such as they were safe or their community was not affected, the virus was not deadly and could be treated, they believed in God, it was just another cold/flu/disease, and they did not believe in COVID-19. Others gave neutral reasons, such as it depends on how we take care of ourselves, and they didn't know enough about COVID-19.

There were 19.4% of the respondents perceived themselves at no risk, and 35.2% perceived themselves at slight risk of contracting COVID-19 (Figure 28), mainly because they were protecting themselves by following the safety measures against COVID-19 (Figure 29).

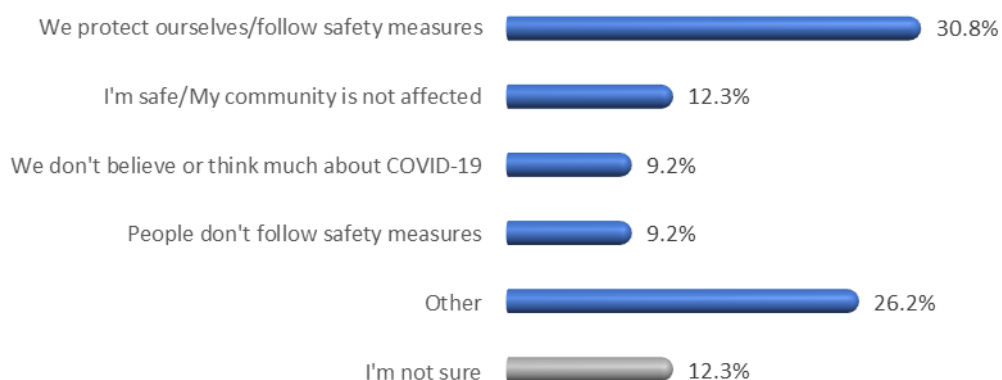
**Figure 27:** If rated COVID-19 as somewhat or not dangerous, please specify the reasons:  
(n = 587)



**Figure 28:** How would you rate your own risk of contracting COVID-19 in your community?  
(n = 997)



**Figure 29:** If rated moderate, slight, or no risk please specify:  
(n = 65)



## Access to essential health care

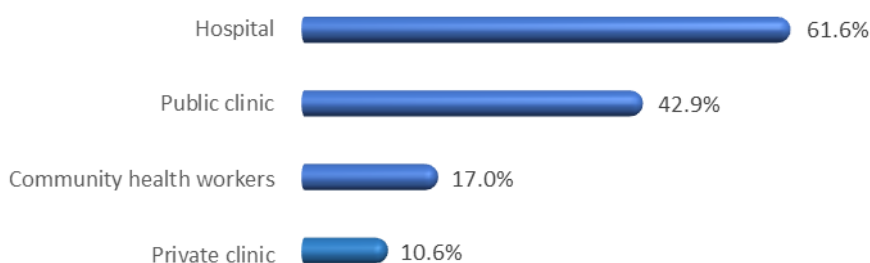
Half of the respondents reported they sometimes, and 31% said they often access essential health care services (Figure 30).

**Figure 30:** How often do you access essential health care services?  
(n = 988)



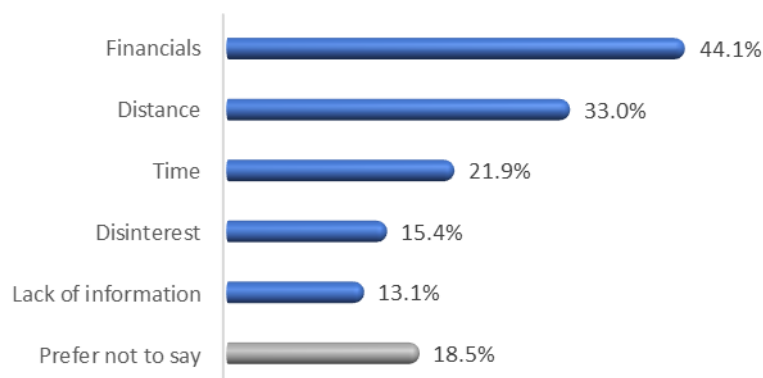
The hospital (61.6%) was the most cited basic health service available in their locality, followed by the public clinic (42.9%), community health workers (17%), and the private clinic (10.6%) (Figure 31).

**Figure 31:** What are the basic health services available in your locality?  
(n = 991)



The financials (44.1%) or distance (33.0%) were the top cited barriers for them to seek a health care provider (Figure 32). A remarkable 18.5% of the respondents preferred not to answer which could indicate this was a sensitive question.

**Figure 32:** The main barriers for me to seek a health care provider are:  
(n = 1,308)



## Stigma and concerns related to COVID-19

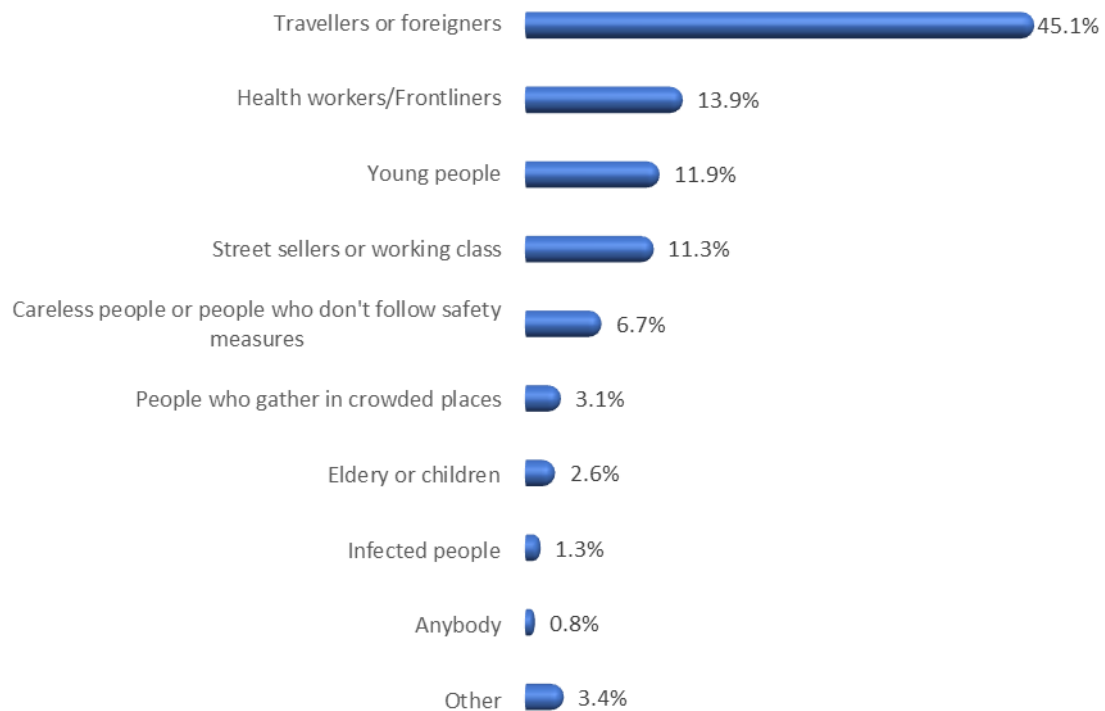
The social stigma was a concern as 31.8% of the respondents thought a specific group of people was the cause of COVID-19 spreading to their community, and 17.6% preferred not to answer which could indicate doubts that specific groups were causing the spread (Figure 33).

**Figure 33:** Do you think a specific group of people is the cause of COVID-19 spreading to your community?  
(n = 1,304)



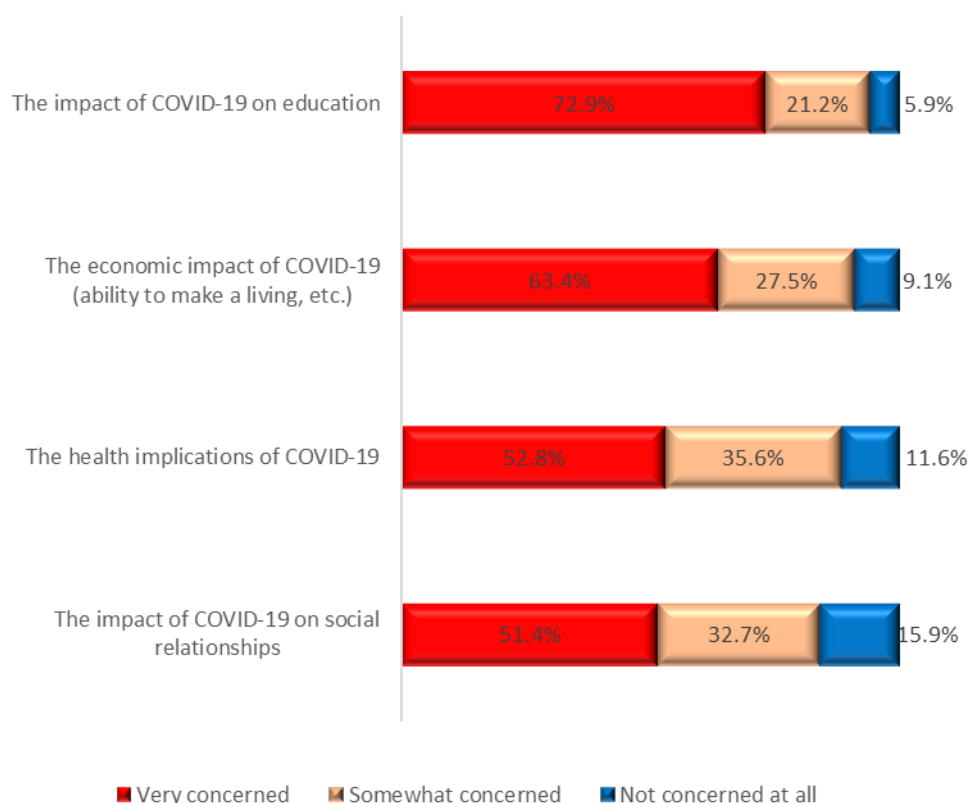
The respondents who thought a specific group was the cause of COVID-19 spreading were asked an open-ended question to specify which group of people. Travellers or foreigners was the top mention by far (45.1%), followed by health workers or frontliners (13.9%), young people (11.9%), street sellers or working class (11.3%), and others (Figure 34).

**Figure 34:** Which group of people do you think is the cause of COVID-19 spreading?  
(*n* = 388)



When asked to rate their level of concern on the impact of COVID-19, 72.9% of the respondents were very concerned about its impact on education, 63.4% were very concerned about its economic impact, 52.8% were very concerned about its health implications, and 51.4% were very concerned about its impact on social relationships (Figure 35).

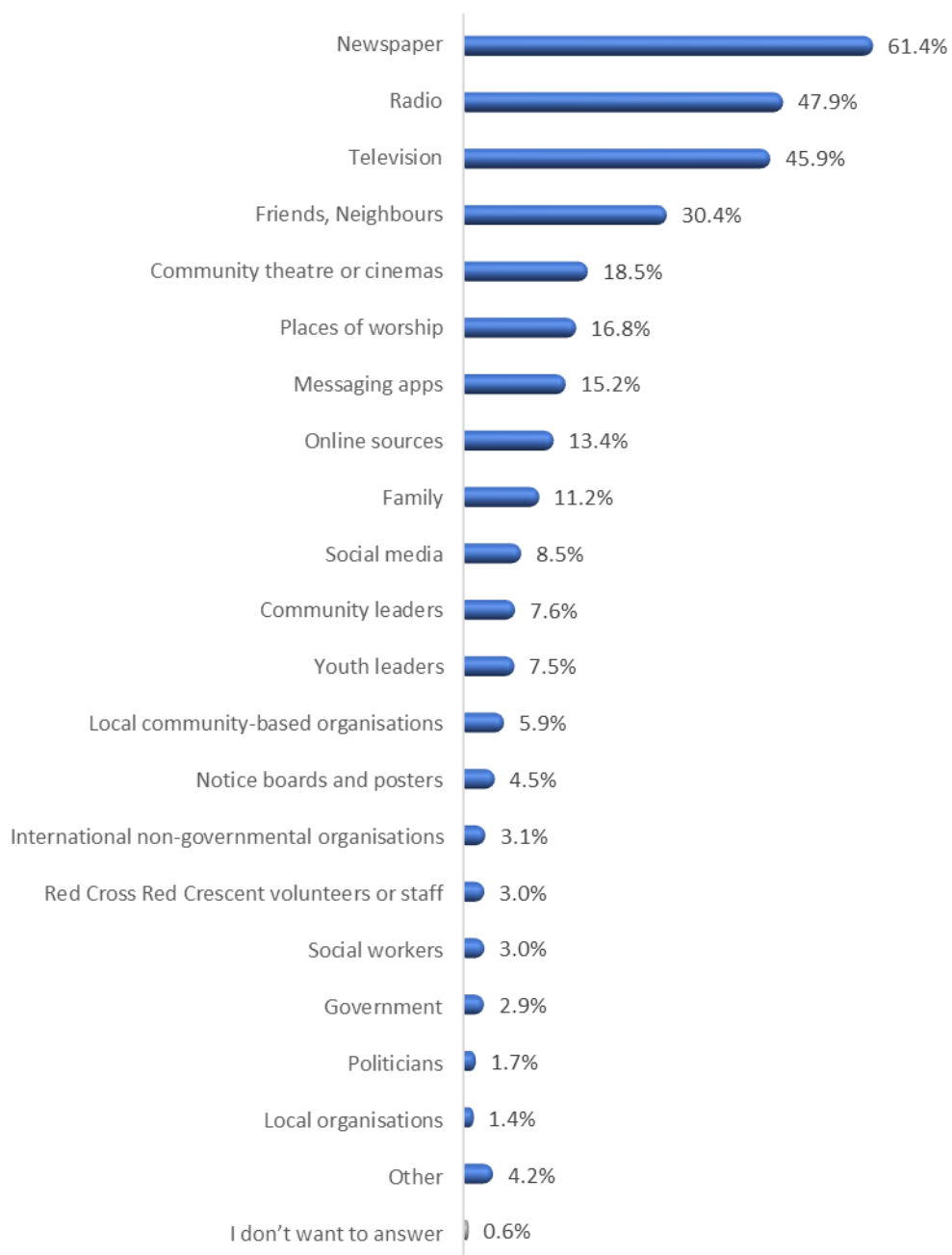
**Figure 35:** Thinking about the past two weeks, how often have you felt affected by the following because of COVID-19?  
(*n* = 1,302)



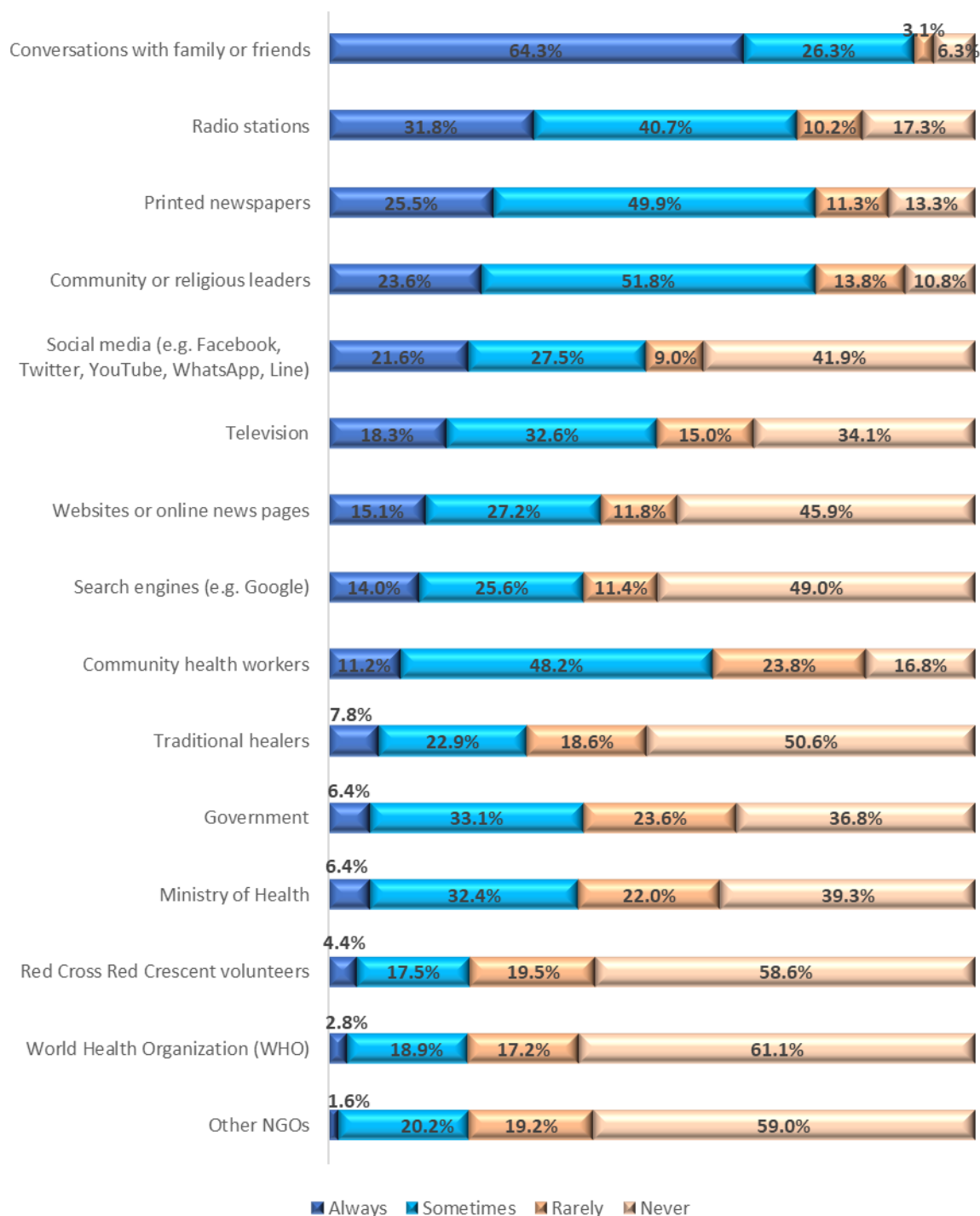
## Information channels and information needs

The newspaper (61.4%), radio (47.9%), television (45.9%), and friends or neighbors (30.4%) were the most preferred channels for receiving information among many others (Figure 36). However, in terms of the channels they used most often to find information about COVID-19, the respondents primarily had conversations with family or friends, followed by radio stations, printed newspapers, community or religious leaders, and others (Figure 37). The top-mentioned single biggest barrier to the respondent accessing information included the information they needed was not available (30.4%), disinterest (22.9%), they had no (internet) data (19.9%), and others (Figure 38).

**Figure 36:** What are your three preferred channels for accessing information?  
(*n* = 1,389)

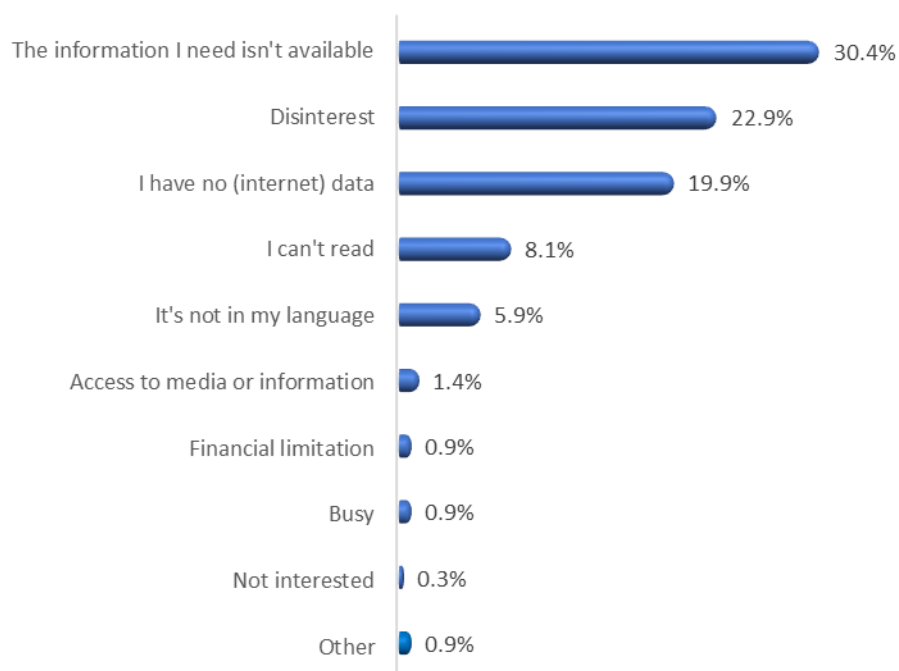


**Figure 37:** How often do you use the following channels to find information about COVID-19?  
(n = 1,400)

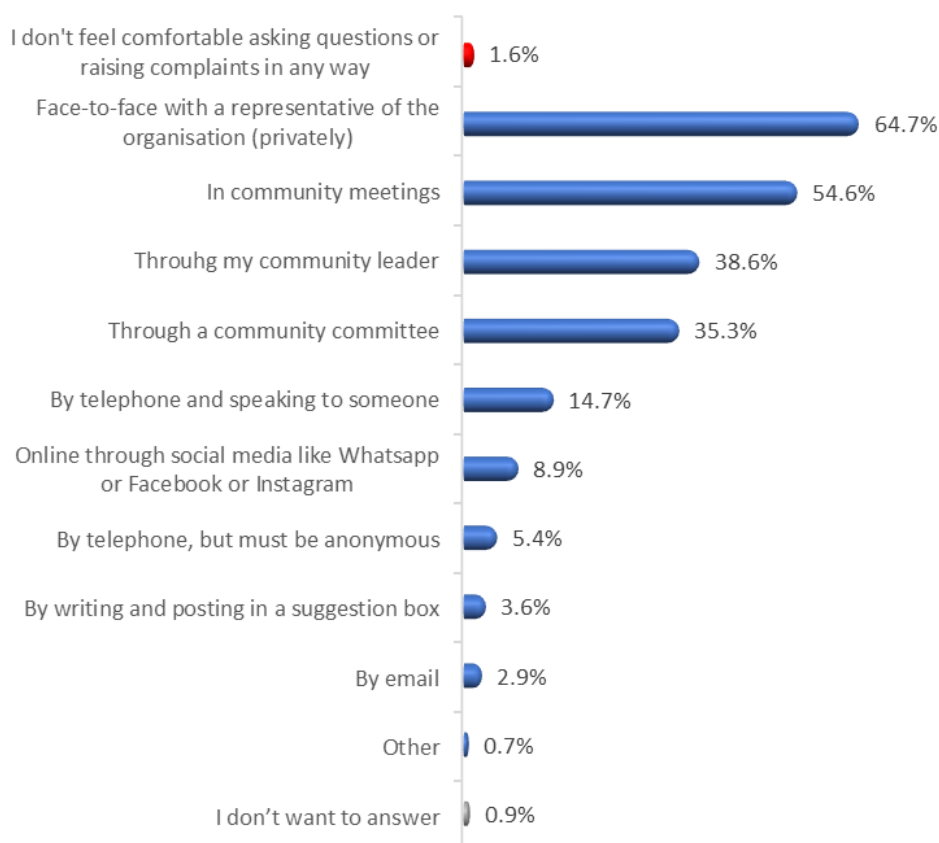




**Figure 38:** What is the biggest barrier to you accessing information?  
(*n* = 1,399)



**Figure 39:** What is the best way for PNGRCS to share information with you and the community (e.g., about an upcoming program)?  
(*n* = 1,400)



When asked what was the best way for PNGRCS to share information with them and the community, the preferred ways were privately, face-to-face with a representative of the organization (64.7%), in community committee meetings (54.6%), through their community leader (38.6%), through a community committee (35.3%), and others (Figure 39).

Given half of the respondents cited face-to-face with a representative as the preferred way, it was remarkable that only 4.6% of the respondents reported PNGRCS or any other agency had asked for their opinion about COVID-19 prior to the survey (Figure 40), despite approximately half of them felt that PNGRCS was a completely or mostly trusted source of information about COVID-19 (Figure 41).

**Figure 40:** Has PNGRCS or any other agency asked you for your opinion about COVID-19 before today?  
(n = 1,398)



**Figure 41:** To what extent, do you feel PNGRCS is a trusted source of information about COVID-19?  
(n = 1,398)



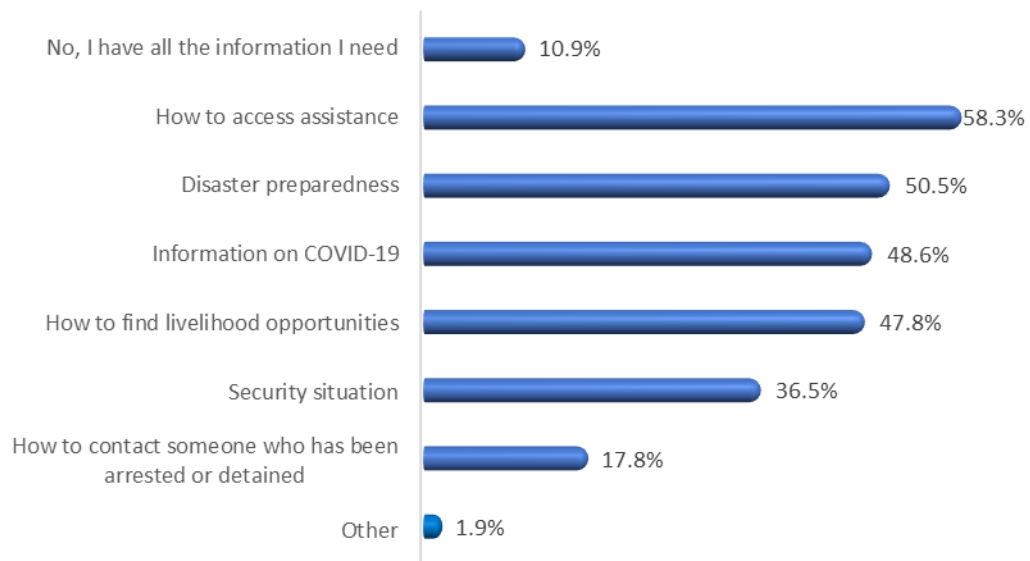
There were 17.1% of the respondents who said never, and 17.3% said rarely that the health information and information about COVID-19 and vaccinations were provided in ways that were always relevant to their community (Figure 42).

**Figure 42:** Is health information and information about COVID-19 and vaccinations provided in a variety of formats, relevant languages and in audio plus visual ways that are relevant to your community?  
(n = 1,400)



The respondents would find it useful to receive information on how to access assistance (58.3%), disaster preparedness (50.5%), information on COVID-19 (48.6%), how to find livelihood opportunities (47.8%), and security situation (36.5%) (Figure 43).

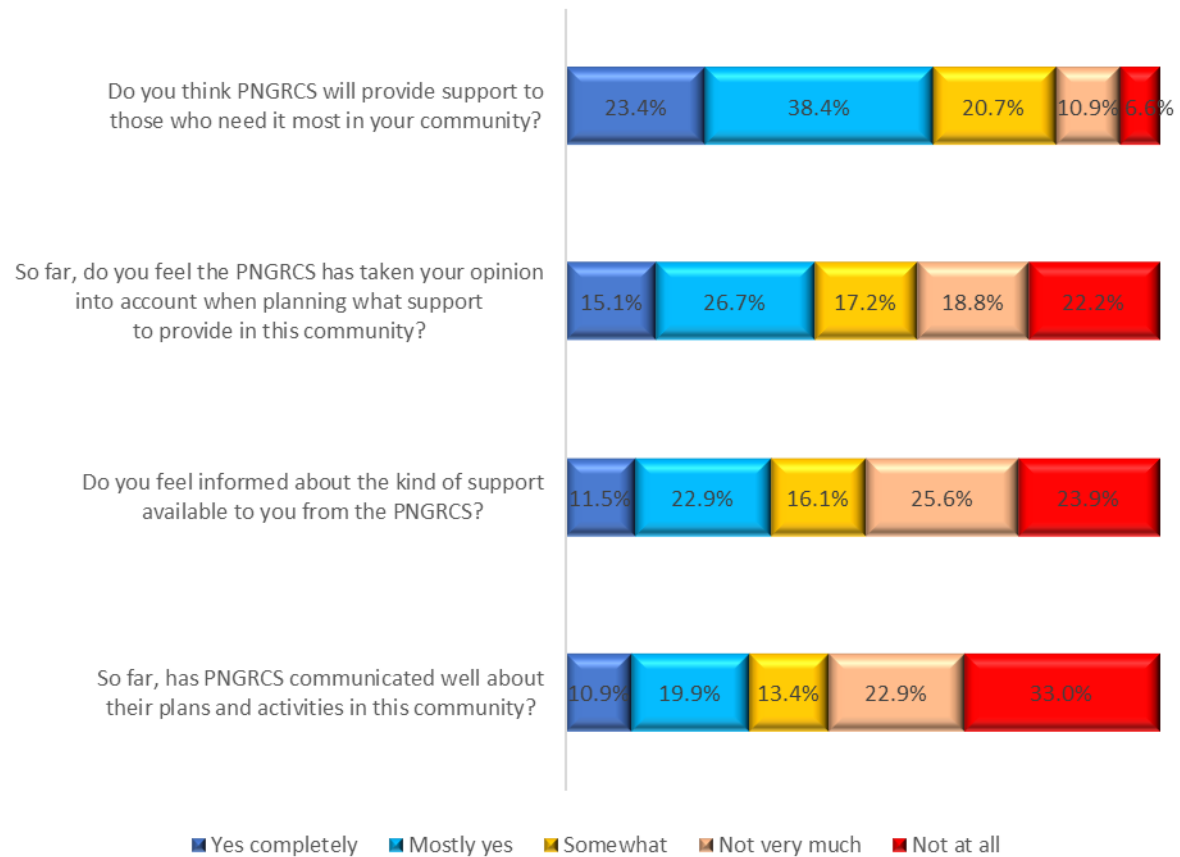
**Figure 43:** Would you find it useful to receive any of the following information?  
(n = 1,400)



## PNGRCS support and CEA

Approximately three-fifths of the respondents rated completely or mostly yes that they thought PNGRCS would provide support to those who needed it most (Figure 44). The favorable response could be partly attributed to the PNGRCS volunteers interviewing the respondents face-to-face. Only two-fifths rated completely or mostly yes that they felt that PNGRCS had taken their opinion into account when planning what support to provide in their community. Nearly half of the respondents rated not at all or not very much that they felt well-informed about the kind of support available to them from the PNGRCS, and 55.9% rated not at all or not very much that PNGRCS communicated well about their plans and activities in this community.

**Figure 44:** Rating PNGRCS  
(n = 1,399)

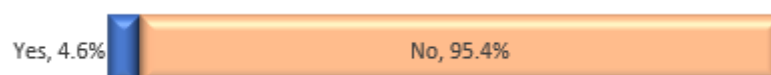


Two-thirds (66.5%) of the respondents did not know how to make suggestions or complaints to PNGRCS (Figure 45). At the time of the survey, only 4.6% of the respondents indicated that they had been asked about their needs and/or situation in the community had been asked by PNGRCS before (Figure 46), and 6.9% reported they had been asked by any other agency (Figure 47).

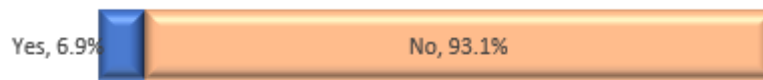
**Figure 45:** Do you know how to make suggestions or complaints to PNGRCS?  
(n = 1,399)



**Figure 46:** Have you been asked about your needs and/or the situation in the community by PNGRCS before today?  
(n = 1,398)

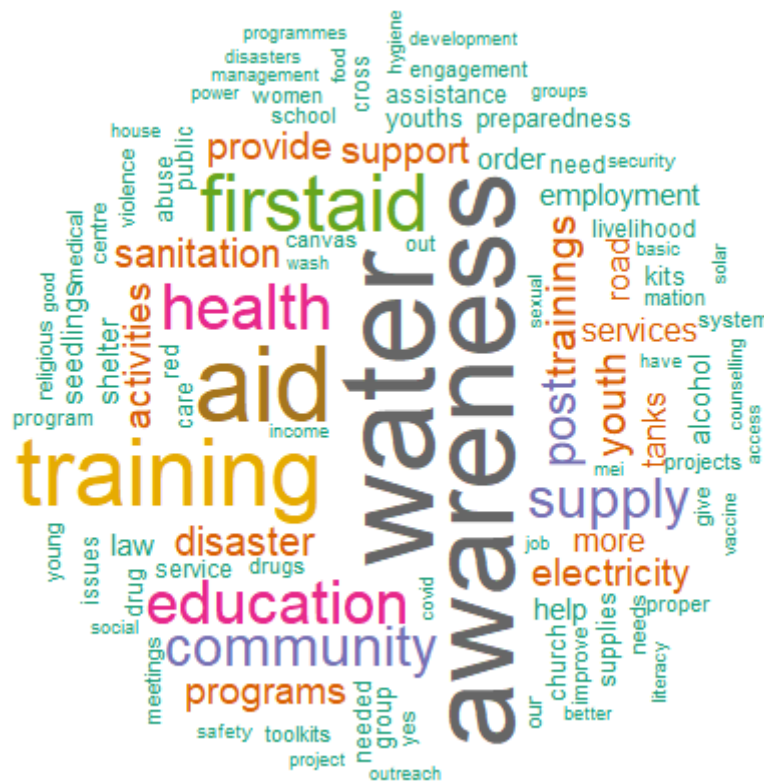


**Figure 47:** Have you been asked about your needs and/or the situation in the community by any other agency before today??  
(n = 1,048)



All respondents gave suggestions as to what three things they believed PNGRCS could do to support their community better. The most mentioned ideas were supplying clean water, raising awareness, providing training including first aid training, improving healthcare and education, and others (Figure 48).

**Figure 48:** What three things do you believe PNGRCS could do to support your community better?  
(n = 1,399)



## ANNEX 1: RESPONDENT DEMOGRAPHICS

Demographics	n	Percent
<b>Branch</b>		
Bougainville	298	21.3%
East New Britain	183	13.1%
Madang	189	13.5%
Milne Bay	86	6.1%
NCD	195	13.9%
NCD/Central	65	4.6%
Western Highlands	384	27.4%
<b>What is the main language you speak at home?</b>		
Tok Peles	639	45.6%
Pigeon	623	44.5%
English	103	7.4%
Other	17	1.2%
Not specified	18	1.3%
<b>Gender</b>		
Female	732	52.3%
Male	664	47.4%
Prefer not to say	4	0.3%
<b>Age</b>		
13-17	15	1.0%
18-29	377	26.9%
30-39	387	27.6%
40-49	282	20.1%
50-59	175	12.5%
60-69	99	7.1%
70-79	39	2.8%
80+	5	0.4%
Not specified	21	1.5%
<b>Education</b>		
No schooling	105	7.5%
Primary	424	30.3%
High school	642	45.9%
Homeschool (FODE)	31	2.2%
Vocational training	60	4.3%
University	132	9.4%
Not specified	6	0.4%
<b>How well can you read and write?</b>		

Not at all	87	6.2%
Not very well	116	8.3%
Somewhat	113	8.1%
Quite well	489	34.9%
Very well	589	42.1%
Not specified	6	0.4%
<b>Household size</b>		
mean	6.8	
1 or 2	78	5.6%
3 or 4	298	21.3%
5 or 6	408	29.1%
7 or 8	259	18.5%
9 or 10	135	9.6%
11+	121	8.6%
Not specified	101	7.2%
<b>Housing arrangement</b>		
Owned	1177	84.1%
Rented	84	6.0%
Illegal settlement	34	2.4%
Abandoned building	9	0.6%
Public building	30	2.1%
Other	40	2.9%
Not specified	26	1.9%
<b>Employment</b>		
Unemployed	811	57.9%
Partially employed	143	10.2%
Informal employment (SME)	264	18.9%
Formal employment	176	12.6%
Not specified	6	0.4%
<b>Income sources (select multiple)</b>		
Government employee	196	14.1%
Business owner	79	5.7%
NGO/Nonprofit employee	45	3.2%
Farming/Fishing	521	37.5%
Police/Army	12	0.9%
Government pensions	16	1.2%
Reliant on support or donations from others	67	4.8%
Skilled labour	268	19.3%
Daily labour	370	26.7%
Private sector	223	16.1%
Other	183	13.2%

Not specified	12	0.9%
<b>Have chronic condition</b>		
None	522	37.3%
One condition	547	39.1%
Two or more conditions	75	5.4%
Not specified	256	18.3%
<b>Does anyone in your household have any of the following vulnerabilities? (select multiple)</b>		
None	607	43.4%
Pregnant	74	5.3%
Unemployed	572	40.9%
Physical Disability	123	8.8%
Mental Disability	55	3.9%
Single Parent	169	12.1%
Female Headed household	82	5.9%
LGBTIQ	7	0.5%
Prefer not to say	21	4.9%
Other	69	1.5%
Not specified	6	0.6%